



TENORM Manifest



Kentucky Public Health
Prevent. Promote. Protect.

RPS 180
10/2017

Department for Public Health
Division of Public Health Protection and Safety
Radiation Health Branch
275 East Main St., Mailstop HS1C-A
Frankfort, KY 40621-0001

Tracking Number:

1. Generator's Name and Mailing Address		2. Generator's Site Address (If Different)	
Generator's Phone:			
3. Transporter 1 Company Name		DOT No.	
4. Transporter 2 Company Name		DOT No.	
5. Receiving Facility Name and Site Address		EEC Permit or Specific License No.	
Facility's Phone:			
6. Certified Laboratory Name		Lab Certification No.	
7. Type of Waste	8. No. of Containers	9. Net Weight	10. Activity Concentration(s)
11. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above and meet the requirements for transport of state and national regulations.			
Generator's Printed or Typed Name:		Signature:	Date:
12. Transporter Acknowledgement of Receipt of Materials			
Transporter 1 Printed or Typed Name:		Signature:	Date:
13. Transporter Acknowledgement of Receipt of Materials			
Transporter 2 Printed or Typed Name:		Signature:	Date:
14. Receiving Facility Owner or Operator: Certification of receipt of TENORM waste covered by manifest.			
Owner or Operator Printed or Typed Name:		Signature:	Date:

