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July 16, 2012

Patricia L. Gardner, Manager
NJ Department of Environmental Protection
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Ewing, NJ 08638
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Duncan White, Mail Stop T-8E24
US Nuclear Regulatory Commission
11545 Rockville Pike
Rockville, MD 20852-2738
301-415-2598

Subject: BBBY - Draft Final Report

Attached is a Draft Final Report detailing the Bed, Bath, and Beyond incident related to Cobalt – 60 contamination in Stainless Steel merchandise inadvertently imported from India.

Please feel free to call me at (720) 554-8282 (office) or (303) 888 -9456 (mobile) if you have any questions or comments.

Sincerely,

Shaw Environmental International, Inc.

Thomas R. Wood, CHMM #5611
Client Program Manager
E- Mail: thomas.wood@shawgrp.com

Copy: Jim O'Connor - BBBY

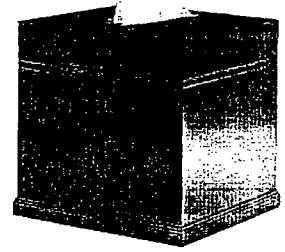
Bed, Bath, and Beyond

**RADIOLOGICAL ISSUES RELATED TO DECORATIVE TISSUE BOX
COVERS**

DRAFT FINAL REPORT

DRAFT FINAL REPORT

RADIOLOGICAL ISSUES RELATED TO DECORATIVE TISSUE BOX COVERS



Summary:

In January of 2011, Bed Bath, & Beyond (BBBY) representatives were notified by the State of California that a shipment of decorative bathroom accessories were found to contain low levels of radiological contamination. This shipment was destined for stores in California, from a distributor in New Jersey, and was identified in a Federal Express truck as it passed a portal monitor near Truckee, CA. The State notified NRC and an alert was issued.

The merchandise of concern was limited to a stainless steel tissue box cover, which was part of a larger grouping of bathroom accessories, which apparently had been manufactured in India from metal that had been contaminated with Cobalt-60. The BBBY staff was able to narrow the items to a specific shipment, on specific dates, and SKU numbers which directed subsequent radiological investigations in the field. Recall notices were issued to all stores, nation-wide. Regulators and the public were notified

All stores receiving these items were checked. All items were removed from the shelves and warehouse areas and safely stored. Of the few numbers of items that were sold prior to the recall, most all were recovered. Subsequently, approximately 250 items were identified in 27 stores and warehouses nation-wide. The items were identified, secured, and then picked up by a licensed waste broker, transported to a central facility and disposed of properly.

All the product items were accounted for (except for 3 suspect items sold from two stores in Florida) and the non-contaminated items were returned to the distributor for disposal. Five contaminated items were held by the State of CA for training purposes. Store returns continue to be reviewed by BBBY, in case one of these suspect items is recovered in the future.

Details:

Attached are copies of some of the notifications made, photos of some of the items identified, preliminary reports, including a spreadsheet listing the specific stores and locations where the inspections were made and items of concern identified, as well as copies of the safety and radiation protection plans and examples of the inspection and disposal records. In some cases, inspections were made by State regulators to confirm that the items of concern were safely stored and there was no removable contamination. The items known to be contaminated were picked up by a licensed waste broker, who transported all contaminated materials to Tennessee for recycling by Energy Solutions.

In all cases, the contamination was confirmed in only one specific product item, from one specific shipment, with no removable contamination. The contaminants were limited to Cobalt-60, the typical dose rate encountered was between 0.08 and 2 mR/hr as measured at 12 inches from the item. Shaw and its subcontractors followed careful safety protocols, as illustrated in the attached radiation protection plan. An average activity of 37.4 μCi (6.8 – 73.5 μCi) was estimated for the contaminated product items recovered.

BED BATH & BEYOND

Beyond any store of its kind.

Corporate Office
650 Liberty Avenue
Union, NJ 07083
908/688-0888

MEMORANDUM

To: Duncan White (*duncan.white@nrc.gov*)

From: Katherine Sloss, Esq.

CC: Allan N. Rauch, Esq.
Jim O'Connor
Patricia Gardiner (*Patricia.Gardner@dep.state.nj.us*)
Thomas Wood (*thomas.wood@shawgrp.com*)

Re: Bed Bath & Beyond Inc. - Waste Management Plan

Date: January 23, 2012

Introduction

Bed Bath & Beyond Inc. (BBB) has inadvertently received merchandise that has within it a small quantity of radioactive material. These items contain Cobalt-60 and emit radiation between 5 and 10 mR/hr. BBB has been advised by the NRC that there is no immediate danger to the public with respect to these levels. Further, there has been no transferable contamination found related to these items. The contaminants are limited to item DR9H known as a "Dual Ridge Tissue Box" which is a decorative metal box that covers a standard tissue box. These items are approximately 5"x5" x6" in size and weigh about 1 lb. each. All of these items are now off the shelves, safe and secure, and behind closed doors at each facility. Workers have been informed and notices were posted on BBB's website home page, Facebook page, and in the applicable stores instructing the public to return the product to their nearest BBB store for a full refund. Surveys of all stores receiving potentially contaminated materials were completed, with the support of several State agencies, and a complete inventory of these items of concern has been developed.

Disposal Plans

BBB has retained Shaw Environmental and Infrastructure Group (Shaw), a radioactive waste specialist, as a consultant to manage these activities and ensure that all are completed properly, safely, legally, and in a timely manner. BBB, or Shaw Environmental and Infrastructure Group (Shaw), on BBB's behalf, intends to contract with a licensed and qualified low-level radioactive waste (LLRW) broker to legally pickup, package, transport, and dispose of the waste materials.

Based on proposals received to date, we anticipate all items of concern being picked up within the next 30 to 45 days.

Merchandise will be transported to a location for storage, processing, and disposal. NRC officials will be contacted to confirm general disposal details. Each Agreement State involved will be contacted to confirm license or disposal issues. LLRW Compact organizations will also be contacted where needed.

There are several different disposal scenarios that could be followed. These include:

- Transport to Tennessee for storage, processing, and compaction by Energy Solutions, followed by transportation to Clive, Utah for disposal in their licensed landfill.
- Transport to Tennessee for storage, processing, and melting by Energy Solutions, followed by possible re-use as shielding blocks in the accelerator or other scientific or laboratory use.
- Transport directly to a licensed landfill for disposal. These landfills may include Energy Solutions in Utah; US Ecology in Idaho; and/or WCS in Texas. Various acceptance criteria will need to be reviewed and approved prior to disposal at these locations.

The NRC has indicated that they would support any of these options, providing the Agreement States involved also agree.

Path forward and proposed schedule

BBB is reviewing bids and intends to select a waste broker before the end of January 2012. Communications with States will also proceed to confirm acceptance and licensing issues or fees. Items of concern will be picked up beginning in late January / early February with a goal of removing all items from stores by March 1st. In addition, all related DR9H items suspected to be clean and non-contaminated that are at stores or picked up from returns (mostly from previous shipments from the distributor) will be returned to a central location, checked to confirm that no contaminated items are missed, and disposed of in a conventional landfill or returned to vendor. (Any remaining items of concern that may be found will be picked up by the LLRW waste broker.)

Agreement State	Event Number: 47575
Rep Org: CALIFORNIA RADIATION CONTROL PRGM Licensee: TATARA GROUP/NU STEEL Region: 4 City: TRUCKEE State: CA County: License #: Agreement: Y Docket: NRC Notified By: JOHN FASSELL HQ OPS Officer: CHARLES TEAL	Notification Date: 01/06/2012 Notification Time: 14:17 [ET] Event Date: 01/05/2012 Event Time: 16:00 [PST] Last Update Date: 01/06/2012
Emergency Class: NON EMERGENCY 10 CFR Section: AGREEMENT STATE	Person (Organization): MICHAEL VASQUEZ (R4DO) DANIEL HOLODY (R1DO) ANGELA MCINTOSH (FSME) SCOTT MOORE (OIP)

Event Text

AGREEMENT STATE REPORT INVOLVING DETECTION OF CONTAMINATED MATERIAL

The following information was received from the State of California via email:

"Two [2] packages set off radiation alarms at Truckee, CA truck scales. Both packages indicated Cobalt 60. One package read 5.7 mr/hr and the other indicated 6.1 mr/hr using a Victoreen 450 CHP. The packages were enroute to Bed Bath and Beyond in Santa Clara and San Jose.

"The shipment was authorized to proceed in a separate trailer to the Sacramento [the shippers] yard at 8200 Elder Creek Road where the shipment will be secured awaiting RHB inspector to determine the contents and disposition of the material. Surveys were requested of the CHP to document ALARA during this shipment.

"Shipment contained four Model DR9M Dual Ridge Metal Boutique (Kleenex box holders). Contact reading 6.5 mr/hr, One foot 0.85 mr/hr with a Victoreen 450P ion chamber."

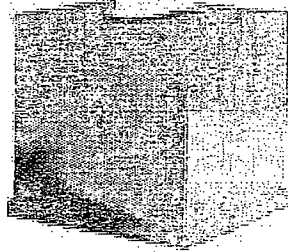
The shipment originated in India with a port of entry at Newark, NJ and was shipped via common carrier to its final destination in California.

CA 5010 #: 010512

IMPORTANT NOTICE

DUAL RIDGE METAL BOUTIQUE

We have been notified by regulatory agencies that a product we have carried since July, 2011, in approximately 200 of our 1000 stores in the U.S. and Canada, as well as on our website, the Dual Ridge Metal boutique tissue holder (see photo below), contains a material which emits low levels of radiation.



