Annex A DOT-SP 11406 SHIPMENT APPROVAL FORM

Approval Number ____ ____ ____ _____ (Refer to SP 11406, paras. 8a-8b)

This shipment of waste contains unidentified radioactive material causing low levels of radiation outside the transport vehicle. Shipment is under Special permit DOT-SP 11406 without a determination of materials meeting or not meeting the regulatory definition of radioactive material. The shipment is a minor radiological concern based on considerations of the U.S. Department of Transportation and the state official signing this shipment approval document.

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DETAILS of DETECTION SITE, MATERIALS, and ORIGIN

Facility: Name _____ Type: _____

Address: _____

① Contact person: _____ Ph. _____ Fax. _____

Vehicle Type: _____ Id.No.: _____

Company: _____ Operator name: _____

② Contact person: _____ Ph. _____ Fax. _____

Description of waste and release risks: _____

_____

Radiation Measurement Date/time performed: _____

mrem/h (max) _____ location on vehicle _____

Inst.Mfgr./type/model _____ Bkg. mrem/h _____

Surveyor name: _____ Ph. _____

Shipment Origin Company: _____ Location: _____

Waste Origin: _____

③ Contact person: _____ Ph. _____ Fax. _____

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RADIATION CONTROL OFFICIALS (Detection, Origin, Transit, Destination States)

Detection State Official (receiving radiation detection info) Name: _____

④ Organization _____ Ph. _____ Fax. _____

Origin State Official (prior to detection) Name: _____

⑤ Organization _____ Ph. _____ Fax. _____

Transit State Official(s) (after detection) Name: _____

⑥ Organization _____ Ph. _____ Fax. _____

Destination State Official (after detection) Name: _____

⑦ Organization _____ Ph. _____ Fax. _____

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DESTINATION for RADIOACTIVE MATERIAL IDENTIFICATION and DISPOSITION

If carrier and shipper to this location are different than ② and ③, show info in REMARKS

Company Name: _____ Location: Mentone TX

⑧ Contact person: _____ Ph. _____ Fax. _____

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APPROVAL of SHIPMENT and SPECIAL CONDITIONS Date: _____

Conditions: _____

_____

_____

⑨ Signature: _____ Ph. _____ Fax. _____

Title Health Physicist - Incident Investigato Organization _____ Date _____

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IDENTIFICATION of RADIOACTIVE MATERIAL and DISPOSITION INFORMATION at DESTINATION

_____

_____

_____

⑩ Name: _____ Title: _____ Date: _____

Organization: _____ Ph. _____ Fax. _____

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RECORD of TRANSMITTALS (Shipment Approvals and identification/disposition)
(Circumstances may influence distribution)

Shipment Approvals (Sent by ④ or ⑨) to (Show date sent)

OED CRCPD _____ ① _____, ② _____, ③ _____,

⑤ _____, ⑥ _____, ⑦ _____, ⑧ _____,

OTHER _____

Record of Identification and Disposition (Sent by ⑧, ⑩, or other ____) to

④ _____, ⑤ _____, ⑦ _____, OED CRCPD _____

OTHER _____

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SP-11406 Approval Number ____ ____ ____ _____

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REMARKS, OTHER INFORMATION

In case of an emergency, notify the National Response Center ((800)424-8802) and the (⑨) authorizing official and give the Special permit No. and Approval No.