RS-12 / Radioactive Material Shipping Request Form

Request date: _____

Requested date of shipment (at least 5 business days after request date): _____

Instructions: Complete for outgoing radioactive-material shipments, as applicable. This record documents shipment preparation and does not replace required carrier or DOT shipping documentation. Retain applicable shipping papers and supporting documentation with this record.

PART A — TO BE COMPLETED BY REQUESTOR

SECTION 1 – Shipment Information

a. NMT Contact Information

Authorized User / Requestor: _____ 900#: _____

Email: _____ Phone: _____

Authorized User, if different: _____

Radiation Use Permit No.: _____

Originating lab building / room: _____

b. Recipient Information

Radiation Safety will verify recipient authorization to receive the material, as applicable. All other information in this section shall be the correct shipping address and any other identifying information required by the recipient organization.

Contact name: _____

Contact email: _____ Contact phone: _____

Company / organization name: _____

Shipping address: _____

_____

_____

_____

c. Requested Shipping Service

☐ FedEx First Overnight ☐ FedEx Ground

☐ FedEx Priority Overnight ☐ Other: _____

☐ FedEx Standard Overnight

Declared shipment value: $_____

If shipping internationally, attach the export control approval: ☐ N/A ☐ Attached

SECTION 2 – Material / Sample Information

a. Information

Is the material/sample laboratory-created or laboratory-modified? ☐ Yes ☐ No

Number of materials / samples: _____
Complete Section 2b for each material/sample.

Have contamination/radiation surveys already been performed on the material or its container(s)?

☐ Yes — attach results

☐ No

☐ N/A

Does the recipient require specific pre-shipment survey documentation?

☐ Yes — describe/attach requirements: _____

☐ No

☐ Unknown

b. Description of the Material / Sample

(If more than one sample, complete this page for each sample)

Sample number: _____

Name of material/sample: _____

Radionuclide(s): _____

Activity / quantity: _____

Physical / chemical form: _____

Description of chemical components/hazards: _____

Source / package ID, if applicable: _____

Total amount of material in this sample to be shipped including unit of measure: _____

Description of sample container material and dimensions of container: _____

_____

_____

_____

Will the material/sample(s) be returned to NMT? ☐ Yes ☐ No

If yes, will it be altered in any way before it is returned (e.g., irradiated/activated)?

Describe._____ _____

_____

_____

_____

PART B — TO BE COMPLETED BY RADIATION SAFETY / QUALIFIED SHIPPER

SECTION 3 – Shipping Classification and Package Preparation

a. DOT / Shipping Classification

UN / NA No.: _____

Proper Shipping Name: _____

Hazard Class: _____

Package Type / Classification:

☐ Excepted Package

☐ Type A

☐ Type B

☐ LSA / SCO

☐ Other: _____

b. Package Preparation / Marking / Labeling

☐ Package and inner containment appropriate for material and mode of transport

☐ Package integrity verified; closure completed in accordance with applicable instructions

☐ Required package markings applied, including UN number / proper shipping identification, as applicable

☐ Required radioactive-material labels applied, as applicable

☐ Orientation arrows / other handling marks applied, if applicable

☐ Old or conflicting labels / markings removed or covered

☐ Required carrier-specific requirements reviewed, if applicable

c. Package label / category

☐ None / Excepted ☐ Radioactive Yellow-III

☐ Radioactive White-I ☐ Other: _____

☐ Radioactive Yellow-II

Transport Index (TI), if applicable: _____

SECTION 4 – Package Radiation / Contamination Survey

a. Survey instrument

Model _____ Serial No. _____ Calibration date _____

Measurement	Result	Evaluation
Maximum package surface dose rate	_____ mrem/hr	☐ Acceptable ☐ RSO review
Dose rate at 1 meter	_____ mrem/hr	☐ Acceptable ☐ RSO review

b. Removable contamination survey, if required:

☐ Completed ☐ Not required

Method / instrument: _____ Wipe area: _____

Result: _____ ☐ Within applicable limit ☐ RSO evaluation required

SECTION 5 – Shipping Documentation Review

☐ DOT applicability / shipment classification reviewed

☐ Shipping paper completed, if required

☐ Radionuclide and activity/quantity correctly identified on applicable documentation

☐ Package category and Transport Index documented, if applicable

☐ Emergency response information provided, if required

☐ Carrier / mode-of-transport requirements reviewed

☐ Copies of required shipping documents retained with Radiation Safety records

SECTION 6 – Final Shipment Verification and Release

Final determination:

☐ Shipment ready for release ☐ Shipment held pending correction / additional review

Conditions / comments:_____

_____

Additional documents / references:

Prepared / packaged by: _____	Date / time: _____
RSO or authorized shipping reviewer: _____	Date / time: _____
Shipment released to carrier by: _____	Date / time: _____