



# RETURN KIT INSTRUCTIONS

Please read these instructions thoroughly to ensure proper packaging of your return source(s).

Dear Valued Customer,

In an effort to assist you in returning your sources to Eckert & Ziegler Isotope Products (EZIP), we are providing you with two options within this return kit:

## OPTION A: DOT Excepted Package (Limited Quantities) Source Return:

If you are returning a source and the dose rate readings on the surface of the packaged source are below 0.5 mRem/hour, please go to [www.ezag.com/home/business-segments/isotope-products/customer-support.html](http://www.ezag.com/home/business-segments/isotope-products/customer-support.html) and download the forms under the section titled "Instructions for Packaging Sources for Recycling". These forms include (items in red are required as part of the shipment):

- Instructions for Packaging of Sources for Recycling
- **Emergency Response Information (UN2910)**
- **Excepted Package Certificate**
- EZIP Return Label

In addition to the forms found online, in this envelope you will also find the following:

- **Excepted Package (UN2910) Label (x2)**
- **FedEx Airbill and pouch**
- **Packing List Envelope**
- **Packing List Form (Form "B" - on the reverse of this sheet)**



## OPTION B: DOT Category II-Yellow Source Return:

If you are returning a source and the dose rate readings on the surface of the packaged source are 0.5 mRem/hour or above, please go to [www.ezag.com/home/business-segments/isotope-products/customer-support.html](http://www.ezag.com/home/business-segments/isotope-products/customer-support.html) and download the forms under the section titled "Instructions for Packaging of Radioactive Sources". These forms include (items in red are required as part of the shipment):

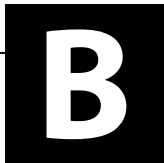
- **Shipper's Declaration for Dangerous Goods**
- Instructions for Packaging of Radioactive Sources
- **Emergency Response Information (UN2915)**
- **DOT Type A Box Marking Label - this label reads "RADIOACTIVE MATERIAL, TYPE A PACKAGE UN2915, NON SPECIAL FORM, NON FISSILE OR FISSILE EXCEPTED, USA-D.O.T-7A-TYPE A". NOTE: UN2915 shipments require a Type A certified box. This wording is already included on Type A boxes, however, this label can be used in the event that the wording has been defaced or has become illegible. If you require a Type A box, please contact EZIP Sales.**
- EZIP Return Label

In addition to the forms found online, in this envelope you will also find the following:

- **Radioactive II Label (x2)**
- **FedEx pouch for Shipper's Declaration For Dangerous Goods**
- **FedEx Airbill and pouch**
- **Packing List Envelope**
- **Packing List Form (Form "B" - on the reverse of this sheet)**



Should you have any questions with regards to your return, please contact EZIP Sales at (661) 309-1010.



# RETURN PACKING LIST

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

FROM:		
Company Name		
Address		
City	State	ZIP
Contact Name		
Telephone	Fax	
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	

<b>RETURN # RA-</b>	<b>STOP:</b> This packing list must be affixed to the <u>OUTSIDE</u> and a copy placed inside of the package. Each returned source to EZIP must be on a <u>one-to-one</u> exchange basis only. For additional returns, please contact EZIP customer service for additional cost considerations.
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Nuclide	Activity	Reference Date	Serial Number	Capsule Description	Source Wipe Test ≤ 5nCi
1) _____	_____	_____	_____	_____	<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: \_\_\_\_\_

Receipt Date: \_\_\_\_\_

Sources not received:  N/A