**Calendar Year 2024 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 2024**, 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 2024**, 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 2024**, 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