RESIDUE MATERIAL AND EQUIPMENT REQUEST FORM

Tracking #: _____

Residue Requestor:			Organization:		Telephone:
Contractor or Alternate:			Company:		Telephone:
SNL OBSERVER or OWNER:			Organization:		Telephone:
Location & Tech Area:			Building:		Project/Task #:
Points of origin, Building:		Room:	Other:		
Material Location Info:					

PROCESS KNOWLEDGE EVALUATION (PKE) - EQUIPMENT OWNER

INITIAL: _____ To the **best of my knowledge**, the listed items have **NOT** been in a controlled area and has **NOT** been exposed to radioactive material.

INITIAL: _____ RAD ASSESSMENT REQUESTED.

Requester's Signature: Date: Telephone Number: Organization Number:

RAD PROTECTION EVALUATION

INITIAL: _____ The RCT concludes that the listed items present **NO** Radiological hazard, and can be transferred. Process Knoweledge Evaluation applicable.

INITIAL: _____ The RCT concludes that the listed items presents **A** potential Radiation hazard, and MUST be surveyed per Radiation Protection Procedures.

Rad Control Tech Signature: Date: Telephone Number: Organization Number:

ITEM	QUANTITY	DESCRIPTION	RAD SURVEY	HAZ SURVEY	REAPP. INSP.

Assessment Comments:

This form must be signed prior to delivery/acceptance by Reapplicaiton:

Hazardous Material Inspector: Print Name:	Signature:
Rad Control Tech: Print Name:	Signature:
SNL OBSERVER or OWNER: Print Name:	Signature:
RECEIVED BY:	