According to the Nuclear Regulatory Commission (NRC), although any unnecessary radiation exposure is not desirable, there is no threat to anyone's health from these tissue holders. The NRC has also informed us that the material is believed to be in the tissue holder itself and cannot be inhaled, nor can it contaminate other objects (such as tissues).

Out of an abundance of caution, we have pulled the product off of our sales floor and removed it from our website. Customers who have purchased this product should bring it to their nearest Bed Bath & Beyond store for a full refund.

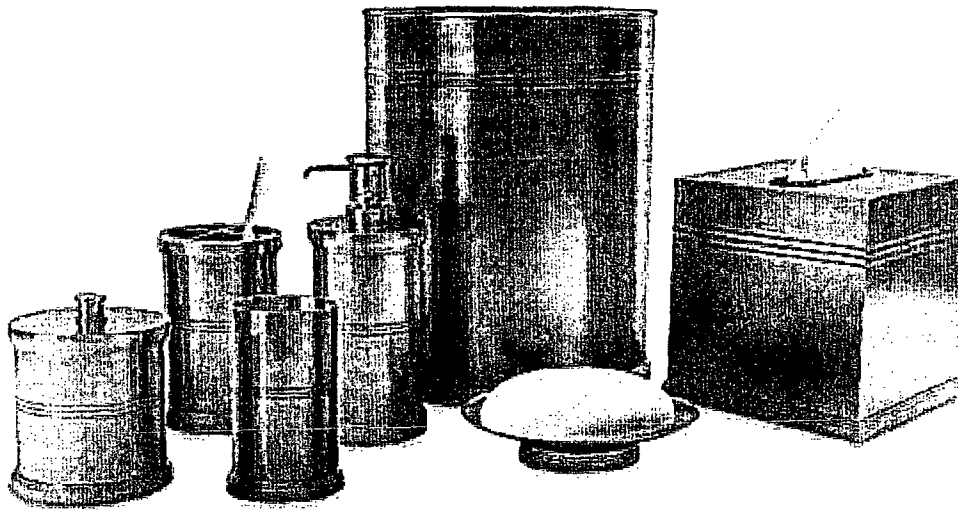
If any customer has a question, they are encouraged to call 1-800-462-3966

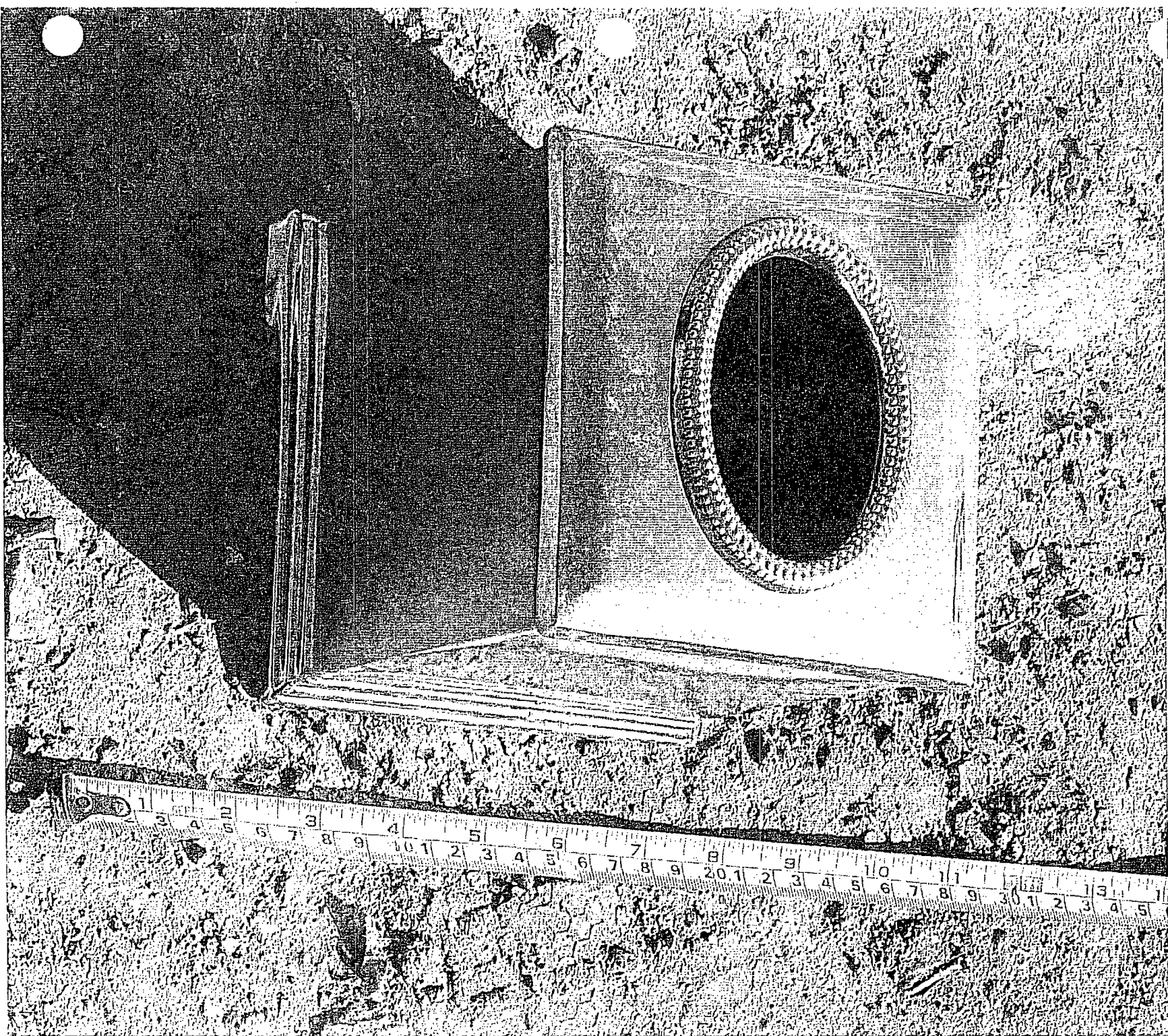
We will also update our "Safety and Recalls" link at www.bedbathandbeyond.com, if additional information becomes available.

