

B2 Return Packing List (RPL)

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

Helpful hints before starting

Refer to your source certificate for information needed on this RPL.

Be prepared to make enough copies of sheet B2 to go inside each package to be returned. The original B1/B2 sheets will be used as the packing slip for this return.

If the quantity of sources to be returned exceeds the number of lines below (4), please make a copy of this sheet B2 and continue listing your sources.

ALL information **MUST** be legible, including email and phone number, so that FedEx and/or EZIP can contact the Shipper in case of questions or concerns.

From:			Send to:		
Company Name			Attention: Receiving		
Address			Eckert & Ziegler Isotope Products		
City	State	Zip	1800 North Keystone Street		
RSO or Person responsible for Disposal Receipt Records			Burbank, California 91504		
Phone	Fax		Phone (661) 309-1010		
Email * Best Option			Fax (661) 257-8303		
FedEx Tracking Number from FedEx Air Waybill			Email: nucmedsales@ezag.com		
RA#			STOP		
Write RA# on outside of package or use provided Return Authorization Label. Please allow a minimum of five (5) business days for disposal processing and generation of your emailed RAF (Return Acknowledgment Form). EZIP does not accept returns through the US Postal Service.			Original two-sided Sheet B1/B2 must be affixed to the OUTSIDE and a copy of the RPL (this page) placed inside of the package.		
Please note that the Shipper is responsible for ALL return shipping costs			Each returned source to EZIP must be on a one-to-one equivalent source type exchange basis only.		
			For additional returns, please contact EZIP customer service at: (661) 309-1010 for quoting information.		
			Do not return if wipe test results are 5nCi or above, or the source is leaking or damaged. Contact your RSO for instructions.		

Catalog Model #	Source Serial #	Nuclide	Original Activity	Original Ref. Date	Source Wipe Test < 5nCi
1.					<input type="checkbox"/> Yes
2.					<input type="checkbox"/> Yes
3.					<input type="checkbox"/> Yes
4.					<input type="checkbox"/> Yes

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 and 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