

**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.

**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.**

**SECTION 1 - DETAILS of DETECTION SITE, MATERIALS, ORIGIN, and DESTINATION**

**① Detection Facility**

Facility name: \_\_\_\_\_ Type: \_\_\_\_\_

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

Contact person: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of scrap and release risks: \_\_\_\_\_

**Radiation Measurement**

Survey Date (YYYY-MM-DD): \_\_\_\_\_ Survey Time (HH:MM 24hr): \_\_\_\_\_

Bkg. reading: \_\_\_\_\_ Units: \_\_\_\_\_ Vehicle cab (max): \_\_\_\_\_ Units: \_\_\_\_\_

Load (max): \_\_\_\_\_ Units: \_\_\_\_\_

Location of highest reading on vehicle and additional info:

\_\_\_\_\_  
Instrument manufacturer/model: \_\_\_\_\_

Surveyor's name: \_\_\_\_\_ Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

**② Carrier**

Company name: \_\_\_\_\_ Operator: \_\_\_\_\_

Mode: \_\_\_\_\_ Vehicle type: \_\_\_\_\_ Vehicle I.D. #: \_\_\_\_\_

Contact person: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**③ Shipment Origin**

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

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

Contact person: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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**④ Destination for Identification and Disposition**  *Check if same as Shipment Origin ③*

*If carrier and shipper to this location are different than ②, provide their information in "Section 5 - Remarks, Other Information".*

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

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

Contact person: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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**SECTION 2 - RADIATION CONTROL OFFICIALS**

**⑤ Origin State Official**

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**⑥ Transit State(s) Official(s)\***

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*\*Additional Transit State information should be listed in the "Section 5 - Remarks, Other Information".*

**⑦ Destination State Official**  *Check if same as Origin State Official ⑤*

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**SECTION 3 - APPROVAL of SHIPMENT and SPECIAL CONDITIONS**

**⑧ Detection State Official**  *Check if same as Origin State Official ⑤*

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Special Conditions:**

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

*DOT-SP process initiated, but not completed. Provide comments in "Section 5 - Remarks, Other Information".*

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**SECTION 4 - IDENTIFICATION and DISPOSITION INFORMATION at DESTINATION**

**Identification Details:** \_\_\_\_\_

**Radionuclide:** \_\_\_\_\_ **Other (e.g. Lu-177):** \_\_\_\_\_

**Disposition Details:**

\_\_\_\_\_  
**⑨ Disposition State Official**  *Check if same as Destination State Official* **⑦**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Organization:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**SECTION 5 - 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.**

\_\_\_\_\_  
**SECTION 6 - RECORD of TRANSMITTALS**  
**(Circumstances may influence distribution)**

**Shipment Approval - Date sent by ⑧ to ①, ②, ③, ④, ⑤, ⑥, and ⑦:**

**Record of Identification and Disposition - Date Sent by ⑨ to ⑤, ⑦, ⑧, and other:**

**Completed DOT SP Form - Date Sent or Uploaded by ⑨ to OED CRCPD & Other:**

If "Other," please provide details in the "Section 5 - Remarks, Other Information".

**RADIOACTIVE**  
**US DOT SP-1 0656**

**Shipment Approval #:**

- - -

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

**RADIOACTIVE**  
**US DOT SP-10656**

**Shipment Approval #:**

- - -

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