

ADVANCE SHIPMENT NOTIFICATION

Generator: _____ TN License for Delivery ID: _____

Shipment Weight: _____ Total Activity (mCi): _____

Highest Contact Dose Rate: _____ *SNM Grams: _____ *≥ 0.5gm requires DOE/NRC Form 741

- A) Material Properties: [] WASTE [] RECYCLABLE
1. Physical State: [] Solid [] Semi-Solid [] Powder/Dust [] Free Liquid [] Other: _____
2. Flash Point (°F): [] ≤ 72° [] >72° - 100° [] >100° - 140° [] >140° - 200° [] > 200° [] N/A [] N/D
3. Reactivity: [] Water Reactive [] Acid Reactive [] Alkaline Reactive [] Oxidizer [] Pyrophoric
[] Explosive [] Shock Sensitive [] Thermally Sensitive [] Autopolymerizable [] N/A
4. Odor - describe: _____ [] None [] Mild [] Strong
5. pH: [] ≤ 2 [] 2.1 - 5.0 [] 5.1 - 9.0 [] 9.1 - 12.4 [] ≥ 12.5 [] N/A [] N/D
6. Contains Asbestos?: [] Yes [] No If Yes, Is the Asbestos Friable?: [] Yes [] No

- B) Does the material contain, or is it suspected to contain any of the following: [] Yes [] No
[] Free Cyanide [] Free Sulfide [] Organic Compounds [] OSHA Substances [] Infectious Agents
[] Virgin Oils [] Used Oils [] PCBs [] Oxidizing Agents [] Solvents
[] Pesticides [] Reducing Agents [] Volatile Organics [] Herbicides

Waste Material

- C) Is the waste subject to LLRW Compact Export Approval?: [] Yes [] No
The following states require permits: AK, AR, AZ, CA, CO, HI, ID, KS, LA, MT, NV, NM, ND, OK, OR, SD, TX, UT, VT, WA, WY
(If yes, list generators and attach permits.) _____

*** Waste received without a Required Export Permit or NORM Exemption Letter WILL BE REJECTED at TMMC ***

- D) Is this waste a characteristic hazardous waste per 40 CFR 261.21 - 24? [] Yes [] No
Has a TCLP analysis been performed? [] Yes [] No (If yes, attach the results.)
E) Is this waste an F, K, P, or U Listed hazardous waste per 40 CFR 261.31-33? [] Yes [] No [] N/A
F) Is this waste derived from the treatment, storage or disposal of hazardous waste as described in 40 CFR 261?
[] Yes [] No If yes, explain: _____
G) Is this a "Hazardous Waste" as defined by State, Provincial, or Local Regulations? [] Yes [] No
If yes, enter the waste identification number, if one has been assigned: _____
H) If the waste is a sewer sludge, has analyses been performed in accordance with 40 CFR 503.8 [] Yes [] No
(If yes, please submit a copy of the analyses.) If no, explain why sampling has not been performed: _____
I) Does the shipment meet or exceed the NRC Quantities of Concern Criteria? [] Yes [] No
J) Does the shipment contain Natural Uranium (U-Nat) as defined in the TMMC MAC section 4.6? [] Yes [] No

1Customer's Certification: I certify that all information submitted on this form is complete and accurate and that material being offered is in compliance with the TMMC Material Acceptance Criteria (MAC). Additionally, I acknowledge and agree that TMMC must, in accordance with its Tennessee Radioactive Materials License, retain the right to return radioactive material (processed or unprocessed) to the prior licensed or exempt processor (e.g., generator).

Customer Representative Printed Name Signature Title

Approved By: _____ Date: _____ TMMC Shipment ID: _____

Email completed ASN forms to Shipping@toxcommc.com or fax the information to 865-482-5605. Phone: 865-482-5532. To expedite our review, please attach applicable laboratory analyses, MSDSs and any additional information regarding this material.

1 Material received at the TMMC that is determined to be not as represented on this ASN or other associated contractual document is considered to be nonconforming and will be subject to rejection and return unless TMMC and the customer establish an acceptable alternative.

TOXCO SERVICES MENU

Customer Shipment ID(s): _____ Customer Reference PO: _____ Est. Arrival Date: _____

SERVICE OPTIONS

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Asbestos | <input type="checkbox"/> DAW | <input type="checkbox"/> Resin | <input type="checkbox"/> Waste Characterization |
| <input type="checkbox"/> Best Way | <input type="checkbox"/> Lead | <input type="checkbox"/> Sort & Segregate | |
| <input type="checkbox"/> Bonded Space Lease | <input type="checkbox"/> Liquids - <input type="checkbox"/> Oil <input type="checkbox"/> Water | <input type="checkbox"/> Special: (Describe Below) | |
| <input type="checkbox"/> Bulk Survey For Release (BSFR) | <input type="checkbox"/> Metals | <input type="checkbox"/> Storage of Asset Materials | |
| <input type="checkbox"/> Container Rental/Lease/Repair | <input type="checkbox"/> PCB Capacitors | <input type="checkbox"/> Survey for Release | |

NOTES:

FINAL DISPOSITION OPTIONS

- Unrestricted Release* Recycle/Reuse* BSFR EnergySolutions Return To Customer

NOTES:

* **Surface Contamination Only. No activated materials are permitted.**

SPECIAL HANDLING

- Live Offload Laboratory Analysis Increased Controls

NOTES:

CONTAINER DISPOSITION

- TMMC Owned Dispose of Container Return Container(s) to: (List Below)

NOTES:

SERVICE TYPE

- ²Standard ³Expedited

NOTES:

Advanced Shipment Notification:

Customers must submit and have approved an Advanced Shipment Notification (ASN) form five (5) working days prior to the associated shipment's arrival at the TMMC.

A complete Advanced Shipment Notification includes: A completed ASN form, an electronic shipping file in LowTrack format; a reference to the customer's associated PO/contract ID and a shipment summary spreadsheet.

Administrative Fees:

Customers who do not submit LowTrack compatible electronic shipping papers shall be assessed an administrative document handling fee at standard professional staff billing rates per submitted manifest/shipping paper.

Customer Representative Signature/Date

Toxco Reviewer Signature/Date

² Length of services: Standard Services takes up to 365 days from site arrival to complete.

³ For "Expedited Service" (i.e., the Customer's service must be completed within 1 to 90 days from the date of receipt) shall be assessed an additional 50% charge applied to the standard services rate.