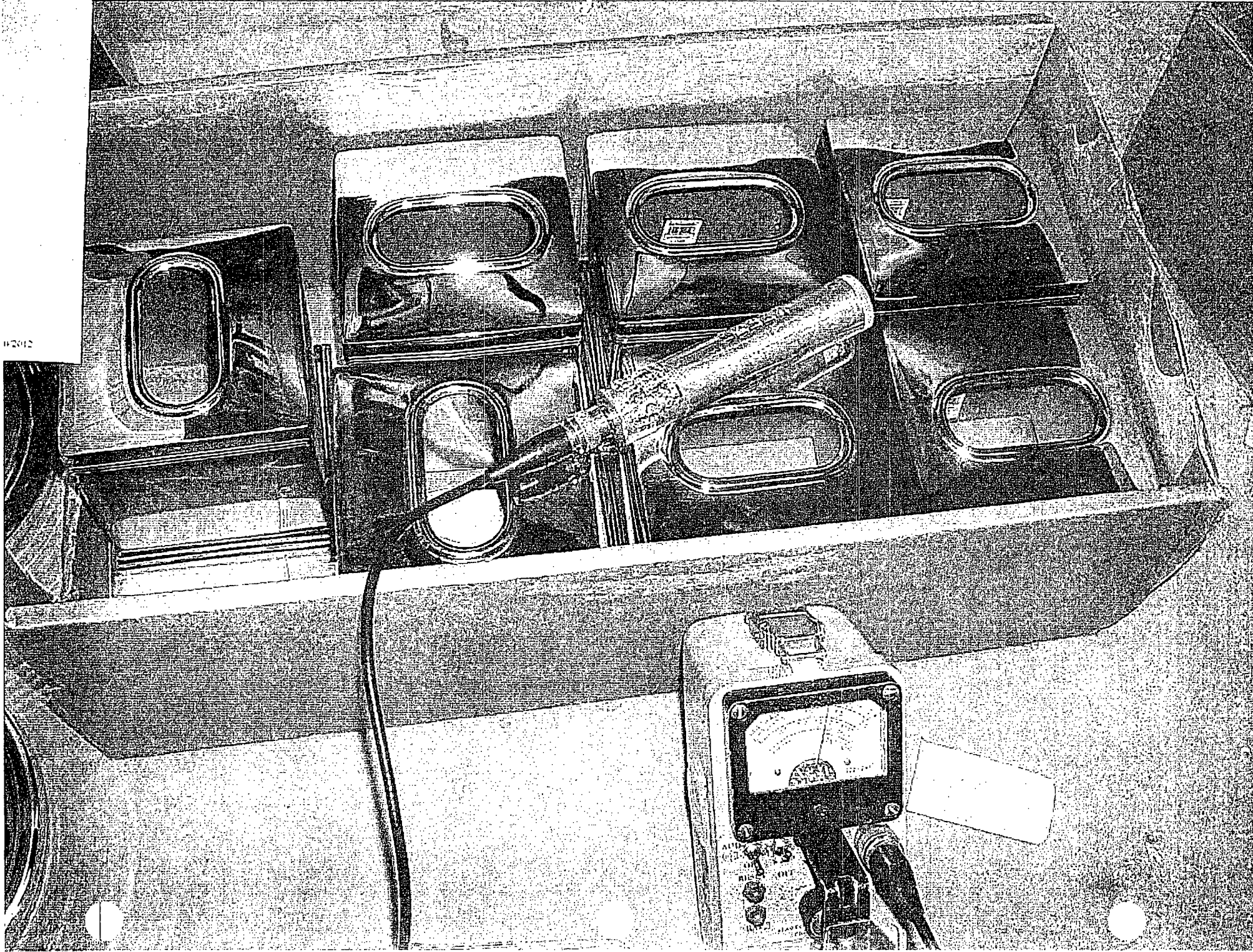
JANUARY 12, 2012

TYPICAL DUAL RIDGE BATHROOM ENSEMBLE – MULTIPLE ITEMS

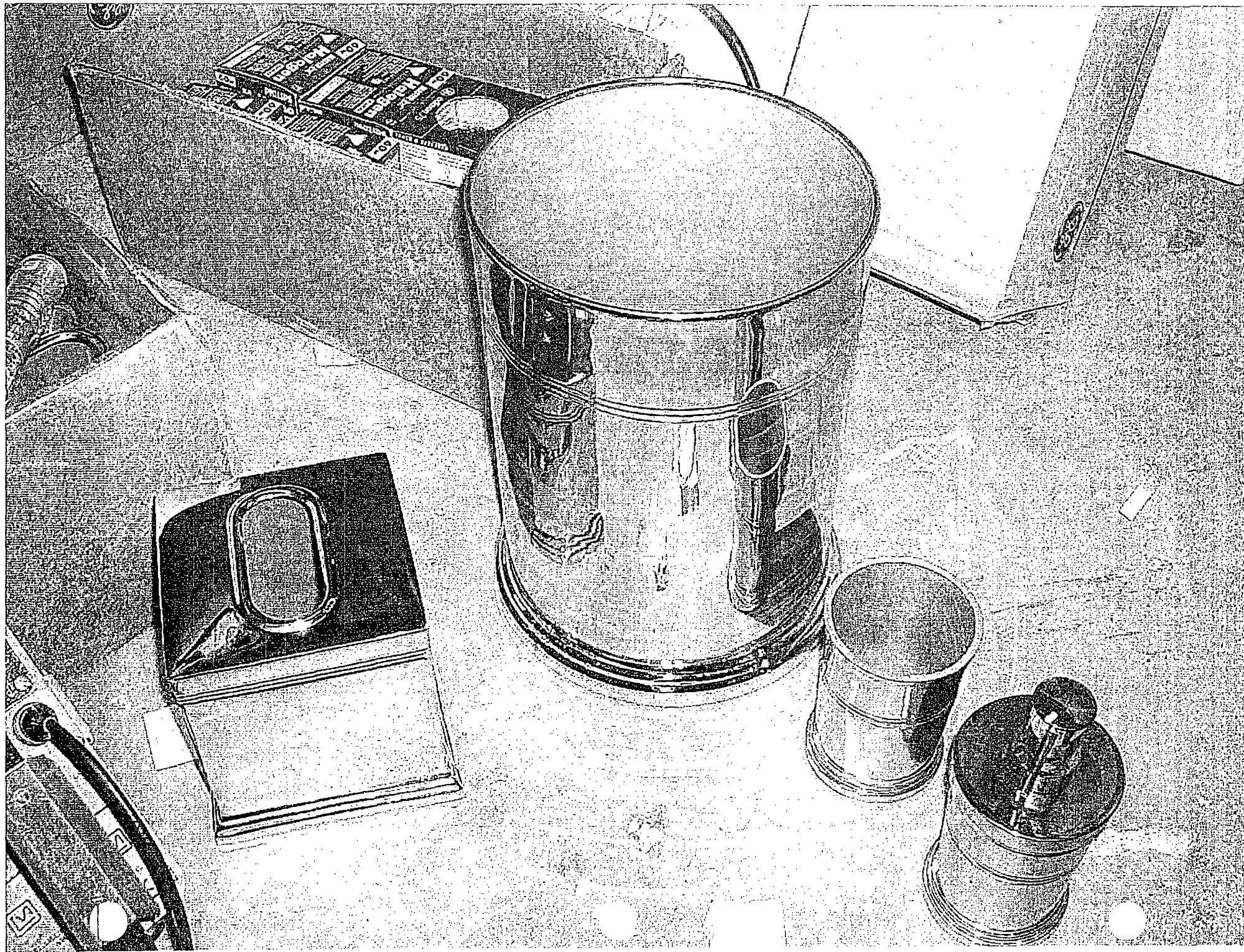
(ONLY THE METAL TISSUE BOX COVERS WERE IDENTIFIED AS CONTAINING ANY TRACES OF RADIOACTIVITY.)







112012



BED, BATH, AND BEYOND
RADIOLOGICAL INVESTIGATION REPORT

INTRODUCTION

Shaw Environmental, Inc (Shaw) was contracted by Bed, Bath, and Beyond (BBBY) to evaluate reported radiological contamination in merchandise distributed to their stores nation-wide by Tatara Group, an importer who had brought these materials to the US from a manufacturer based in India.

BBBY provided to Shaw reports from the distributor that indicated that a shipment transported on December 30, 2011 that contained 220 items of concern, which were sent to approximately 51 locations in 20 States. This included the Dual Ridge Boutique, including a small decorative metal tissue box holder, designated as DR9M or Dual Ridge item 9, with a mirrored finish. The tissue box holder is a 5" x 5" x 5.8" metal box, open on one side, weighing about 1 lb.

INFORMATION REVIEW

BBBY also provided information from various State agencies that investigated these items of concern and reported various degrees of radioactivity. Details reported include:

- The State of California made the initial discoveries of items in transit, as well as in stores, and took them into State custody.
- NRC notifications were made and BBBY responded with a general removal of all related items from store shelves, including storage in secure areas, out of contact with the public and store workers. (See Attachment A.)
- BBBY issued a general recall of the items of concern and posted notices in all stores and on line.
- Nine State agencies responded with inspectors at 26 locations identified and found items displaying measurable amounts of radiation.
- Several other States also responded and checked a number of stores that did not receive the specific December distribution of the items of concern, and confirmed that no contamination was present.
- Information was reported concerning the levels of contamination found and confirmed that the source was the radioisotope Cobalt-60.
- Safety information was reported that indicated that levels were generally low, below concern to workers and the public, yet elevated enough to cause concern and a need to limit direct exposure to the contaminated items.
- No transferable contamination was found in multiple tests done in several locations. No residuals were found on shelves or elsewhere in the store.
- The contamination is limited to only this particular DR9M item and was only found in the December shipment of merchandise – not in any others.

FIELD INSPECTIONS

After a review of the information provided by others, Shaw determined that much of it was sufficient to rely on for further actions. With BBY's concurrence, a priority list of locations was made and field teams from Shaw and its subcontractor were sent to survey all locations that had not been checked by others to confirm the findings and verify the number of contaminated items remaining. The primary goal of this effort was to confirm the findings of others and to provide a more accurate count of these items of concern from the December shipment.

The NRC and impacted Agreement States were notified and approvals granted to inspect and handle these items, via Shaw's State licensure or NRC reciprocity agreements prior to completing the surveys.

A uniform process for inspecting the items, with similar equipment and reporting forms, was developed. Health & Safety Plans and Radiation Protection Procedures were established prior to mobilizing. Copies of these plans and procedures were provided to regulators, where requested.

Approximately 45 locations in 11 States were inspected in a period of about 10 days. The results have been tabulated and shown in summary form in Table 1.0.

RESULTS OF THE FIELD INSPECTIONS

The field data, combined with internal data related to the number of items, dates of delivery and sales, and other internal information provided by BBY resulted in a general accounting of the contaminated items. The results include:

- All 220 items of concern have been tracked, identified, or secured.
- Only a known number of contaminated items were sold to the public.
- Of those items sold, only 7 are currently outside of BBY control, one in MA, one in IL, and five in FL, and the names of the purchasers of six of the seven items have been determined via credit card receipts.

BBY continues to track returns on a daily basis and will work with the locations involved to further attempt to recover any items sold to the public. Generous incentives have been provided to those returning any related items – contaminated or not.

PLANS FOR DISPOSAL

BBY has submitted a draft plan to the NRC for the proposed pick up, packaging, transportation, and disposal of all of the items of concern. Any items known to be contaminated will be handled, with prior notification and Approval of the NRC and Agreement States, within the next 30 days. All non-contaminated items currently in inventory or returned to the stores, will be returned to the distributor, where they will be re-checked and disposed of appropriately.

