

Anthony Watkins, M.D.  
106 Irving Street, N.W., Suite 3200 North  
Washington, D.C. 20010  
(202) 726-7474

March 20, 2013

J-2  
MS-16

Licensing Assistance Section  
Nuclear Regulatory Commission, Region I  
2100 Renaissance Boulevard, Suite 100  
Radioactive Material Program  
King of Prussia, PA 19406-2713

RE: Anthony Watkins, M.D. - Amendment Request  
Termination of Nuclear Cardiology Operations & Radioactive Material License  
Close-Out Survey  
License Number: 08-19630-01 03019011

Dear License Reviewer:

We request our radioactive be terminated. On March 19, 2013, a Close-Out Survey was completed of the nuclear cardiology department. Results of this examination confirmed that ambient exposure measurements were documented at 0.03 mR/hr. In addition, removable contamination swipes were measured below 200 dpm/300 cm<sup>2</sup>. Results of the "Close-Out Survey" have been enclosed within Attachment A. Please refer to Attachment A to reference the Close-Out Survey results.

Nuclear cardiology operations were concluded on March 15, 2013. Only Tc-99m has been used at this imaging center for diagnostic testing. Radioactive waste generated at this imaging center was allowed to decay for ten half-lives.

At the time of disposal, the waste containers were surveyed for ambient exposure contamination. Results confirm background radiation readings of 0.03 mR/hr. Subsequently, the non-radioactive containers were disposed as regulated medical waste.

REC RG 1 04 15 '13 07 23

580130  
NMSS/RGN1 MATERIALS-002

The sealed sources used for instrument calibration have been returned to the manufacturer for final disposal. Prior to shipment, the sealed sources were inventoried and leak tested for removable contamination. The last inventory and leak test results are enclosed within Attachment B. Subsequently, the depleted sources were forwarded to the following manufacturer for final disposal:

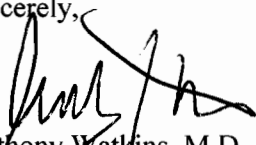
**Eckert & Ziegler/Isotope Products  
1800 Keystone Street  
Burbank, CA 91504  
(661) 309-1010.**

The "Return Packaging List(s)" are enclosed within Attachment B. These documents have been signed by the employee receiving the sealed sources. Please refer to Attachment B for details.

If you require additional information, please contact Jodi Horner, Office Manager or myself. Ms. Horner may be reached at (202) 726-7474.

We thank you in advance for your assistance with this pending licensing action.

Sincerely,

A handwritten signature in black ink, appearing to read 'Anthony Watkins', is written over a horizontal line.

Anthony Watkins, M.D.  
Radiation Safety Officer/Administrative Representative

## CERTIFICATE OF DISPOSITION OF MATERIALS

Estimated burden per response to comply with this mandatory collection request: 30 minutes. This submittal is used by NRC as part of the basis for its determination that the facility is released for unrestricted use. Send comments regarding burden estimate to the Information Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to [Infocollects.Resource@nrc.gov](mailto:Infocollects.Resource@nrc.gov), and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0028), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

LICENSEE NAME AND ADDRESS

Anthony Watkins, M.D.  
106 Irving Street, N.W., Suite 3200 North  
Washington D.C. 20010

LICENSE NUMBER

08-19630-01

DOCKET NUMBER

LICENSE EXPIRATION DATE

August 31, 2022

### A. LICENSE STATUS (Check the appropriate box)

- ☐ This license has expired. ☒ This license has not yet expired; please terminate it.

