Generator’s or Shipper’s Name and Mailing Address | Phone
--- | ---
Transporter #1 Company Name | Phone
Transporter #2 Company Name | Phone
Designated Commercial Waste Facility Name | Phone

<table>
<thead>
<tr>
<th>Description of NORM waste (e.g. scale, soil, other)</th>
<th>MicroR/hr reading</th>
<th>Activity Concentration pCi/gm</th>
<th>Number of Containers</th>
<th>Container Type</th>
<th>Total Quantity</th>
<th>Unit Wt/Vol</th>
<th>Time</th>
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Are there any other sources of radioactivity known to be in the vehicle? (e.g. medical source from driver, etc.)

Post-alarm actions taken by the waste facility/transporter:

Special Handling Instructions and Additional Information:
INSTRUCTIONS

1. This form must be submitted by fax within 24 hours of initial radiological alarm at the waste facility.

   *If any radiological monitor readings exceed 2.0 mR/hr, contact DHHR Radiological Health Program immediately and isolate the load on site.

2. The form must be submitted to the Department of Environmental Protection and the Department of Health and Human Resources at the contact information below:

   Department of Health and Human Resources
   Bureau for Public Health
   Office of Environmental Health Services
   Radiological Health Program
   Phone: 304-356-4303
   Fax: 304-558-0524

   Department of Environmental Protection
   Division of Water and Waste Management
   Office of Solid Waste
   Phone: 304-926-0465
   Fax: 304-926-0456

3. Any supporting analytical or lab testing must be included with form in addition to proof of West Virginia radiological vendor registration (e.g. registration number).