



Calendar Year 2017 Low-Level Radioactive Waste (LLRW) Management Annual Report

Part 1, Identification

	Current Company Information
Materials Users License Number	
Generator Name	
Shipper ID Number	
Facility Address	
City	
State	
Zip Code	
County	
Generator Type	
Facility Contact Person	
Title	
Department	
Telephone Number	
Fax Number	
E-mail	

Part 2, Did/ Did Not Manage Low-Level Radioactive Waste (LLRW) (Please check one of the two boxes in each line.)

For calendar year 2017, as of inventory date _____, I certify that LLRW **was** OR **was not** MANAGED at this facility; and
 Class B and/or Class C LLRW **was** OR **was not** MANAGED at this facility

Part 3, LLRW ON SITE Summary (To Convert millicurie (mCi) to megabecquerel (MBq) multiply the number of millicuries by 37)

For calendar year 2017, as of inventory date _____ this facility managed low level radioactive waste on site as described below:

Managed on site, As of inventory date _____	Storage until decay below regulatory concern	Awaiting pickup for transport	Totals
Total Number of Packages:			
Total Volume (in cubic feet):			
Total Activity (List Units in which Activity is being Reported):			

If any LLRW was being held until decay, how many days had the longest-held package been stored on site? _____ days.

Part 4, LLRW OFF SITE Summary applicable not applicable

For calendar year 2017 as of inventory date _____, for LLRW MANAGED OFF SITE for this facility:
 I am submitting copies of NRC forms 540 & 541 OR I am completing the information required below

Item	Off Site
Total Number of Shipments:	
Total Number of Packages:	
Disposal Volume (Total Volume in cubic feet):	
Activity (Total Activity – list units in which activity is being reported):	

Part 5, Signature & Date

 Name of Person completing this report

 Title

 Signature

 Date