### B. DISPOSAL OF RADIOACTIVE MATERIAL

(Check the appropriate boxes and complete as necessary. If additional space is needed, provide attachments)

The licensee, or any individual executing this certificate on behalf of the licensee, certifies that:

- ☐ 1. No radioactive materials have ever been procured or possessed by the licensee under this license.
- ☒ 2. All activities authorized by this license have ceased, and all radioactive materials procured and/or possessed by the licensee under this license number cited above have been disposed of in the following manner.
- ☒ a. Transfer of radioactive materials to the licensee listed below:  
Returned to Manufacturer (Eckert & Ziegler), Please refer to Attachment B of our amendment letter.
- ☐ b. Disposal of radioactive materials:
- ☐ 1. Directly by the licensee:
- ☐ 2. By licensed disposal site:
- ☐ 3. By waste contractor:
- ☒ c. All radioactive materials have been removed such that any remaining residual radioactivity is within the limits of 10 CFR Part 20, Subpart E, and is ALARA.

### C. SURVEYS PERFORMED AND REPORTED

- ☒ 1. A radiation survey was conducted by the licensee. The survey confirms:
- ☒ a. the absence of licensed radioactive materials
- ☒ b. that any remaining residual radioactivity is within the limits of 10 CFR 20, Subpart E, and is ALARA.
- ☒ 2. A copy of the radiation survey results:
- ☒ a. is attached; or ☐ b. is not attached (Provide explanation); or ☐ c. was forwarded to NRC on: \_\_\_\_\_ Date
- ☐ 3. A radiation survey is not required as only sealed sources were ever possessed under this license, and
- ☐ a. The results of the latest leak test are attached; and/or ☐ b. No leaking sources have ever been identified.

The person to be contacted regarding the information provided on this form:

NAME	TITLE	TELEPHONE (Include Area Code)	E-MAIL ADDRESS
Jodi Horner	Office Manager	(202) 726-7474	

Mail all future correspondence regarding this license to:

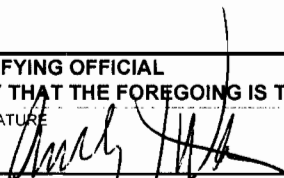
### C. CERTIFYING OFFICIAL

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

PRINTED NAME AND TITLE

Anthony Watkins, M.D. President

SIGNATURE



DATE

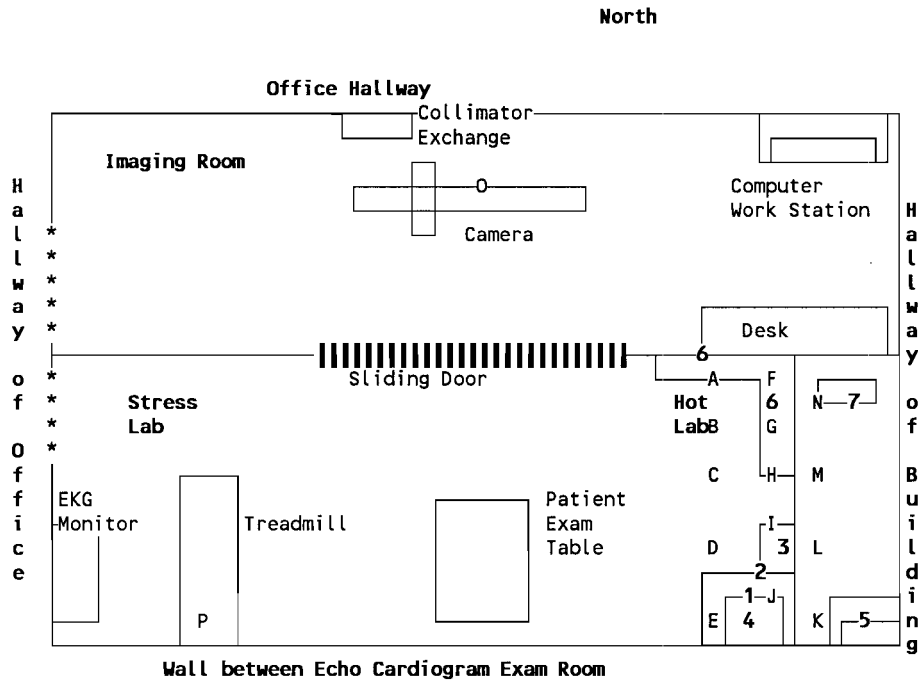
4/09/15

WARNING: FALSE STATEMENTS IN THIS CERTIFICATE MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. NRC REGULATIONS REQUIRE THAT SUBMISSIONS TO THE NRC BE COMPLETE AND ACCURATE IN ALL MATERIAL RESPECT. 18 U.S.C. SECTION 1001 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

