

Example - Electronic Recycling MMR



MATERIAL MOVE REQUEST NUMBER 159307

Date: <u>8/4/2012</u>	Requested By: <u>JOHN DOE</u>	ID#: <u>#1234</u>	MS#: <u>#345</u>	Phone Ext.: <u>x4321</u>	
Exact Location of Materials: <u>CDF HI-BAY</u>		Dimensions: <u>N/A</u>	Approx. Weight: <u>N/A</u>		
Project Number: <u>N/A</u>		Task Number: <u>N/A</u>			

Special Instructions for Requestor/Originator: This form must be completed for all off-site shipments and for certain on-site material transfers. The requestor must make arrangements with Authorized Personnel to perform any required radiation survey. All requirements for transporting hazardous materials can be found in PESHM, and transporting radioactive materials can be found in the FRCM. Questions concerning the identification of hazards should be referred to your Division/Section/Center ES&H Department or the Shipping Department at x3470.

Contains Radioactive Material? NO YES
 Certified By (PLEASE PRINT): JOHN DOE ID #: #1234
 Certified By (SIGNATURE): John Doe

Contains DOT Hazardous Material? NO YES
 Certified By (PLEASE PRINT): JOHN DOE ID #: #1234
 Certified By (SIGNATURE): John Doe

Explosive Oxidizer Corrosive Non-Flammable Gas/Cryogen Poisonous Gas/Cryogen Poisonous/Infectious
 Flammable Solid Flammable Gas Flammable Liquid Other (Please describe)

Authorized Surveyor (PLEASE PRINT): JUSTIN CASE ID #: #4321
 Authorized Surveyor (SIGNATURE): Justin Case Survey Inst./ #: Bicent#32 Calib. Due Date: 8/13
 BSS Verified Surveyor (PLEASE PRINT): _____ ID #: _____
 BSS Verified Surveyor (SIGNATURE): _____ Survey Inst./ #: _____ Calib. Due Date: _____
 Background Reading: 1400 cpm Source check: OK Battery Check: OK

If item is brought out of a radiological area. Contact PPD ES&H for a radiation survey.

	Property Number	Serial Number
1 EA PRINTER-LAZERJET	43143	WHZ7216431
2 1 EA DELL LAPTOP	33434	LTRC541623
3 1 EA MONITOR VIEWSONIC	<u>63125</u>	PLTN1216321
4 1 EA MISC. ELECTRICAL CABLES	—	—
5 1 EA DELL MONITOR	49521	PC17A643
6 1 EA DELL TOWER	76523	RF#492376

If item has a Fermi Property Tag Number. A signature is required on MMR by the immediate supervisor.

Ship to: SITE 38 (SURPLUS)

Address: _____ (Do not use P.O. Box #) Order Type: _____
 City: _____ PO/PRN Number: _____
 State & Zip Code: _____
 Attention: _____
 Telephone #: _____ Loan or Experiment Number: _____
 International Shipment? No Yes
 If Yes, Country of Origin? _____ Date Required at Destination: _____
 Value of Items: \$ _____ Mode of Shipment: Most Eco _____
Reason for Shipment Mode of Payment: Prepa _____
 In Warranty Repair Return for Credit Out of Warranty Repair & Account Number: _____
 Return for Replacement Loan Return of Loan Fabrication
 Special Shipping Instructions: GROUP 1

This section applies only if items are going off site.

Group 1: Did not originate from a radiological area.
Group 2: Did originate from a radiological area.