

**SECTION A-5**

**Description of radioactive waste consignment and list of packages**

| 26.                   | Applicant (trade name): _____<br><input type="checkbox"/> holder, <input type="checkbox"/> consignee, <input type="checkbox"/> other, to be specified _____<br>Address: _____<br>Postcode: _____ Town: _____ Country: _____<br>Tel. _____ Fax _____ E-mail: _____<br>Contact person: Mr/Ms _____   |                       |                         |                     |                   |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |                    |               |               |               |
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| 27.                   | Date of expiry of the authorisation _____ (dd/mm/yyyy) covering<br><input type="checkbox"/> a single shipment, or<br><input type="checkbox"/> several shipments, serial number of the shipment: _____  |                       |                         |                     |                   |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |                    |               |               |               |
| 28.                   | Nature of radioactive waste<br>Physicochemical characteristics (tick as appropriate):<br><input type="checkbox"/> solid,<br><input type="checkbox"/> liquid,<br><input type="checkbox"/> gaseous,<br><input type="checkbox"/> other (e.g. fissile, low dispersible), to be specified _____<br>Main radionuclides: _____<br>Maximum alpha activity/package (GBq): _____<br>Maximum beta/gamma activity/package (GBq): _____<br>Total alpha activity (GBq): _____<br>Total beta/gamma activity (GBq): _____  |                       |                         |                     |                   |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |                    |               |               |               |
| 29.                   | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">(*) Identification No</th> <th style="width: 15%;">(*) Type <sup>(1)</sup></th> <th style="width: 15%;">(*) Gross mass (kg)</th> <th style="width: 15%;">(*) Net mass (kg)</th> <th style="width: 15%;">(*) Activity (GBq)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td><b>Total number:</b></td> <td><b>Total/type:</b></td> <td><b>Total:</b></td> <td><b>Total:</b></td> <td><b>Total:</b></td> </tr> </tbody> </table> <p>(*) To be completed for each package, attach separate list, if space is not sufficient.<br/>                 (1) According to Regulations for the Safe Transport of Radioactive Material 2005 Edition, Safety Requirements TS-R-1, IAEA, Vienna, 2005.</p> | (*) Identification No | (*) Type <sup>(1)</sup> | (*) Gross mass (kg) | (*) Net mass (kg) | (*) Activity (GBq) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <b>Total number:</b> | <b>Total/type:</b> | <b>Total:</b> | <b>Total:</b> | <b>Total:</b> |
| (*) Identification No | (*) Type <sup>(1)</sup>  | (*) Gross mass (kg)   | (*) Net mass (kg)       | (*) Activity (GBq)  |                   |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |                    |               |               |               |
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| <b>Total number:</b>  | <b>Total/type:</b>   | <b>Total:</b>         | <b>Total:</b>           | <b>Total:</b>       |                   |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |                    |               |               |               |
| 30.                   | Date of dispatch of the shipment: _____ (dd/mm/yyyy)<br>I hereby certify that the information provided in this section (and in the attached list or documents) is correct to the best of my knowledge.<br><br><hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span>(Date and place)</span> <span>(Stamp)</span> <span>(Signature)</span> </div>  |                       |                         |                     |                   |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |                    |               |               |               |