**Attachment A**  
**“Close-Out Survey”**

Anthony E. Watkins, M.D.  
 Department of Nuclear Cardiology  
 106 Irving Street, N.W., Suite 3200 North  
 Washington D.C., 20010

Close-Out Survey  
Nuclear Cardiology Diagram



Legend:

1. L-Shield & Preparation Area (1/8" lead shielding)
2. Preparation & Tech Work Area
3. Waste Storage Area (1/8" lead shielding)
4. Dose Calibrator
5. Lead Castle (Sealed Source Storage Area - 1/4" lead shielding)
6. Package Receipt/Return - Flood Disk Storage (1/8" shielding)
7. Ludlum SCA & Well Counter

\*\*\* Lockable Doors  
 || Curtain

**Anthony Watkins, M.D.**  
**106 Irving Street, N.W., Suite 3200 North**  
**Washington D.C. 20010**

**Close-Out Survey - Nuclear Cardiology Department**

AREA	EXPOSURE READING (mR/hr)	BACKGROUND (mR/hr)	WIPE READING (Net DPM)	SURVEY METER	SURVEYOR
A	0.03	0.03	0	1	MWL
B	0.03	0.03	0	1	MWL
C	0.03	0.03	0	1	MWL
D	0.03	0.03	0	1	MWL
E	0.03	0.03	0	1	MWL
F	0.03	0.03	0	1	MWL
G	0.03	0.03	0	1	MWL
H	0.03	0.03	0	1	MWL
I	0.03	0.03	0	1	MWL
J	0.03	0.03	0	1	MWL
K	0.03	0.03	0	1	MWL
L	0.03	0.03	0	1	MWL
M	0.03	0.03	0	1	MWL
N	0.03	0.03	0	1	MWL
O	0.03	0.03	0	1	MWL
P	0.03	0.03	0	1	MWL

1. Survey Meter = Ludlum Model #14C, S/N 122291 (Calibration Date: 07/2012)
2. Ludlum 261 SCA & Well Counter used for Removable Contamination Testing
3. Cobalt-57 Efficiency = 86%, C.F. = 1.167
4. Background reading from Ludlum 261 SCA = 760 cpm
5. Net DPM = Gross CPM - BKG = Net CPM x C.F. = Net DPM
6. CPM = Counts Per Minutes  
 BKG = Background  
 C.F. = Correction Factor
7. **Action Trigger Levels:**  
 Ambient exposure readings not to exceed background = 0.03 mR/hr  
 Removable Contamination readings not to exceed 200 dpm/100 cm<sup>2</sup>
8. Survey Analysis completed by Michael W. Lairmore, Medical Physics Consultant
9. All sealed sources were returned to the manufacturer for final disposal

**Attachment B**  
**“Sealed Source Inventory & Leak Test Reports”**  
**Return Packing List(s)**

MEDICAL PHYSICS SURVEY  
SEALED SOURCE INVENTORY

FACILITY:     Anthony Watkins, M.D.

