



NON-STANDARD RADIOACTIVE MATERIAL ACCEPTANCE FORM

CLIENT INFORMATION

Company: _____ Plant/Unit # _____

Address: _____

Address: _____ Contact person: _____

Telephone: _____ Facsimile: _____ e-mail: _____

Material description: _____

TMMC ACCEPTANCE AUTHORIZATION

Conditions for acceptance: _____

General Manager _____
Signature Date

Radiation Safety Officer _____
Signature Date