

Argonne National Laboratory MCA Shipment Worksheet

Note: Per the general instructions of the Nuclear Material Users Manual, section 10.1, all nuclear and radioactive material shipments that are not considered waste, leaving the Argonne site, must be coordinated through and approved by the Argonne Material Control Accountability Group. These shipments will be governed by the requirements of the Department of Transportation, 49 CFR, and will be subjected to DOE approval. The requestor must provide the following information and the completed form must be signed by the requestor.

Section 1 (to be completed by requestor)

Ship To:
Company Name _____

Address _____

City, State, Zip _____

Attention: _____

Phone _____

Has consignee been notified and approved the receipt of this material?
 Yes No

Requested By: _____

Bldg _____ Phone _____

Reason for Shipment Return of Laboratory Samples

Other (Explain) _____

Cost Code _____

Name of ANL-126C Signature Authority: _____

Requestor:
 Printed Name _____
 Signature _____ Date _____

Form Normal Special (if Special Form) Please provide the certification no. and applicable documents

Physical Form Solid Liquid Gas

Chemical Form Metal Oxide Compound Powder Other: _____

Other Information _____

Material Description and Location of the Material _____

Total Weight _____

Isotope(s)	Activity			Isotope(s)	Activity		
	Wt (g kg)	Curies	Becquerels		Wt (g kg)	Curies	Becquerels

Other Hazards Flammable Poison Oxidizer Corrosive Pyrophoric

Provide weight, volume, mass etc. of other hazardous material if present _____

Also state other elements present if in a compound, alloy, mixture or solution _____

Special Materials Batch Number (s) _____

Special Packaging or shipping instruction None Required Yes as follows: _____

Note: MSDS must be attached to this form by requestor and/or Nuclear Material Custodian

Section 2

(To be completed by Special Materials Representative [SMR])

PART I

NOTIFICATION AND APPROVAL OF RECEIVING RIS OFFICE

(For Accountable NM Shipments Only)

1. Date and time of notification: _____
2. Person contacted in NM Repr. office: _____
3. Quantity and type of NM: _____
4. Approximate date of shipment: _____
5. Receiver's Authorization # assigned: _____

Signature: _____
SMR

PART II

RADIOACTIVE MATERIAL CONTAINER INSPECTION RECORD

Container Type: _____ Reference ANL-126 #: _____

Container #: _____

- 1. Container is in good repair.
- 2. Moderators or neutron absorbers in place if required.
- 3. Closure and gaskets are present and free of debris.
- 4. Liquid: _____ Volume: _____
- 5. Internal pressure normal and will not exceed maximum normal design pressure during transport.
- 6. Seal # entered in log book.
- 7. Container marked in compliance with 49 CFR.

Remarks and/or abnormal or unusual conditions: _____

Signature: _____ Date: _____
SMR