

August 28, 2015

Annex A

DOT-SP 11406 SHIPMENT APPROVAL FORM

Approval Number OK OK 18 001 (Refer to SP 11406, paras. 8a-8b)

This shipment of waste contains unidentified radioactive material causing low levels of radiation outside the transport vehicle. Shipment is under Special permit DOT-SP 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 official signing this shipment approval document.

DETAILS of DETECTION SITE, MATERIALS, and ORIGIN

Facility: Name OU Medicine Type: HospitalAddress: 700 NE 13th St., Oklahoma City, OK 73104① Contact person: Dan Raiden Ph. 405-609-9583 Fax. _____ Highway or Rail Vehicle Type: Dodge Van Id.No.: _____Company: OU Medicine Operator name: Chris Moore② Contact person: Chris Moore Ph. 405-468-5592 Fax. _____Description of waste and release risks: Medical waste w/ radioactive chemotherapyRadiation Measurement Date/time performed: 10/26/18 12:10pmmrem/h (max) 450 location on vehicle Cargo

Inst.Mfgr./type/model _____ Bkg. mrem/h _____

Surveyor name: Ralph Britton Ph. 405-520-7624Shipment Origin Company: OU Medicine Location: 1200 N Everett Dr., OKC, OK 73104Waste Origin: Stericycle 101 N. Allied Rd. Stroud, OK 74079③ Contact person: Chris Moore Ph. 405-468-5592 Fax. _____

RADIATION CONTROL OFFICIALS (Detection, Origin, Transit, Destination States)

Detection State Official (receiving radiation detection info) Name: Libby McCaskill, EPS IV④ Organization OK DEQ Ph. 405-702-5168 Fax. _____

Origin State Official (prior to detection) Name: _____

⑤ Organization Same as above Ph. _____ Fax. _____

Transit State Official(s) (after detection) Name: _____

⑥ Organization N/A Ph. _____ Fax. _____Destination State Official (after detection) Name: Libby McCaskill⑦ Organization OK DEQ Ph. 405-702-5168 Fax. _____

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DESTINATION for RADIOACTIVE MATERIAL IDENTIFICATION and DISPOSITION

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

Company Name: _____ Location: _____

⑧ Contact person: _____ Ph. _____ Fax. _____

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APPROVAL of SHIPMENT and SPECIAL CONDITIONS

Date: _____

Conditions: None

⑨ Signature: Libby McCaskill LM Ph. 405-702-5168 Fax. _____

Title Environmental Programs Specialist IV Organization OK Department of Environmental Quality Date 10/26/2018

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IDENTIFICATION of RADIOACTIVE MATERIAL and DISPOSITION INFORMATION at DESTINATION

⑩ Name: _____ Title: _____ Date: _____

Organization: _____ Ph. _____ Fax. _____

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RECORD of TRANSMITTALS (Shipment Approvals and identification/disposition)
(Circumstances may influence distribution)

Shipment Approvals (Sent by ④ or ⑨) to (Show date sent)

OED CRCPD 10/26/2018 ① _____, ② _____, ③ _____,

⑤ _____, ⑥ _____, ⑦ _____, ⑧ _____,

OTHER _____

Record of Identification and Disposition (Sent by ⑧, ⑩, or other _____) to

④ _____, ⑤ _____, ⑦ _____, OED CRCPD _____

OTHER _____
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