

NON-STANDARD RADIOACTIVE MATERIAL ACCEPTANCE FORM

CUSTOMER INFORMATION

Company: _____ Plant/Unit # _____

Address: _____

Address: _____ Contact person: _____

Telephone: _____ Facsimile: _____ e-mail: _____

Material description: _____

TMMC ACCEPTANCE AUTHORIZATION

Conditions for acceptance: _____

Vice President – TMMC _____

Signature

_____ Date

Radiation Safety Officer _____

Signature

_____ Date