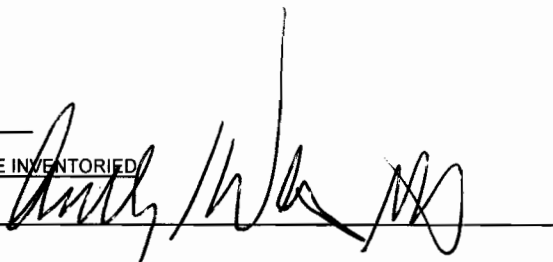
DEPARTMENT:     Nuclear Cardiology

LOCATION:     Washington, DC

<u>Nuclide:</u>	<u>Cs-137</u>	<u>Cs-137</u>	<u>Cs-137</u>	<u>Cs-137</u>	<u>Co-57</u>
<u>Type:</u>	<u>Vial</u>	<u>Disc (x2)</u>	<u>Disc</u>	<u>Vial</u>	<u>Flood</u>
<u>Location:</u>	<u>Hot Lab</u>	<u>Hot Lab</u>	<u>Hot Lab</u>	<u>Hot Lab</u>	<u>Hot Lab</u>
<u>Assay:</u>	<u>250 uCi</u>	<u>1.0 uCi</u>	<u>0.8 uCi</u>	<u>196 uCi</u>	<u>10 mCi</u>
<u>(Date)</u>	<u>4/01/1981</u>	<u>2/89</u>	<u>3/91</u>	<u>10/15/1990</u>	<u>10/01/09</u>
<u>Mgr:</u>	<u>Amersham</u>	<u>Atomic Products</u>	<u>Atomic Products</u>	<u>Dupont</u>	<u>E&amp;Z</u>
<u>Serial No.:</u>	<u>3120MA</u>		<u>2233</u>	<u>S356017-033</u>	<u>1399-008</u>
<u>Model:</u>	<u>CDC.VI</u>		<u>MLD-01</u>	<u>NES356</u>	<u>3727</u>
<u>DATE</u>		-	-	-	-
<u>03/19/2013</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>

X - INDICATES SOURCE INVENTORIED

RSO Signature





MEDICAL PHYSICS SURVEY  
SEALED SOURCE LEAK TEST ANALYSIS REPORT

FACILITY:     Anthony Watkins, M.D.

DEPARTMENT:     Nuclear Cardiology

LOCATION:     Washington, DC

ATTENTION:     A. Watkins, M.D.

Analysis of the WIPE used to conduct a leak test on the sealed sources identified below was performed by gas or scintillation detection and reveals removable contamination was less than 0.001 uCi, unless otherwise noted, when compared against NIST traceable standards.

Source: Cs-137, Vial; 272.2 uCi on 5/1/81; Amersham S/N 3120MA

Date:     03/19/13

Wipe No.:     AW170

MDA (uCi):     5.6E-5

Net CPM:     10

Net uCi:     < MDA

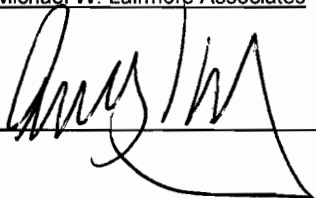
CPM for  
0.001 uCi:     236

Analyst:     M. Lairmore

Performed by: Michael W. Lairmore Associates

Under License No.: 29-30227-01

RSO Signature

A handwritten signature in black ink, appearing to read 'Michael W. Lairmore', is written over a horizontal line. The signature is stylized with a large, sweeping 'M' and 'L'.

MEDICAL PHYSICS SURVEY  
SEALED SOURCE LEAK TEST ANALYSIS REPORT

FACILITY:     Anthony Watkins, M.D.

DEPARTMENT:     Nuclear Cardiology

LOCATION:     Washington, DC

ATTENTION:     A. Watkins, M.D.

Analysis of the WIPE used to conduct a leak test on the sealed sources identified below was performed by gas or scintillation detection and reveals removable contamination was less than 0.001 uCi, unless otherwise noted, when compared against NIST traceable standards.

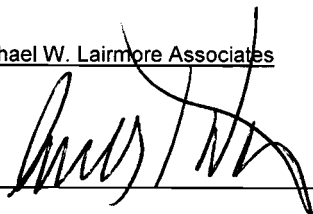
Source: Cs-137, Vial; 196.0 uCi on 10/15/1990; Dupont; S/N: S356017-033; Model #: NES356

Date:     03/19/13  
Wipe No.:     AW171  
MDA (uCi):     5.6E-5  
Net CPM:     22  
Net uCi:     < MDA  
CPM for  
0.001 uCi:     236  
Analyst:     M. Lairmore

Performed by: Michael W. Lairmore Associates

Under License No.: 29-30227-01

RSO Signature



MEDICAL PHYSICS SURVEY  
SEALED SOURCE LEAK TEST ANALYSIS REPORT

FACILITY:     Anthony Watkins, M.D.

