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FAX TRANSMISSION
MERIDIAN HEALTH SYSTEM

RADIOLOGY DEPARTMENT

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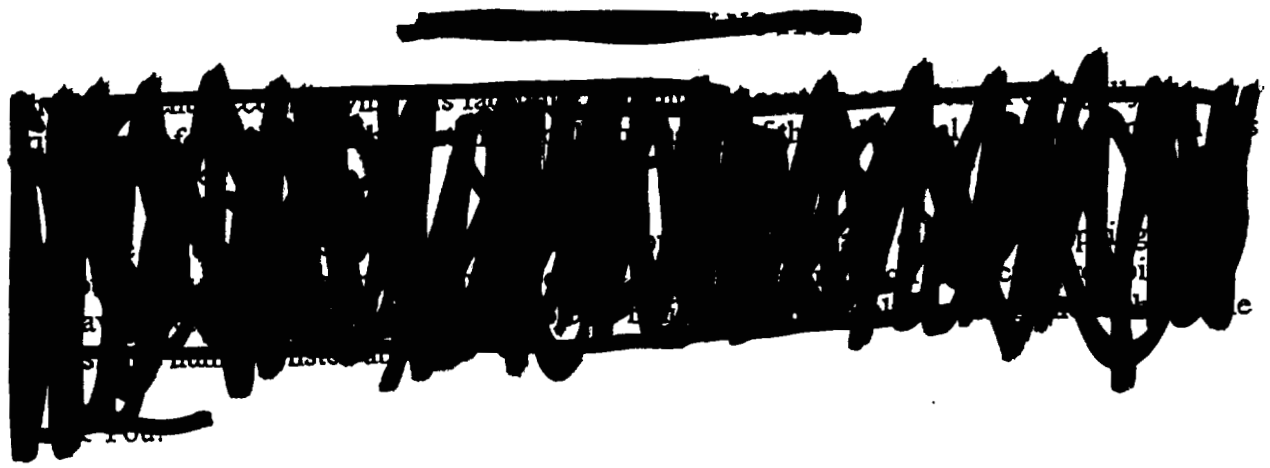
TO: TARA NRC
FROM: Nuclear Med OMC
DATE: 10-14-05

FAX: 610-337-5269

TOTAL # OF PAGES (including cover sheet) 3

COMMENTS:

Uniform Low Level Radioactive Waste
Manifest you asked for.



UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST

CONTAINER AND WASTE DESCRIPTION

Additional Number Regulatory Commission (NRC) Requirements for Control, Transfer and Disposal of Radioactive Waste

NUMBER OF PACKAGES OR CONTAINERS TO BE SHIPPED	NET WASTE VOLUME	NET WASTE WEIGHT	GENERAL NUCLEAR CATEGORY (Type)			
			D-235	U-235	PLU	OTHER
1	0.0385 gal	99.7 lbs	NP	NP	NP	NP
	1.3880 gal	208.0000 lbs				
			ACTIVITY			SOURCE
			C-14	TR-232	TR-234	
			NP	NP	NP	
			NP	PLU	AT	
			(Type)	IAA		
			(Is)	IAA		

2. MANIFEST NUMBER 76443-R
3. PAGE (1 OF 1 PAGE(S))
4. SHIPPER NAME OCEAN MEDICAL CENTER (BSE)
5. EQUIPMENT NUMBER IAA

VESSEL CONTAINER RESOLUTION				WASTE DESCRIPTION (See Note 1) & TYPE (See Note 2)											15. WASTE CLASSIFICATION (See Note 3)
1. CONTAINER IDENTIFICATION NUMBER / GENERATOR NUMBER	2. CONTAINER DESCRIPTION (See Note 1) / PROCEEDS RESOLUTION (See Note 2) / BRNPLAS RESOLUTION (See Note 2)	3. VOLUME (L) / (G)	4. WASTE AND CONTAINER WEIGHT (LBS) / (KG)	5. NUCLEAR ACTIVITY (Ci) / (Bq)	6. SURFACE CONTAMINATION (DPM/100 CM ²) / (BECU/100 CM ²)	7. WASTE DESCRIPTION (See Note 1)	8. APPROXIMATE WASTE VOLUME IN CONTAINER (L) / (G)	9. NUCLEAR ACTIVITY (Ci) / (Bq)	10. CHEMICAL DESCRIPTION (See Note 2)	11. CHEMICAL FORM / CHELATING AGENT / CHELATING AGENT FORM	12. RADIOLOGICAL DESCRIPTION	13. RADIOLOGICAL DESCRIPTION			
NA1010Y001		0.0385	99.7	3.0E+05	<0.1	Ca-137	1.000	1.000	Ca-137	NP	Ca-137	Ca-137	1.0927E+06	2.9532E+02	C
		1.3880	208.0000	3.0E+05	<0.1	Ca-137	1.000	1.000	Ca-137	NP	Ca-137	Subtotal	1.0927E+06	2.9532E+02	
		0.0385	99.7	3.0E+05	<0.1	Ca-137	1.000	1.000	Ca-137	NP	Ca-137	Total	1.0927E+06	2.9532E+02	
		1.3880	208.0000	3.0E+05	<0.1	Ca-137	1.000	1.000	Ca-137	NP	Ca-137				

NOTE 1: Container Description Codes. For containers requiring approval in approved (licensed) establishments the numerical code must be followed by "OP".