(December 30th
shipments from
Tatara Group)
Inventory DR9M
Tatara Group

Date	Num	Memo	P. O. #	Qty	Ship To City	Ship To Address 1	Ship To Address 2
		Items not shipped and held in the Tatara warehouse in NJ		33.00	N/A		
12/30/2011	TG9396	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KV57150-0025	0.00	STUDIO CITY	Bed Bath and Beyond #0025	12555 VENTURA BLVD
12/30/2011	TG9671	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KW75204-0127	0.00	SANTA CLARA*	Bed Bath and Beyond #0127	5201 STEVENS CREEK BLVD.
12/30/2011	TG9813	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KX85178-0223	2.00	SAN JOSE*	Bed Bath and Beyond #0223	5353 ALMADEN EXPRESSWAY
12/30/2011	TG9837	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KW05392-0023	2.00	Huntington Beach	Bed Bath and Beyond #0023	7777 Edinger Avenue
01/06/2012	TG9943	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KY84248-0031	4.00	SAN DIEGO	Bed Bath and Beyond #0031	1750 CAMINO DEL RIO NORTH
12/30/2011	TG9407	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KJ42387-0118	6.00	ATLANTA	Bed Bath and Beyond #0118	ONE BUCKHEAD LOOP
12/30/2011	TG9519	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KW23674-0255	2.00	BUFORD	Bed Bath and Beyond #0255	1705 Mall Georgia Blvd Suite 4
12/30/2011	TG9820	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KX82593-0087	2.00	OVERLAND PARK	Bed Bath and Beyond #0087	12035 METCALF
12/30/2011	TG9412	DUAL RIDGE BOUTIQUE TISSUE MIRROR	K550127-0049	4.00	STERLING HEIGHTS	Bed Bath and Beyond #0049	12020 HALL ROAD
12/30/2011	TG9452	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KW39359-1005	2.00	Canton	Bed Bath and Beyond #1005	41936 Ford Road
12/30/2011	TG9641	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KX72690-0113	4.00	NORTHVILLE	Bed Bath & Beyond #0113	17223 HAGGERTY ROAD
12/30/2011	TG9711	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KX54494-0202	8.00	GRAND RAPIDS	Bed Bath and Beyond #0202	4901 28TH STREET SE
12/30/2011	TG9406	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KY75840-0460	4.00	St Louis	Bed Bath and Beyond #0460	10770 Sunset Hills Plaza
12/30/2011	TG9395	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KV59248-0123	4.00	CHARLOTTE	Bed Bath and Beyond #0123	3413 PINEVILLE-MATTHEWS ROAD
12/30/2011	TG9723	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KX47535-0655	4.00	North Las Vegas	Bed Bath and Beyond #0655	3717 Bay Lake Trail
12/30/2011	TG9358	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KR85287-0370	4.00	Columbus	Bed Bath and Beyond #0370	3708 W Dublin Grandville Road
12/30/2011	TG9487	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KW31356-0204	2.00	SOLO	Bed Bath and Beyond #0204	6025 KRUSE DRIVE SUITE 123
01/06/2012	TG9991	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KY00633-0048	2.00	Warrensville Heights	Bed Bath and Beyond #0048	4031 Richmond Road
12/30/2011	TG9393	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KV33102-0164	2.00	OKLAHOMA CITY	Bed Bath and Beyond #0164	2848 NW 63rd STREET
12/30/2011	TG9387	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KV69480-0330	4.00	FL Worth	Bed Bath and Beyond #0330	4931 Overton Ridge Boulevard
12/30/2011	TG9401	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KQ14998-0134	2.00	SAN ANTONIO	Bed Bath and Beyond #0134	11745 IH 10 WEST SUITE 750
12/30/2011	TG9411	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KJ54750-0062	4.00	HOUSTON	Bed Bath and Beyond #0062	700 MEYERLAND PLAZA
01/06/2012	TG9954	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KY78517-0228	4.00	HURST	Bed Bath and Beyond #0228	859 NORTHEAST MALL DRIVE
12/30/2011	TG9397	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KV50925-1081	2.00	Washington	Bed Bath and Beyond #1081	709 7th Street NW
12/30/2011	TG9402	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KQ77813-0185	2.00	WILMINGTON	Bed Bath and Beyond #0185	1020 BRANDYWINE PARKWAY
12/30/2011	TG9736	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KX10511-0185	2.00	WILMINGTON	Bed Bath and Beyond #0185	1020 BRANDYWINE PARKWAY
12/27/2011	TG9339	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KS89964-0197	8.00	Aventura	Bed Bath and Beyond #0197	19205 Biscayne Blvd.
12/30/2011	TG9392	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KV36301-0128	6.00	Naples	Bed Bath and Beyond #0128	5351 N. Airport Road
12/30/2011	TG9403	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KR19230-0099	2.00	TAMPA	Bed Bath and Beyond #0099	13123 NORTH DALE MABRY HIGHWAY
12/30/2011	TG9409	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KT17426-0128	4.00	Naples	Bed Bath and Beyond #0128	5351 N. Airport Road
12/30/2011	TG9434	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KW46099-0178	2.00	ST. PETERSBURG	Bed Bath and Beyond #0178	2060 66TH STREET NORTH
12/30/2011	TG9481	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KW12094-0128	2.00	Naples	Bed Bath and Beyond #0128	5351 N. Airport Road
12/30/2011	TG9614	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KX37997-0150	2.00	BOYNTON BEACH	Bed Bath and Beyond #0150	371 N. CONGRESS AVENUE
12/30/2011	TG9642	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KX72574-0092	8.00	BOCA RATON	Bed Bath and Beyond #0092	20650 STATE ROAD 7
12/30/2011	TG9654	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KW86792-0235	10.00	SARASOTA	Bed Bath and Beyond #0235	6567 S. TAMiami TRAIL
12/30/2011	TG9678	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KW71815-0055	10.00	WEST PALM BEACH	Bed Bath and Beyond #0055	2025 OKEECHOBEE BLVD
12/30/2011	TG9731	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KX31261-0178	4.00	ST. PETERSBURG	Bed Bath and Beyond #0178	2060 66TH STREET NORTH
12/30/2011	TG9511	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KW27155-0064	2.00	WILMETTE	Bed Bath and Beyond #0064	3232 LAKE AVE SUITE 125
12/30/2011	TG9741	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KX24250-0064	2.00	WILMETTE	Bed Bath and Beyond #0064	3232 LAKE AVE SUITE 125
01/06/2012	TG9878	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KY56361-0063	4.00	CHICAGO	Bed Bath and Beyond #0063	1800 N. CLYBOURN AVE. SUITE A
12/30/2011	TG9394	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KV31301-0320	4.00	Shrewsbury	Bed Bath and Beyond #0320	571 Boston Turnpike
12/30/2011	TG9746	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KX17969-0350	2.00	Danvers	Bed Bath & Beyond #0350	180 Endicott Street
01/06/2012	TG10303	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KX82049-0350	2.00	Danvers	Bed Bath & Beyond #0350	180 Endicott Street
12/30/2011	TG9399	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KR97963-0052	2.00	COLUMBIA	Bed Bath and Beyond #0052	9021 SNOWDEN RIVER PARKWAY
12/30/2011	TG9400	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KS30003-0052	2.00	COLUMBIA	Bed Bath and Beyond #0052	9021 SNOWDEN RIVER PARKWAY
12/30/2011	TG9702	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KX84993-0188	2.00	FREDERICK	Bed Bath and Beyond #0188	5413 SNOBANA PIKE
12/30/2011	TG9405	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KJ46883-0316	2.00	North Brunswick	Bed Bath and Beyond #0316	871 Route 1 South
12/30/2011	TG9459	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KW37459-0207	6.00	Deptford	Bed Bath & Beyond #0207	1555 ALMONESSON ROAD
12/30/2011	TG9707	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KX59682-0534	2.00	Manalapan	Bed Bath and Beyond #0534	#9 US Route Nine South
12/30/2011	TG9722	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KX47571-0853	4.00	Port Reading	Bed Bath and Beyond #0853	1001 W Middlesex Avenue
12/30/2011	TG9805	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KT92508-0850	22.00	Jersey City	Bed Bath and Beyond #0850	100 Industrial Drive
01/06/2012	TG9931	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KZ08756-0534	2.00	Manalapan	Bed Bath and Beyond #0534	#9 US Route Nine South
				0.00	Tribeca		Manhattan, NYC
12/30/2011	TG9404	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KR60680-0250	2.00	WESTBURY	Bed Bath and Beyond #0250	950 Merchants Concourse
12/30/2011	TG9515	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KW26259-0767	8.00	Port Chester	Bed Bath and Beyond #0767	25 Waterfront Place
12/30/2011	TG9759	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KW83128-0247	2.00	ELMSFORD	Bed Bath and Beyond #0247	251 TARRYTOWN ROAD
01/06/2012	TG9913	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KZ37309-0003	2.00	HUNTINGTON STATION	Bed Bath and Beyond #0003	340 WALT WHITMAN ROAD
12/30/2011	TG9762	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KW52260-1331	4.00	Lancaster	Bed Bath and Beyond #1331	2350 Lincoln Highway E Ste 100
12/30/2011	TG9728	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KX36987-0172	2.00	NEWPORT NEWS	Bed Bath and Beyond #0172	12132 A JEFFERSON AVENUE
01/06/2012	TG9985	DUAL RIDGE BOUTIQUE TISSUE MIRROR	KY03693-0106	4.00	CHESAPEAKE	Bed Bath and Beyond #0106	1324 GREENBRIER PARKWAY
		Sample - from sales center in Farmingdale, NY		1.00			
				250.00			
				250.00			
				250.00			

Total DR9M

Total Inventory

TOTAL

NOTES:

Of the 22 items in Jersey City, NJ - 2 were sent to Tribeca store in NY. Those 2 items were found and confirmed. The State collected all items from stores in CA, 5 items remain in State custody for training purposes. Where dist items don't match the items found - marked in red. Two items are still missing, purchased from the Sarasota, FL store, and are thought to match two items bought. One item is missing from Naples, FL - Customer paid in cash.