DEPARTMENT:     Nuclear Cardiology

LOCATION:     Washington, DC

ATTENTION:     A. Watkins, M.D.

Analysis of the WIPE used to conduct a leak test on the sealed sources identified below was performed by gas or scintillation detection and reveals removable contamination was less than 0.001 uCi, unless otherwise noted, when compared against NIST traceable standards.

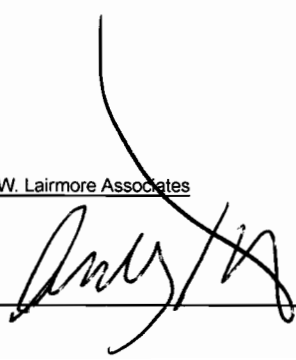
Source: Cobalt-57 Flood Disk; 10 mCi on 10/01/2009; E&Z; S/N: 1399-008; Model Number: 3727.AD.010M.N

Date:     03/19/13  
Wipe No.:     AW172  
MDA (uCi):     9.9E-5  
Net CPM:     5  
Net uCi:     < MDA  
CPM for  
0.001 uCi:     1536  
Analyst:     M. Lairmore

Performed by: Michael W. Lairmore Associates

Under License No.: 29-30227-01

RSO Signature

A handwritten signature in black ink, appearing to read 'Michael W. Lairmore', is written over a horizontal line. The signature is stylized and cursive.

# RETURN PACKING LIST

All information must be provided to ensure proper handling of your return

**B**

**FROM:**

Company Name Anthony Williams, m.d.  
 Address 106 Irving Street, n.w.  
 City Washington D.C. State  ZIP 20002  
 Contact Name Mr. Williams, m.d.  
 Telephone (202) 693-2277 Fax (401) 942-2355  
 Email Wm.williams@optonline.net

**SEND TO:**



**Eckert & Ziegler**  
Isotope Products

1800 North Keystone Street  
 Burbank, CA 91504  
 Telephone: (661) 309-1010  
 Fax: (661) 257-8303  
 Email: nucmedsales@ezag.com

**RETURN # RA- 223565**

**STOP:** This packing list must be affixed to the OUTSIDE and a copy placed inside of the package. Each returned source to EZIP must be on a one-to-one exchange basis only. For additional returns, please contact EZIP customer service for additional cost considerations.

Co-57	10mc	01 OCT 09	1399-008	MBD371	Source Wipe
Nuclide	Activity	Reference	Serial	Capsule	Test ≤ 5nCi
		Date	Number	Description	
CS-137	2.0mc	250 uet on 2/21/1987	SIN-3120MS		
1) Act of Source	116.4 uet				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
CS-137	E-Vial	196 uet on 10/5/1990	Duped SIN: 835, 07-033		
2) Act of Source	116.4 uet				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
CS-137	DISK Buttons	1.0 mc (AP) 0.8mc CS-137 Buttons			
3) Act of Source	116.4 uet				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Co-57	Flood	10 mc on 10/1/2002	Ed 3: SIN-1399-008		
4) Act of Source	0.98 mc	36.85			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Total Act is Source = 1200 uet <b>335.62 uet</b>					

If source is damaged, broken, or leaking, describe under "Capsule Description" section and submit a copy of the last leak test. **Keep a copy of this form for your records. It may be requested by your regulatory agency.** I acknowledge that the above information is true to the best of my knowledge.