1. Plastic Drum or Can	8. Box or Crate
2. Metal Drum	9. Gas Cylinder
3. Plastic Drum or Can	10. Metal Drum or Can
4. Metal Drum or Can	11. Solid, Unpackaged Waste
5. Metal Drum or Can	12. Unpackaged Component
6. Corrosive Tank or Vessel	13. High Activity Container
7. Polyethylene Tank or Vessel	14. Other - Describe as Required or additional page
8. Designated Tank or Vessel	

Note 1A: Process Residuals

C. Corrosion
DF. Steam Heating
EB. Oil from Reaction
SI. Salt & Inorganics
U. Sludge
C. Crystalline Sludge
ML. Miscellaneous
V. Vaporized
LA. Liquid from Reaction
OE. Other Residuals
O. Other Residuals

NOTE 2: Waste Description Codes. (Check up to three which apply; indicate by initials.)

01. Aerosol	29. Flammable Liquid	45. Explosive (Detonates or Deflagrates)
02. Petroleum Ash	30. Oil or Grease	46. Corrosive Liquid
03. Solid	31. Amorphous Solid	47. Corrosive Solid
04. Gas	32. Solid Residue	48. Organic Liquid (except oil)
05. Oil	33. Corrosive Solid	49. Organic Solid (except oil)
06. Aerosol (Liquor)	34. Organic Liquid (except oil)	50. Biological Material (except virus)
07. Filter Media	35. Organic Solid (except oil)	51. Acidic Material
08. Medical Waste	36. Chemical Waste	52. Other - Describe as Required or additional page
09. Inorganic Solid	37. Solid Residue	
10. EPA or Other	38. Other - Describe as Required or additional page	

Note 3: Radioactive Waste Codes

H. Radioactive Waste
E. Other
F. Radioactive
Fa. Process and Return
G. Other

Note 4: Solidification and Stabilization Method Codes. (Check up to three which apply; indicate by initials. For waste meeting the requirements of the Resource Conservation and Recovery Act (RCRA) followed by "Q" and if a waste vendor and hazard code must also be identified follow: 13. Code - RCRA-HAZARDOUS.

Solidification	14. Vertical Storage
SD. Cement	15. Other Storage
16. Other	16. Other Storage
17. Other	17. Other Storage
18. Other	18. Other Storage

Radiac

FORM 540 UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST SHIPPING PAPER		3. GENERATOR - NAME AND FACILITY DECATUR MEDICAL CENTER (HOSPITAL) 411 JACK MARTIN BLVD. BRIDGE, MI 48721		3B. GENERATOR NUMBER NA		7. PHONE AND MAIL DATA TEL. 313 441 2300 FAX 313 441 2322 PHONE 517 277 5122 ADDITIONAL INFORMATION		8. CASE USE : PATIENT PATIENT PATIENT		9. MANIFEST NUMBER (Use the number and extension) 07221 76443 R	
1. EMERGENCY TELEPHONE NUMBER (Include Area Code) (800) 424-1300		4. CONTACT JAMES BRIDCO		5. TELEPHONE NUMBER (Include Area Code) 732 841 3341		6. COMPANY - Name and Facility Address RADIAC RESEARCH CORP. 261 KENT AVENUE GROENBROOK, NY 11741		CONTACT JOSEPH SPEKTON		TELEPHONE NUMBER (Include Area Code) 800 648-7311	
2. AS THIS IS A USED SOURCE? (Indicate Yes or No) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		3. TOTAL NUMBER OF PACKAGES IDENTIFIED ON THIS MANIFEST 1		5. CARRIER - Name and Address FBI STATE AVE BROOKLYN, NY 11211		6. DATE 6/29/05		7. SIGNATURE <i>J. Spekton</i>		8. DATE 6/30/05	
9. DOES THIS REGULATED WASTE REQUIRE A MANIFEST ACCOMPANY THIS SHIPMENT? If "Yes," provide Manifest Number		10. PACKAGE NUMBER NA		11. OCCASION MEDICAL WASTE		12. SHIPMENT DATE 6/29/05		13. TELEPHONE NUMBER (Include Area Code) 313 441-2322		14. DATE 6/29/05	
11. U.S. DEPARTMENT OF TRANSPORTATION DESCRIPTION (If filling out this section, also fill out UN ID NUMBER, and a 4 digit source or item label)		12. DOT LABEL "RADIOACTIVE"		13. TRANSPORT MODE T-2		14. PHYSICAL AND CHEMICAL FORM SOLID OXIDE		15. EMITTING RADIONUCLIDES Cs-137		16. TOTAL PACKAGE IDENTITY AND WEIGHT 1.0027E+04 2.9532E+07	
17. U.S. DEPARTMENT OF TRANSPORTATION CLASSIFICATION (Use appropriate UN number)		18. DOT HAZARD CLASS 7A		19. TOTAL WEIGHT OR VOLUME (Use appropriate units) 250 LBS. 1.35 FT3		20. IDENTIFICATION NUMBER OF PACKAGE 76443-01					
Radioactive material, Type A as charge, 7, UN2915 / ENCAPSULATED SEALED SOURCES				Yellow II							

FOR CONSIGNEE ONLY

20. If manifest is hereby made to Radiac Research Corp., and the shipper is not a licensed carrier, it is hereby declared to the recipient that the waste described above has been prepared according to the most current NRC, Agreement States, Federal and State Regulations, including those of the IBC, EPC, HSA and applicable portions of state statutes. Where specifically indicated or advised in writing, the shipper authorizes RADIAC to select the best alternative treatment and/or disposal method.

Date: 6/29/05 Signature: *J. Spekton*