Ship To State	Ship Zip	Contam. boxes found	Highest reported contact readings mR/hr	Smears Done	Cobalt - 60	Range of values (mR/hr) reported	Notes
N/A		33.00					Picked up from main warehouse in NJ
CA	91604	0.00					Not delivered - Held at main warehouse
CA	95051	0.00					Not delivered - Held at main warehouse
CA	95118	2.00		X	X		Picked up from the State
CA	92647	1.00		X	X		State still has custody of 5 items.
CA	92108	0.00		X	X		State still has custody of 5 items.
GA	30326	6.00	6.5			6.0-6.5	
GA	30519	2.00	6.5			3.5-6.5	
GA	66213	2.00	2.9				2.3 2 returns - one assumed contaminated.
MI	48313	4.00	11			11 to 2	
MI	48187	2.00	8			7.5-8.0	
MI	48168	4.00	12			2 to 12	
MI	49512	5.00	12			12 to 4	
MO	63127	4.00	7.17	X	X		
NC	28226	4.00	25	X	X	10 to 25	
NV	43235	4.00	6.3	X	X		
OH	44139	4.00	5.1			5.1-3.7	
OH	44128	2.00	4.4			4.4-4.2	
OH	73116	2.00	5.1			5.1-3.7	
OK	76132	2.00	6.3			6.3-2.9	
TX	78230	4.00	6.7			6.7-4.3	
TX	77096	2.00	24			21-24	4 other Houston stores also checked.
TX	76053	4.00	13			13-1	
TX	29001	4.00	2.9				
DC	19803	2.00	4.3			4.3 - 4.2	
DE	19803	2.00	6.3			3.3-6.3	
DE	33180	2.00	6.3			3.3-6.3	
FL	34109	8.00	11.8			11.8-4.3	
FL	33618	5.00	6.7			6.7-0.7	One box is missing - cash sale.
FL	34109	2.00	10			10.4-5.4	
FL	33710	4.00	6.7			6.7-0.7	
FL	34109	2.00	10			10.0-5.2	
FL	33426	2.00	6.7			6.7-0.7	
FL	33498	2.00	11.1			11.5-4.8	
FL	34231	8.00	6.8			6.8-5.2	
FL	33409	8.00	10			10.4-5.2	2 missing? 1 customer bought both?
FL	33710	10.00	6.4			0.8-6.4	
FL	60091	4.00	6.7			6.7-0.7	
IL	60091	2.00	8		X		
IL	60614	2.00	7		X		
IL	01545	4.00	10		X		
MA	01923	4.00	12			10.0-12.0	
MA	01923	2.00	10			10.4-5.2	
MA	21046	2.00	10			10.4-5.2	
MD	21046	2.00	10		X	8 to 10	
MD	21704	2.00	10		X	8 to 10	
MD	08902	2.00	5.2		X	3.5-6.2	
NJ	08096	2.00	partial data	X	X	13-4	
NJ	07726	5.00	13	X	X	2 to 11	
NJ	07064	2.00	12	X	X	1.5-12	
NJ	073054510	4.00	10.2	X	X	9.8-10.2	
NJ	07726	20.00	10	X	X	4.9 - 10	see notes
NJ	89030	2.00	12	X	X	1.5-12	
NY		2.00					One hot and one at very low levels.
NY	11590	2.00	no data				
NY	10573	6.00	23			16-23	
NY	10523	2.00	11			10-11	
NY	11746	2.00	no data				
PA	17602	4.00	partial data	X	X		Picked up from the State
VA	23602	2.00	4.5		X	4.4-4.5	
VA	23320	4.00	11		X	4.5-11.0	

3.00 MISSING OR NOT ACCOUNTED FOR

5 In custody by others (State of CA)

250.00 100%
 Confirmed Percent

The contaminated items will be properly recycled or disposed of according to current regulations and with the approval of the NRC and applicable Agreement States or Interstate Low-Level Radioactive Waste Compact organizations.

Tables

Table 1.0 - Summary Table - List of stores receiving the 220 items in December.

Attachments

Attachment A - Example Notice posted in all stores.



POLICY ISSUE
(Information)

TECHNICAL MEMORANDUM

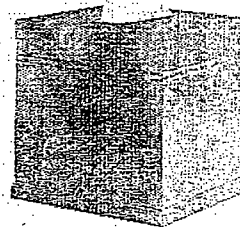
Estimate of Co-60 Activity Dual Ridge Brushed Metal Tissue Box

To: Tom Wood, PE
Shaw Environmental, Inc
7604 Technology Way, STE 300
Denver, Colorado 80237

From: Jim Langsted, CHP
Shaw Environmental, Inc.

1.0 Introduction

The purpose of this memorandum is detail the calculations performed to estimate the Co-60 activity found in the Dual Ridge Brushed Metal Tissue Boxes that have been surveyed to date at Bed, Bath, and Beyond Stores.



2.0 Dose Rate Modeling

MicroShield 8.02¹ was used to model the dose rate at 1 cm, 30 cm, and 1 meter from a contaminated tissue box surface. It was assumed the one surface was 5 inches by 5.5 inches by 1/8 inch thick and was evenly contaminated with 1 millicurie (mCi) of Cobalt-60 (Co-60). A variety of measurements suggest that not all box surfaces are uniformly contaminated. Thus, a single contaminated side was modeled.

To model the dose rate from the opposite side of the box, an additional MicroShield run was performed to estimate the dose rate attenuated by 5 inches of air and an additional 1/8 inch piece of uncontaminated metal. Both MicroShield runs are shown in Attachment 1. The units of dose rate measurement were microrentgen (μR) per hour and the most convenient unit of activity is the microcurie (μCi). The units of mR/hr per mCi are equivalent to $\mu\text{R/hr per } \mu\text{Ci}$.

The results are as follows:

Distance	Front Side ($\mu\text{R/hr per } \mu\text{Ci}$)	Back Side ($\mu\text{R/hr per } \mu\text{Ci}$)	Front/Back (ratio)
1 meter	1.28	0.993	1.29
30 cm	13.7	6.74	2.03
1 cm ^a	848	55.7	15.2

^a MicroShield warns that modeling at close distances must be carefully evaluated. These results are not used in this analysis.

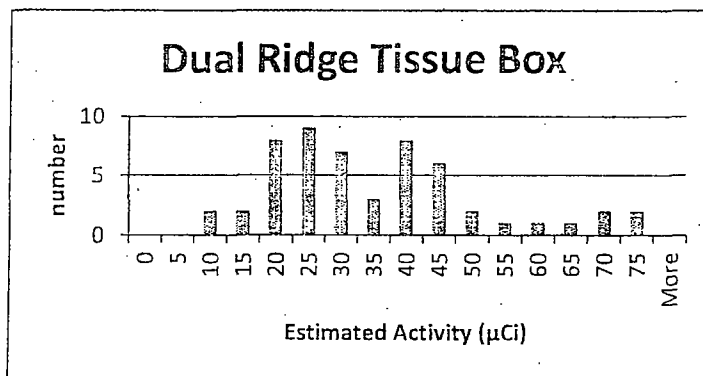
¹ Grove Software, 2009

3.0 Contamination Estimate

Dose rate measurements were performed and are reported in Attachment 2. All measurements were reported including background (except the Georgia store measurements.) Background was subtracted from the measurements when calculations were performed. The 1 meter dose measurement was selected for the activity estimate. This distance was selected because the box approximates a point source at this distance, reducing the effect of uneven activity on the different sides of the box. The fact that the front to back ratio is the lowest for the 1 meter distance supports this selection. The modeled activity is calculated as:

$$(\text{gross measurement} - \text{background}) \div (\mu\text{R/hr per } \mu\text{Ci}) = \text{estimated activity.}$$

These results are shown in the table in Attachment 2. A histogram of the estimates is shown below:



4.0 Conclusion

The results of these activity estimates (Appendix 2) indicate an average activity of 32.5 μCi. The activity in these tissue boxes range from a low of 6.6 μCi to a high of 72.3 μCi.

Attachment 1 MicroShield Modeling

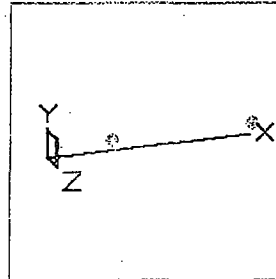
Front Side

Case Summary of Dual Ridge Tissue Ex

Page 1 of 2

MicroShield 8.02 Shaw Group, Inc (8.02-0000)			
Date	By	Checked	
Filename	Run Date	Run Time	Duration
Case1	January 19, 2012	1:41:45 PM	00:00:01
Project Info			
Case Title	Dual Ridge Tissue Ex		
Description	Contaminated Side - 1mCi Co-60		
Geometry	13 - Rectangular Volume		

Source Dimensions	
Length	0.318 cm (0.1 in)
Width	12.7 cm (5.0 in)
Height	13.97 cm (5.5 in)
Dose Points	
A	Z
#1	100.318 cm (3 ft 3.5 in)
#2	30.318 cm (11.9 in)
#3	1.318 cm (0.5 in)
Shields	
Shield N	Dimension
Source	56.331 cm ²
Air Gap	
Material	Density
Iron	1.8
Air	0.00122



Source Input: Grouping Method - Actual Photon Energies				
Nuclide	Ci	Bq	μCi/cm ²	Bq/cm ²
Co-60	1.0000e-003	3.7000e+007	1.7752e+001	6.5684e+005

Buildup: The material reference is Source	
Integration Parameters	
X Direction	10
Y Direction	20
Z Direction	20

Results - Dose Point # 1 - (100.3175, 6.985, 6.35) cm					
Energy (MeV)	Activity (Photons/sec)	Fluence Rate		Exposure Rate	
		No Buildup	With Buildup	No Buildup	With Buildup
0.6938	6.035e+03	3.216e-02	3.286e-02	6.209e-05	6.345e-05
1.1732	3.700e+07	3.356e+02	3.407e+02	5.997e-01	6.088e-01
1.3325	3.700e+07	3.817e+02	3.870e+02	6.622e-01	6.714e-01
Totals	7.401e+07	7.173e+02	7.277e+02	1.262e+00	1.280e+00

