**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