



Eckert & Ziegler

Isotope Products

EMERGENCY RESPONSE INFORMATION

(49 CFR 172.403, 172.600, 602, 604, 173.421)

Returns are only accepted at **1800 North Keystone Street, Burbank, California, 91504** in accordance with Eckert & Ziegler Isotope Products' Radioactive Materials License No. 1509-19. All information must be provided to ensure proper handling of your return.

Complete items 1 and 2:

1. **SELECT ONE PROPER SHIPPING & HAZARD CLASS BELOW:**

A) UN2910, Class 7, Radioactive Material, Excepted Package, Limited Quantity of Material

B) UN2911, Class 7, Radioactive Material, Excepted Package, Instruments or Articles

C) UN2915, Class 7, Radioactive Material, Type A Package, Non-special Form, Non-fissile, or Fissile Excepted

D) UN3332, Class 7, Radioactive Material, Type A Package, Special Form, Non-fissile, or Fissile Excepted

E) Other: UN _____,

2. **WRITE SHIPPER'S 24 HOUR EMERGENCY RESPONSE TELEPHONE No.:**

This is **your** 24 hour telephone number should an emergency arise with your package during transit.

3. **IMMEDIATE HAZARDS TO HEALTH:** No significant hazards.

4. **RISKS OF FIRE OR EXPLOSION:** None

5. **IMMEDIATE PRECAUTIONS:** Keep non-essential people away from area; notify radiation safety authorities.

6. **EMERGENCY FIRE MEASURES:** Self-contained breathing apparatus and firefighters' protective gear should be used.

7. **FIRST AID:** Use standard first aid measures as required. Advise medical personnel that victim may be contaminated.

Supplemental Instructions

EZIP Return Kit instructions are designed primarily for the return of EZIP products. For non-EZIP product returns, verify that the activity limits have not been exceeded in accordance with 49 CFR 173.425. If you are returning liquid radioactive materials, contact EZIP for additional instructions. These require special pressurized bags.

IT IS THE CERTIFIED SHIPPER'S RESPONSIBILITY TO CONFORM WITH ALL REQUIRED D.O.T. REGULATIONS AND TO ASSURE THAT THE SOURCES RETURNED TO EZIP ARE PROPERLY PACKAGED AND LABELED. THE MATERIALS AND RETURN INSTRUCTIONS EZIP PROVIDES IN NO WAY ALTER, SATISFY, OR INFLUENCE ANY FEDERAL OR STATE REQUIREMENTS. EZIP PROVIDES THESE MATERIALS AS A SERVICE TO ASSIST PROPERLY TRAINED SHIPPERS. EZIP SHALL NOT BE HELD RESPONSIBLE FOR ANY LOSS, INJURY, AND/OR DAMAGE CAUSED BY ERRORS, OMISSIONS, MISPRINTS, OR MISINTERPRETATIONS OF THE CONTENTS OF THIS DOCUMENT FOR ANY UNAUTHORIZED OR INAPPROPRIATE USE.

Proper training is required under federal regulations to handle dangerous goods and/or hazardous materials. All persons and entities must comply with all federal regulations, including but not limited to the specific training requirements of 49 CFR 172.700 – 172.704. The user of these materials assumes responsibility for complying with all applicable laws and regulations regarding the shipment of Dangerous or Hazardous Materials.

RETURN PACKING LIST / DISPOSAL RECEIPT

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

FROM:

Company Name

Address

City State ZIP

RSO / Contact Name*
*Person responsible for Disposal Receipt Records

Telephone Fax

Email (BEST OPTION)

SEND TO:



Attention: Receiving
1800 North Keystone Street
Burbank, CA 91504

Telephone - (661) 309-1010
Fax - (661) 257-8303
Email: nucmedsales@ezag.com

Record Your FedEx Tracking #
From Your Air Waybill:
Please note that the Shipper is responsible for return freight costs

STOP: Original Sheet B must be affixed to the OUTSIDE and a copy of the Return Packing List (this page) 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.

RETURN # RA-

Write RA# on outside of box or use provided Return Authorization Label.
Please allow a minimum of 5 business days for disposal processing.
EZIP does not accept returns through the US Postal Service.

Catalog Model#	Source Serial #	Nuclide	Original Activity	Original Reference Date	Source Wipe Test < 5nCi
1) _____	_____	_____	_____	_____	*Note: No leak test report required unless damaged. <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 or contaminated, describe condition below 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.

Print Name & Sign:

FOR EZIP USE ONLY

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

Receiver's Name:

Receipt Date:

Sources not received: N/A