Results - Dose Point # 2 - (30.3175, 6.985, 6.35) cm					
--	--	--	--	--	--

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Attachment 1

MicroShield Modeling

Case Summary of Dual Ridge Tissue Bx

Page 2 of 2

Energy (MeV)	Activity (Photons/sec)	Fluence Rate		Exposure Rate	
		MeV/cm ² /sec No Buildup	MeV/cm ² /sec With Buildup	mR/hr No Buildup	mR/hr With Buildup
0.6938	6.035e+03	3.468e-01	3.527e-01	6.695e-04	6.810e-04
1.1732	3.700e+07	3.614e+03	3.657e+03	6.457e+00	6.535e+00
1.3325	3.700e+07	4.109e+03	4.154e+03	7.128e+00	7.207e+00
Totals	7.401e+07	7.723e+03	7.811e+03	1.359e+01	1.374e+01

Results - Dose Point # 3 - (1.3175,6.985,6.35) cm

Energy (MeV)	Activity (Photons/sec)	Fluence Rate		Exposure Rate	
		MeV/cm ² /sec No Buildup	MeV/cm ² /sec With Buildup	mR/hr No Buildup	mR/hr With Buildup
0.6938	6.035e+03	2.089e+01	2.177e+01	4.033e-02	4.203e-02
1.1732	3.700e+07	2.193e+05	2.257e+05	3.919e+02	4.034e+02
1.3325	3.700e+07	2.497e+05	2.564e+05	4.333e+02	4.449e+02
Totals	7.401e+07	4.691e+05	4.822e+05	8.252e+02	8.483e+02

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Attachment 1 MicroShield Modeling

Back Side

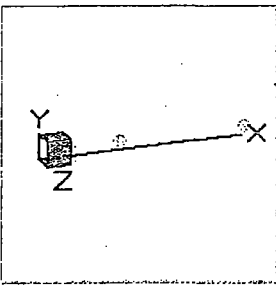
Case Summary of Dual Ridge Tissue Bz

Page 1 of 2

MicroShield 8.02 Shaw Group, Inc (8.02-0000)			
Date	By	Checked	
Filename	Run Date	Run Time	Duration
Cas1	January 19, 2012	1:47:48 PM	00:00:00
Project Info			
Case Title	Dual Ridge Tissue Bz		
Description	Other Side - 1mCi Co-60		
Geometry	13 - Rectangular Volume		

Source Dimensions	
Length	0.318 cm (0.1 in)
Width	12.7 cm (5.0 in)
Height	13.97 cm (5.5 in)

Dose Points			
A	X	Y	Z
#1	113.335 cm (3 ft 8.6 in)	6.985 cm (2.8 in)	6.35 cm (2.5 in)
#2	43.335 cm (1 ft 5.1 in)	6.985 cm (2.8 in)	6.35 cm (2.5 in)
#3	14.335 cm (5.6 in)	6.985 cm (2.8 in)	6.35 cm (2.5 in)



Shields			
Shield N	Dimension	Material	Density
Source	56.331 cm ³	Iron	1.8
Shield 1	12.7 cm	Air	0.00122
Shield 2	318 cm	Iron	1.8
Air Gap		Air	0.00122

Source Input: Grouping Method - Actual Photon Energies				
Nuclide	Ci	Bq	μCi/cm ³	Bq/cm ³
Co-60	1.0000e-003	3.7000e+007	1.7752e+001	6.5684e+005

Buildup: The material reference is Source	
Integration Parameters	
X Direction	10
Y Direction	20
Z Direction	20

Results - Dose Point # 1 - (113.335, 6.985, 6.35) cm					
Energy (MeV)	Activity (Photons/sec)	Fluence Rate		Exposure Rate	
		MeV/cm ² /sec	MeV/cm ² /sec	mR/hr	mR/hr
		No Buildup	With Buildup	No Buildup	With Buildup
0.6938	6.035e+03	2.417e-02	2.547e-02	4.666e-05	4.917e-05
1.1732	3.700e+07	2.546e+02	2.641e+02	4.550e-01	4.720e-01
1.3325	3.700e+07	2.902e+02	3.000e+02	5.034e-01	5.205e-01
Totals	7.401e+07	5.448e+02	5.642e+02	9.585e-01	9.926e-01

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Attachment 1

MicroShield Modeling

Case Summary of Dual Ridge Tissue Bx

Page 2 of 2

Results - Dose Point # 2 - (43.335,6.985,6.35) cm					
Energy (MeV)	Activity (Photons/sec)	Fluence Rate	Fluence Rate	Exposure Rate	Exposure Rate
		MeV/cm ² /sec No Buildup	MeV/cm ² /sec With Buildup	mR/hr No Buildup	mR/hr With Buildup
0.6938	6.035e+03	1.649e-01	1.730e-01	3.183e-04	3.339e-04
1.1732	3.700e+07	1.734e+03	1.793e+03	3.099e+00	3.205e+00
1.3325	3.700e+07	1.976e+03	2.037e+03	3.428e+00	3.535e+00
Totals	7.401e+07	3.710e+03	3.831e+03	6.528e+00	6.740e+00

Results - Dose Point # 3 - (14.335,6.985,6.35) cm					
Energy (MeV)	Activity (Photons/sec)	Fluence Rate	Fluence Rate	Exposure Rate	Exposure Rate
		MeV/cm ² /sec No Buildup	MeV/cm ² /sec With Buildup	mR/hr No Buildup	mR/hr With Buildup
0.6938	6.035e+03	1.361e+00	1.429e+00	2.628e-03	2.759e-03
1.1732	3.700e+07	1.432e+04	1.482e+04	2.560e+01	2.648e+01
1.3325	3.700e+07	1.632e+04	1.683e+04	2.831e+01	2.920e+01
Totals	7.401e+07	3.064e+04	3.165e+04	5.391e+01	5.569e+01

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Attachment 2

Measurement Results and Activity Estimate

Location			Gross measurement				Activity Estimate
Store#	City	State	bkg ($\mu\text{R/hr}$)	1m ($\mu\text{R/hr}$)	30cm ($\mu\text{R/hr}$)	contact ($\mu\text{R/hr}$)	(μCi)
87	Overland Park	KS	10	50	250	2800	31.3
106	Chesapeake	VA	7.5	60	650	5500	41.0
106	Chesapeake	VA	7.5	95	900	10500	68.4
106	Chesapeake	VA	7.5	50	500	4600	33.2
106	Chesapeake	VA	7.5	100	1200	11000	72.3
172	Newport News	VA	5	43	440	4500	29.7
172	Newport News	VA	5	33	370	4300	21.9
185	Wilmington	DE	7.5	100	1150	6300	72.3
185	Wilmington	DE	7.5	35	370	3300	21.5
185	Wilmington	DE	7.5	90	900	5500	64.5
185	Wilmington	DE	7.5	80	950	5300	56.6
1081	Washington	DC	7.5	55	560	4200	37.1
1081	Washington	DC	7.5	60	700	4300	41.0
49	Sterling Heights	MI	2	40	400	9000	29.7
49	Sterling Heights	MI	2	50	400	10000	37.5
49	Sterling Heights	MI	2	15	150	2000	10.2
49	Sterling Heights	MI	2	50	500	11000	37.5
113	Northville	MI	2	40	200	8000	29.7
113	Northville	MI	2	60	500	12000	45.3
113	Northville	MI	2	35	250	9000	25.8
113	Northville	MI	2	30	90	700	21.9
202	Grand Rapids	MI	2	70	500	12000	53.1
202	Grand Rapids	MI	2	50	250	8000	37.5
202	Grand Rapids	MI	2	50	500	10000	37.5
202	Grand Rapids	MI	2	50	400	10000	37.5
202	Grand Rapids	MI	2	15	200	7000	10.2
202	Grand Rapids	MI	2	50	300	4000	37.5
1005	Canton	MI	2	40	200	8000	29.7
1005	Canton	MI	2	35	200	7500	25.8
118	Atlanta	GA		31.9	205.4	6166.6	24.9
118	Atlanta	GA		12.8	81.4	3583.4	10.0
118	Atlanta	GA		54.6	316.7	6545.1	42.7
118	Atlanta	GA		50.9	254	6468	39.8
118	Atlanta	GA		19.8	115.2	4985	15.5
118	Atlanta	GA		31.7	168.8	5083.2	24.8
255	Buford	GA	17	37.7	206.8	6029.2	16.2

Attachment 2

Measurement Results and Activity Estimate

Location			Gross measurement				Activity Estimate
Store#	City	State	bkg ($\mu\text{R/hr}$)	1m ($\mu\text{R/hr}$)	30cm ($\mu\text{R/hr}$)	contact ($\mu\text{R/hr}$)	(μCi)
255	Buford	GA	17	49.8	263.9	6561.7	25.6
52	Columbia	MD	6.5	90	760	4000	65.2
52	Columbia	MD	6.5	30	210	1600	18.4
52	Columbia	MD	6.5	60	500	3000	41.8
52	Columbia	MD	6.5	62	530	2800	43.4
188	Frederick	MD	7.5	60	650	11000	41.0
188	Frederick	MD	7.5	30	350	8000	17.6
62	Houston	TX	1.5	40	200	10000	30.1
62	Houston	TX	1.5	60	500	13000	45.7
62	Houston	TX	1.5	10	80	700	6.6
62	Houston	TX	1.5	30	2000	6000	22.3
320	Shrewsbury	MA	20	40	400	9000	15.6
320	Shrewsbury	MA	20	40	370	8000	15.6
320	Shrewsbury	MA	20	40	380	8000	15.6
320	Shrewsbury	MA	20	40	400	9000	15.6
350	Danvers	MA	12	40	400	10000	21.9
350	Danvers	MA	12	40	425	11000	21.9
350	Danvers	MA	12	40	500	13000	21.9
1044	Plymouth	MA	15	none			
116	Humble	TX	1.5	none			
88	Houston	TX	1.5	none			
126	Stafford	TX	1.5	none			
205	Auburn Hills	MI	2	none			
234	Ann Arbor	MI	2	none			
total							1,756



POLICY ISSUE
(Information)


RADIATION PROTECTION PLAN
Response to Cobalt-60 Contaminated Materials
Bed, Bath, and Beyond

Shaw Environmental, Inc.