Contact's Signature: Mr. Williams, m.d. Outgoing 8165 Savings 3/19/2013  
 Shipper's 24 Hour Emergency Response Number (Required): (202) 693-2277 1 meter 0.02 mci Surface 0.02 mci  
8 kg & 0.02 mci 1399  
Contains 18 radon?  
Pass  
6.0 mci

**FOR EZIP USE ONLY**

EZIP has received the radioactive sources listed above, except as noted below

Receiver's Name: J. SIDORO LAWRENCE

Receipt Date: 21 MAR 13

Sources not received:

☒ N/A

# RETURN PACKING LIST

All information must be provided to ensure proper handling of your return

**FROM:**
**Company Name**

ANTHONY WATKINS, M.D.

**Address**

106 IRVING ST. N.W.

**City**

WASHINGTON

**State**

DC

**ZIP**

20010

**Contact Name**

MIKE LAIRMORE

**Telephone**

201-693-2277

**Fax**

401-942-2355

**Email**
**SEND TO:**

**Eckert & Ziegler**  
Isotope Products

 1800 North Keystone Street  
Burbank, CA 91504

Telephone: (661) 309-1010

Fax: (661) 257-8303

Email: nucmedsales@ezag.com

**RETURN # RA-** 220258  
223158\*

**STOP:** This packing list must be affixed to the OUTSIDE and a copy placed inside of the package. Each returned source to EZIP must be on a one-to-one exchange basis only. For additional returns, please contact EZIP customer service for additional cost considerations.

Nuclide	Activity	Reference Date	Serial Number	Capsule Description (THE SOURCE)	Source Wipe Test $\leq 5nCi$
*1) CS-137	0.008mc.	01 MAY 91	2233	SPOT MARKER	<input type="checkbox"/> Yes <input type="checkbox"/> No
2)					<input type="checkbox"/> Yes <input type="checkbox"/> No
3)					<input type="checkbox"/> Yes <input type="checkbox"/> No
4)					<input type="checkbox"/> Yes <input type="checkbox"/> No

If source is damaged, broken, or leaking, describe under "Capsule Description" section and submit a copy of the last leak test. **Keep a copy of this form for your records. It may be requested by your regulatory agency.** I acknowledge that the above information is true to the best of my knowledge.

Contact's Signature:

Shipper's 24 Hour Emergency Response Number (Required):

**FOR EZIP USE ONLY**

EZIP has received the radioactive sources listed above, except as noted below

Receiver's Name:

ISIDORO LAJDEROS

Receipt Date:

21 MAR 13

Sources not received:

☒ N/A

# RETURN PACKING LIST

All information must be provided to ensure proper handling of your return

**FROM:**Company Name ANTHONY WATKINS, M.D.Address 106 IRVING ST. N.W.City WASHINGTON State DC ZIP 20010Contact Name MIKE LAIRMORETelephone 201-693-2277 Fax 401-942-2355

Email

**SEND TO:****Eckert & Ziegler**  
Isotope Products1800 North Keystone Street  
Burbank, CA 91504

Telephone: (661) 309-1010

Fax: (661) 257-8303

Email: nucmedsales@ezag.com

**RETURN # RA- 220258\***  
**223158****STOP:** This packing list must be affixed to the OUTSIDE and a copy placed inside of the package. Each returned source to EZIP must be on a one-to-one exchange basis only. For additional returns, please contact EZIP customer service for additional cost considerations.

Nuclide	Activity	Reference Date	Serial Number	Capsule Description	Source Wipe Test $\leq$ 5nCi
				(THE SOURCE)	
*1) <u>Cs-137</u>	<u>0.001mCi</u>	<u>01 FEB 89</u>	<u>UNKNOWN</u>	<u>SPOT MARKER</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
				(THE SOURCE)	
*2) <u>Cs-137</u>	<u>0.001mCi</u>	<u>01 FEB 89</u>	<u>UNKNOWN</u>	<u>SPOT MARKER</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3)					<input type="checkbox"/> Yes <input type="checkbox"/> No
4)					<input type="checkbox"/> Yes <input type="checkbox"/> No

If source is damaged, broken, or leaking, describe under "Capsule Description" section and submit a copy of the last leak test. **Keep a copy of this form for your records. It may be requested by your regulatory agency.** I acknowledge that the above information is true to the best of my knowledge.

