

Annex A

DOT-SP 10656 SHIPMENT APPROVAL FORM

Approval Number \_\_\_\_\_ (Refer to SP 10656, paras. 8a-8b)

This shipment of scrap metal or related materials for recycle contains unidentified radioactive material causing low levels of radiation outside the transport vehicle. Shipment is under Special permit DOT-SP 10656 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.

DETAILS of DETECTION SITE, MATERIALS, and ORIGIN

Facility: Name \_\_\_\_\_ Type: \_\_\_\_\_

Address: \_\_\_\_\_

① Contact person: \_\_\_\_\_ Ph. \_\_\_\_\_ Fax. \_\_\_\_\_

Highway or  Rail Vehicle Type: \_\_\_\_\_ Id.No.: \_\_\_\_\_

Owner: \_\_\_\_\_ Operator name: \_\_\_\_\_

② Contact person: \_\_\_\_\_ Ph. \_\_\_\_\_ Fax. \_\_\_\_\_

Description of scrap 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: \_\_\_\_\_

③ Contact person: \_\_\_\_\_ Ph. \_\_\_\_\_ Fax. \_\_\_\_\_

RADIATION CONTROL OFFICIALS (Detection, Origin, 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. \_\_\_\_\_

Destination State Official (after detection) Name: \_\_\_\_\_

⑥ Organization \_\_\_\_\_ Ph. \_\_\_\_\_ Fax. \_\_\_\_\_

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: \_\_\_\_\_

⑦ Contact person: \_\_\_\_\_ Ph. \_\_\_\_\_ Fax. \_\_\_\_\_

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APPROVAL of SHIPMENT and SPECIAL CONDITIONS

Date: \_\_\_\_\_

Conditions: \_\_\_\_\_

⑧ Signature: \_\_\_\_\_ Ph. \_\_\_\_\_ Fax. \_\_\_\_\_

Title \_\_\_\_\_ Organization \_\_\_\_\_ Date \_\_\_\_\_

IDENTIFICATION of RADIOACTIVE MATERIAL and DISPOSITION INFORMATION at DESTINATION

⑨ Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_ Ph. \_\_\_\_\_ Fax. \_\_\_\_\_

RECORD of TRANSMITTALS (Shipment Approvals and identification/disposition)

(Circumstances may influence distribution) (Show date sent)

Shipment Approvals (Sent by ④ or ⑧) to

OED CRCPD \_\_\_\_\_ ① \_\_\_\_\_, ② \_\_\_\_\_, ③ \_\_\_\_\_,

⑤ \_\_\_\_\_, ⑥ \_\_\_\_\_, ⑦ \_\_\_\_\_, OTHER \_\_\_\_\_

Record of Identification and Disposition (Sent by ⑥, ⑦, ⑨, or ) to

③ \_\_\_\_\_, ④ \_\_\_\_\_, ⑤ \_\_\_\_\_, ⑨ \_\_\_\_\_, OED CRCPD \_\_\_\_\_

OTHER \_\_\_\_\_

REMARKS, OTHER INFORMATION

In case of an emergency, notify the National Response Center ((800)424-8802) and the (⑧) authorizing official and give the Special permit No. and Approval No.