January 14, 2012

Revision 0


Developed by:

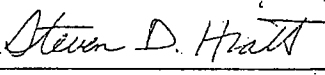

Shaw® Shaw Environmental, Inc.
7604 Technology Way, Suite 300
Denver, Colorado 80237




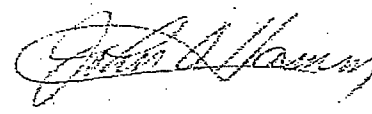
Radiation Protection Plan

Project Number: TBD
Date Effective: January 14, 2012

Approved by:  Date: 1/12/12
Thomas Wood, PE
Project Manager

Approved by:  Date: 1/14/12
Steven Hiatt, CSP
Cognizant Safety Professional

 Date: 1/14/12
Approved by: _____
Tom Battaglia
Project Radiation Safety Officer

 Date: 01/14/12
Approved by: _____
John O, Hamm
Radiological Controls Manager

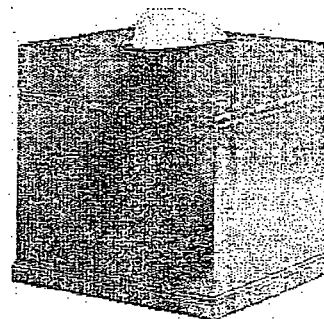
Radiation Protection Plan

Radiation Protection Plan

This Radiation Protection Plan (RPP) covers work for Shaw and possibly others to perform radiological characterization related to contaminated material manufactured in India and shipped to the United States. Initial investigation indicates Cobalt-60 (Co-60) contamination in decorative metal tissue box holders sold as "*Dual Ridge Brushed Metal Tissue Boxes*". Shaw will initially respond to multiple US store locations in multiple states where the product has been isolated in a location away from the public. Additional radiological characterization may be performed at some of these sites throughout the US by State investigators. The purpose of this RPP is to keep radiation exposures to personnel at each characterization site and the public to levels that are as low as reasonably achievable (ALARA).

The identified Scope of Work is as follows:

- Provide calibrated and performance checked radiological instrumentation
- Radiological monitoring of the items to identify and confirm the number of items (logbook documentation)
- Monitor exposure rates to verify personnel safety
- Radiological characterization of items (industry-standard documentation)
 - External exposure rate
 - Isotope characterization (unless confirmed by others)
 - External removable survey
- Model radiological activity to determine assumed radionuclide content and concentration (for each item or box of items)



Other tasks may include:

- Coordinate contact with licensed waste broker for pickup of items
- Evaluate and recommend shipping options.

This work will initiate on Saturday January 14, 2012 and may continue for several weeks.

Tom Battaglia is the Radiation Safety Officer for this work and John Hamm is the Radiological Controls Manager.

Identification of Radiation Hazards

- Initial investigation indicates Co-60 contamination
- Exposure levels have been identified (by others) at "2-10 times background"
- Reported contact levels are as high as 25 mR/r with a range of 5 to 25 mR/hr.

Radiation Protection Plan

Identification of Controlling Agencies and Documents

- This material has not yet been evaluated to be a licensable quantity in accordance with 10 CFR 30.
- Regulatory agencies in each state must be contacted prior to any characterization work to identify if a need for a Shaw license is required.
- Radiological controls will be implemented to meet the requirements of Title 10 United States Code of Federal Regulations, Part 20 (10 CFR 20).

Evaluation of Potential Exposure to Workers

- Removable contamination is considered to be unlikely. Smear surveys will be performed as deemed necessary per RSO discretion.
- Based on current available data, workers are not likely to exceed 100 mrem/yr (deep dose equivalent).

Evaluation of Public Dose

- Dose rates on the exterior of the container (contact, 30 centimeter, and one meter) will be recorded on the Product Survey Form (Attachment 5).
- Public occupancy near the exterior of the shipping container is unlikely to exceed a few hours per year
- Dose rates at the surface of the items is unlikely to exceed 25 mrem per hour
- Store worker occupancy near these items are unlikely to exceed a few hours per year
- Radiological controls will be recommended appropriate for radiological hazards identified during the characterization activities.

Training Program Development

Note: Work will be performed by trained Shaw radiological professionals such as radiological control technicians (RCTs)

- Personnel will be briefed by the project manager on the relevant information currently known and any characterization performed to date.
- Qualified subcontractors may also be used.

Protection of the Embryo/Fetus

- As previously stated, workers are not likely to exceed 100 mrem/yr (deep dose equivalent). No significant dose above background to the embryo is expected.
- Shaw has a policy concerning radiological protection of the embryo/fetus. The project Radiation Safety Officer (RSO) or the Radiological Controls Manager (RCM) is available to answer any questions a worker might have regarding this program.

ALARA Program

- Work will be performed by trained radiological professionals.
- Characterization will be initiated using "initial approach" techniques to evaluate radiological conditions on a real-time basis.

Radiation Protection Plan

- Administrative limits are established as follows:
 - 25 mrem per hour for Shaw worker
 - Estimated cumulative whole body exposure of 50 mrem for any individual over the entire project
 - Contamination at US AEC Reg Guide 1.86 levels
 - See Attachment A
- If administrative limits are exceeded, the RSO (or RCM) shall be immediately notified and additional radiological controls will be evaluated for use.

External Exposure Control

- Exposure rate measurements will be performed during characterization operations
- Administrative limits (see ALARA Program (above)) will limit exposure to acceptable levels.
- Trained personnel will perform this work and will evaluate exposure levels.

Internal Exposure Control

- Personnel will wear gloves while handling potentially contaminated product
- The need for additional PPE will be evaluated if administrative limits are exceeded

Monitoring and Measuring External Exposure

- Shaw workers are not likely to exceed 100 mrem per year from the sum of external and internal exposure on this project.
- Any personnel with previous external exposure during the current calendar year must notify the RSO and their exposure history will be evaluated by the RSO prior to authorization to work on this project
- External dosimetry is not required for this project

Monitoring and Measuring Internal Exposure

- Shaw workers are not likely to exceed 100 mrem per year from the sum of external and internal exposure on this project
- Any personnel with previous internal exposure during the current calendar year must notify the RSO and their exposure history will be evaluated by the RSO prior to authorization to work on this project
- Internal dosimetry is not required for this project

Surveys and Monitoring

- Surveys will be performed using:
 - SOP T-RA-006, *Radiological Controls Portable Instrument Procedure* (Attachment B)
 - SOP T-RA-009, *Radiation Exposure Rate Monitoring* (Attachment C)
 - SOP T-RA-012, *Surface Contamination Monitoring* (Attachment D).

Radiation Protection Plan

Survey procedure:

- Dose rate readings will be taken on all accessible sides of the item using a Bicon uR meter (or equivalent) and/or a Bicon RSO-5 ion chamber (or equivalent).
- Dose rates on the exterior of the container (contact, 30 centimeter, and one meter) will be recorded on the Product Survey Form (Attachment E).
- Smear data collection and nuclide identification data requirements will be determined by the RSO.
- Appropriate data will also be recorded on the Work Verification Form (Attachment F).
- Radiologically impacted items will be segregated from non-impacted items

Contamination Control

- Shaw personnel will be aware of contamination potential and perform work in a manner not to spread contamination
- Radiological controls will be re-evaluated if removable contamination levels exceed the administrative levels identified in this RPP.

Instrumentation

- Radiological survey instrumentation will be provided by the Shaw Instrument Shop and other authorized departments/company. The instrument shall be calibrated annually or after repair, using NIST traceable sources. The instrument shall be operationally checked each day (in which it is used) with an appropriate dedicated check source. In the case of instrument failure, backup instrumentation will be obtained from the Shaw Instrument Shop or other authorized department. The Shop maintains calibrated backup instrumentation available by overnight shipping.

Radiological Areas and Posting

- It is not anticipated that establishment of radiological areas or postings will be required. In the event that contamination in excess of US AEC Reg Guide 1.86 criteria is discovered or exposure rates that could result in an exposure to a member of the public in excess of 2 millirem in any hour, or 100 millirem in year, the area will at a minimum be posted as a restricted area or higher as required by 10 CFR 20 Subpart J.

Control of Radiological Work

- Radioactive material identified during characterization shall be under constant control and surveillance
- Radiological controls appropriate for the material identified shall be recommended to the client for implementation

Credentialing of Staff

- Radiological work will be performed by trained Shaw radiological control personnel or sub-contractor personnel approved by the project RSO

Radiation Protection Plan

Procurement, Receipt, and Inventory

- No regulated quantities of radioactive material will be procured, received, possessed or held in inventory by Shaw on this project
- Shaw personnel shall control exempt quantity radioactive check sources to prevent theft, loss, or access by non-project personnel.

Shipping and Transportation of Radioactive Materials

- No radioactive materials will be shipped under this RPP.

Control of Radioactive Waste

- Any radioactive waste generated during characterization will be left with the characterized material.

Radiation Protection Records

- Project records associated with the characterization and radiological safety for this project will be maintained as part of the project record. This will include:
 - Log books
 - Instrument records
 - Characterization surveys.
- Records of the this RPP shall be maintained in the project records for at least three (3) years after completion of the project
- The RSO will review instrument and survey records generated by this project.