Contact's Signature:

Shipper's 24 Hour Emergency Response Number (Required):

**FOR EZIP USE ONLY**

EZIP has received the radioactive sources listed above, except as noted below

Receiver's Name: Isidoro LanderosReceipt Date: 21 MAR 13

Sources not received:

☒ N/A

# RETURN PACKING LIST

**B**

All information must be provided to ensure proper handling of your return

## FROM:

Company Name ANTHONY WATKINS, M.D.

Address 106 IRVING ST. N.W.

City WASHINGTON State DC ZIP 20010

Contact Name MIKE LAEMORE

Telephone 201-693-2277 Fax 401-942-2355

Email \_\_\_\_\_

## SEND TO:

 **Eckert & Ziegler**  
Isotope Products

1800 North Keystone Street  
Burbank, CA 91504  
Telephone: (661) 309-1010  
Fax: (661) 257-8303  
Email: nucmedsales@ezag.com

**RETURN # RA-** 220231  
220167\*

**STOP:** This packing list must be affixed to the OUTSIDE and a copy placed inside of the package. Each returned source to EZIP must be on a one-to-one exchange basis only. For additional returns, please contact EZIP customer service for additional cost considerations.

Nuclide	Activity	Reference Date	Serial Number	Capsule Description	Source Wipe Test ≤ 5nCi
*1) <u>Cs-137</u>	<u>0.196 uCi</u>	<u>15 OCT 90</u>	<u>535607-033</u>	<u>VIAL (DUPONT)</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) _____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) _____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) _____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

If source is damaged, broken, or leaking, describe under "Capsule Description" section and submit a copy of the last leak test. **Keep a copy of this form for your records. It may be requested by your regulatory agency.** I acknowledge that the above information is true to the best of my knowledge.

Contact's Signature: \_\_\_\_\_

Shipper's 24 Hour Emergency Response Number (Required): \_\_\_\_\_

## FOR EZIP USE ONLY

EZIP has received the radioactive sources listed above, except as noted below

Receiver's Name: ISIDORO LANDEROS

Receipt Date: 21 MAR 13

Sources not received: \_\_\_\_\_

☒ N/A

**B**

# RETURN PACKING LIST

All information must be provided to ensure proper handling of your return

## FROM:

Company Name ANTHONY WATKINS, M.D.

Address 106 IRVING ST. N.W.

City WASHINGTON. State DC ZIP 20010

Contact Name MIKE LAIRMORE

Telephone 201-693-2277 Fax 401-942-2355

Email

## SEND TO:

 **Eckert & Ziegler**  
Isotope Products

1800 North Keystone Street  
Burbank, CA 91504  
Telephone: (661) 309-1010  
Fax: (661) 257-8303  
Email: nucmedsales@ezag.com

**RETURN # RA- 220231\***  
**220167**

**STOP:** This packing list must be affixed to the OUTSIDE and a copy placed inside of the package. Each returned source to EZIP must be on a one-to-one exchange basis only. For additional returns, please contact EZIP customer service for additional cost considerations.

Nuclide	Activity	Reference Date	Serial Number	Capsule Description	Source Wipe Test ≤ 5nCi
* 1) <u>CS-137</u>	<u>0.25mCi</u>	<u>01 APR 81</u>	<u>3120 MA</u>	<u>VIAL (AMERSHAM)</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) <u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) <u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) <u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Yes <input type="checkbox"/> No

If source is damaged, broken, or leaking, describe under "Capsule Description" section and submit a copy of the last leak test. **Keep a copy of this form for your records. It may be requested by your regulatory agency.** I acknowledge that the above information is true to the best of my knowledge.

Contact's Signature:

Shipper's 24 Hour Emergency Response Number (Required):

## FOR EZIP USE ONLY

EZIP has received the radioactive sources listed above, except as noted below

Receiver's Name: ISIDORO LANDRIS

Receipt Date: 21 MAR 13

Sources not received:

☒ N/A