

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.

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**DETAILS of DETECTION SITE, MATERIALS, and ORIGIN**

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

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

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

Fax. \_\_\_\_\_

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

Company: \_\_\_\_\_ 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: \_\_\_\_\_

Scrap 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 (after detection) Name: \_\_\_\_\_

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

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

⑦ Organization \_\_\_\_\_ Ph. \_\_\_\_\_ Fax. \_\_\_\_\_

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SP-10656 Approval Number \_\_\_\_\_

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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: \_\_\_\_\_

⑧ Contact person: \_\_\_\_\_ Ph. \_\_\_\_\_ Fax. \_\_\_\_\_

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APPROVAL of SHIPMENT and SPECIAL CONDITIONS

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

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

⑨ Signature: \_\_\_\_\_ Ph. \_\_\_\_\_ Fax. \_\_\_\_\_

Title \_\_\_\_\_ 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 \_\_\_\_\_, OTHER \_\_\_\_\_

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

④ \_\_\_\_\_, ⑤ \_\_\_\_\_, ⑦ \_\_\_\_\_, OED CRCPD \_\_\_\_\_

OTHER \_\_\_\_\_

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