

Annex A

DOT-E 11406 SHIPPING APPROVAL FORM

Approval Number CT-CT-05-29 (Refer to E 11406 para. 8 a)

This shipment of waste or recycle materials contains unidentified radioactive material causing low level radiation outside the vehicle. Shipment is under Exemption DOT-E 11406 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 radiation official signing this shipment approval document.

DETAILS of DETECTION SITE, MATERIALS, and ORIGIN

Facility: Name BRIDGEPORT RESCO Type: COMBUSTOR
Address: HOWARD AVE, BRIDGEPORT CT
(1) Contact person: STEVE BENNETT Ph. 203-579-2607 Fax. 203-579-1169
☒ Highway or ☐ Rail Vehicle Type: PACKING DUMPSTER Id.No.: Box # 1256
Company: WASTE MANAGEMENT Operator Name: BOWEN
(2) Contact person: K. McMONNEY Ph. 203-996-9507 Fax. _____
Description of waste and release risk factors: MSW

Radiation Measurement

Date/time performed: 24 Feb 05-1100 *

mrem/h (max) 0.02 location on vehicle FRONT TOP
Inst. Mfg./type/model LUDLUM/14C/GM Bkg. mrem/h 0.02
Surveyor name: Fred Scheuritzel Ph. (860) 424-3029

Shipment Origin Company: _____ Address: _____
Waste Origin: YALE NEW HAVEN HOSP
(3) Contact person: MIKE BOWEN Ph. 203-688-2950 Fax. 203-688-8652

RADIATION CONTROL OFFICIALS (Detection, Origin, Destination States)

Detection State Official (receiving radiation detection info) Name: Fred Scheuritzel(4) Organization Conn Dept of Env Protection Ph. (860) 424-3029 Fax. (860) 424-4065

Origin State Official (prior to detection)

Name: Fred Scheuritzel(5) Organization Conn Dept of Env Protection Ph. (860) 424-3029 Fax. (860) 424-4065

Destination State Official (after detection)

Name: Fred Scheuritzel(6) Organization Conn Dept of Env Protection Ph. (860) 424-3029 Fax. (860) 424-4065

DESTINATION for RADIOACTIVE MATERIAL IDENTIFICATION and/or DISPOSITION

If carrier and shipper to this location are different than (2) and (3), show info in REMARKS

Company Name: YALE NEW HAVEN HOSP Location: NEW HAVEN CT
(7) Contact person: MIKE BOWEN Ph. 203-688-2950 Fax. 203-688-8652

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APPROVAL of SHIPMENT and SPECIAL CONDITIONS

Conditions: DIRECT ROUTE - NO UNNECESSARY STOPS(8) Signature: [Signature] Ph. 860-424-3029 Fax. 860-424-4065Title Radiation Control Physician Organization Conn Dept of Env Protection Date 24 Feb 05

IDENTIFICATION of RADIOACTIVE MATERIAL and DISPOSITION INFORMATION at DESTINATION

(9) Name: _____ Title: _____ Date: _____

Organization: _____ Ph. _____ Fax. _____

RECORD of TRANSMITTALS (Shipment Approvals and identification/disposition)

(Circumstances may influence distribution)

Shipment Approvals (Sent by (4) or (8)) to (Show date sent)

OED CRCPD 28 Feb 05, (1) 24 Feb 05, (2) 24 Feb 05, (3) 24 Feb 05,(5) 24 Feb 05, (6) 24 Feb 05, (7) 24 Feb 05, OTHER NRC-28 Feb 05

Record of Identification and Disposition (Sent by (7), (9) or other _____) to

OED CRCPD _____, (3) _____, (5) _____, (6) _____,

(4) or (8) _____, OTHER _____

REMARKS, OTHER INFORMATION

In case of emergency, notify the National Response Center ((800) 424-8802) and the (8) authorizing official and give the Exemption No. E 11406 and Approval No.