Reports and Notifications

- The Project RSO shall be immediately notified if any contamination levels or exposure rates in excess of the administrative levels identified in this RPP
- Any loss, theft, damage, or overexposure shall immediately upon discovery be reported to the RSO (or RCM) who will then file a report (if required) with the appropriate regulators in accordance with the requirements of 10 CFR 20.

Licenses

- Exact licensing requirements will be confirmed with each State prior to arrival on site.
- No licensable quantity of radioactive material has been identified

Review and Approvals of RPPs

- This RPP is reviewed and approved in accordance with the Shaw Procedure HS700, as indicated on the signature page of this document.

Planned Special Exposures (PSE)

- Planned Special Exposure is not allowed under this RPP.

Self-Assessment, Reviews, and Corrective Actions

- This activity is expected to extend for less than one year. No audits are anticipated.

Radiation Protection Plan

- If the activity exceeds one year in duration, the RSO is responsible for performing or ensuring the performance of an annual review of the program.
- Documentation of the review shall be retained for three years in the project record
- Shaw Radiation Protection Program may perform additional review if necessary.
- Any corrective actions will be managed under the Shaw Quality Assurance program.

Radiation Protection Plan

Shaw Personnel

- Project RSO – Tom Battaglia
 - 865-6702676 office
 - 716-913-6318 cell

- Radiological Controls Manager – John O. Hamm
 - 925-288-2012 office
 - 505-259-1232 cell

List of Attachments:

Attachment A – US AEC Regulatory Guide 1.86, Table 1

Attachment B – SOP- T-RA-006, Radiological Controls Portable Instrument Procedure

Attachment C- SOP T-RA-009, Radiation Exposure Rate Monitoring

Attachment D- SOP T-RA-012, Surface Contamination Monitoring

Attachment E - Product Survey Form

Attachment F – Work Verification Form

Attachment A
Administrative Limits
(US AEC Reg Guide 1.86, Table 1)

ACCEPTABLE SURFACE CONTAMINATION LEVELS

NUCLIDE ^a	AVERAGE ^{b c}	MAXIMUM ^{b d}	REMOVABLE ^{b e}
U-nat, U-235, U-238, and associated decay products	5,000 dpm α /100 cm ²	15,000 dpm α /100 cm ²	1,000 dpm α /100 cm ²
Transuranics, Ra-226, Ra-228, Th-230, Th-228, Pa-231, Ac-227, I-125, I-129	100 dpm/100 cm ²	300 dpm/100 cm ²	20 dpm/100 cm ²
Th-nat, Th-232, Sr-90, Ra-223, Ra-224, U-232, I-126, I-131, I-133	1000 dpm/100 cm ²	3000 dpm/100 cm ²	200 dpm/100 cm ²
Beta-gamma emitters (nuclides with decay modes other than alpha emission or spontaneous fission) except Sr-90 and others noted above.	5000 dpm β - γ /100 cm ²	15,000 dpm β - γ /100 cm ²	1000 dpm β - γ /100 cm ²

^aWhere surface contamination by both alpha- and beta-gamma-emitting nuclides exists, the limits established for alpha- and beta-gamma-emitting nuclides should apply independently.

^bAs used in this table, dpm (disintegrations per minute) means the rate of emission by radioactive material as determined by correcting the counts per minute observed by an appropriate detector for background, efficiency, and geometric factors associated with the instrumentation.

^cMeasurements of average contaminant should not be averaged over more than 1 square meter. For objects of less surface area, the average should be derived for each such object.

^dThe maximum contamination level applies to an area of not more than 100 cm².

^eThe amount of removable radioactive material per 100 cm² of surface area should be determined by wiping that area with dry filter or soft absorbent paper, applying moderate pressure, and assessing the amount of radioactive material on the wipe with an appropriate instrument of known efficiency. When removable contamination on objects of less surface area is determined, the pertinent levels should be reduced proportionally and the entire surface should be wiped.

ATTACHMENT B

SOP T-RA-006

Radiological Controls Portable Instrument Procedure

RADIATION PROTECTION PROCEDURE

Subject: Radiological Controls Portable Instrument Procedure

1. PURPOSE

This procedure describes the methods and techniques to be used when using radiological instrumentation on field projects. Proper control, calibration, and quality control checks of portable instruments ensures that operating parameters demonstrate compliance with applicable data quality requirements and/or regulations. Also provided in this procedure are instructions for the documentation of instrument performance.

2. SCOPE

This procedure specifies standard practices for the performance of portable instrument operations. This document specifies the minimum required steps and quality checks that all employees and subcontractors are to follow when performing these instrument operations. The direction provided by this document may be amended to comply with specific client, project, program, or regulatory requirements that are equivalent, or more restrictive, when compared to the requirements of this document. Such variances shall be implemented, with proper documentation in project records and approval by the proper project authority. These variances will be applicable only for specific project use.

3. REFERENCES

- Shaw Health and Safety Procedure, HS700, *Policy and Guidance for Developing Radiation Protection Plans*
- Shaw E & I Standard Operating Procedure T-RA-005, *Field Project Radiological Controls*
- National Council on Radiation Protection, Report No. 58, "A Handbook of Radioactivity Measurements"
- Manufacturer's Technical Manual(s)
- U.S. Nuclear Regulatory Commission, NUREG-1757, Vol. 2, "Consolidated NMSS Decommissioning Guidance" (DRAFT)
- U.S. Nuclear Regulatory Commission, NUREG 1507, "Minimum Detectable Concentrations with Typical Radiation Survey Instruments for Various Contaminants and Field Conditions"

4. DEFINITIONS

- **ALARA**—An acronym for "As Low As Reasonably Achievable." Making every reasonable effort to maintain exposure to radiation as far below established dose limits as is practical consistent with the purpose for which the licensed activity is undertaken, taking into account the state of technology, the economics of improvements in relation to state of technology, the economics of improvements in relation to benefits to the public health and safety, and other societal and socioeconomic considerations, and in relation to utilization of nuclear energy and licensed materials in the public interest.

- **Alpha Contamination**—The presence of radionuclides that emit alpha particles (He-4^{++}) when undergoing radioactive decay. Alpha-emitting radionuclides may also emit gamma radiation photons during decay.
- **Background Radiation**—Radiation that occurs naturally in the environment. Background radiation consists of cosmic radiation from outer space, or radioactive elements in geological media, building materials, or other natural sources, including radon and its decay products in air and global fallout as it exists in the environment from the testing of nuclear explosive devices or from past nuclear accidents such as Chernobyl that contribute to background radiation and are not under the control of the licensee. "Background radiation" does not include radiation from source, byproduct, or special nuclear materials regulated by the Commission.
- **Beta Contamination**—The presence of radionuclides that emit beta particles (e^-) when undergoing radioactive decay. With few exceptions, beta-emitting radionuclides also emit gamma radiation photons during decay.
- **Calibration**—The check or correction of the accuracy of a measuring instrument to ensure proper operational characteristics.
- **Contamination**—The deposition of unwanted radioactive material on surfaces or in media.
- **Curie (Ci)**—The basic unit of radioactivity. The quantity of any radioactive element that decays at a rate equal to $2.22\text{E}+12$ disintegrations per minute.
- **Decay Chain**—A sequential radiological decay process by which a parent nuclide produces a radioactive progeny which, in turn, decays to produce another radioactive product, and so on, until eventually a stable nuclide is produced.
- **Decontamination**—The reduction or removal of contaminating material from a structure, area, object, or person, or the extraction of radionuclides from contaminated media. The ratio of initial activity to final activity after any decontamination process is the **decontamination factor**.
- **Derived Concentration Guideline Level (DCGL)**—A derived, radionuclide-specific activity concentration within a survey unit corresponding to the release criterion. The DCGL is based on the spatial distribution of the contaminant and is derived from activity/dose relationships through various exposure pathway scenarios.
- **Direct Measurement**—A reading taken using a portable instrument directly on a surface, or in an area. These readings measure total contamination on a surface. The two types of direct measurements routinely performed are fixed location measurements and scans.
- **Frisking**—The process of searching a person's clothing or body with a radiation detection instrument prior to releasing that person from a radiologically controlled area.
- **Guideline Values**—A predetermined quantity or concentration of residual contamination that, when measured, exceeds an established dose-based, or risk-based, regulatory or administrative limit and requires further evaluation, additional measurements, or decontamination of the surface prior to release from radiological controls.

- **Hot Spot**—A location within a radiologically controlled area in which the levels of radiation or contamination are noticeably greater than in the surrounding area.
- **Radiation**—Alpha particles, beta particles, gamma rays, neutrons, energetic electrons or protons, and other particles capable of producing ions when interacting with matter.
- **Minimum Detectable Concentration (MDC)**—The a priori activity level that a specific instrument and technique can be expected to detect 95% of the time. The MDC is the detection limit, LD, multiplied by an appropriate conversion factor to give units of activity
- **Monitoring**- The measurement of radiation levels, concentrations, surface area concentrations or quantities of radioactive material and the use of the results of these measurements to evaluate potential exposures and doses
- **Radiation Worker**—An individual who is properly trained, in accordance with the personnel training requirements of 10 CFR 19.12, USDOE Radiation Worker II, or equivalent training, to perform work activities involving the potential for exposure to ionizing radiation.
- **Project Radiation Safety Officer (Project RSO)**— The Project RSO is designated by the License RSO as an Authorized User and by virtue of education, experience, or certification, is qualified for on-site implementation of a project radiological controls program, including the providing direction to radiological controls technicians.
- **Radiological Controls Technician (RCT)**—An individual who, by virtue of education, experience, or certification, is qualified to perform radiological surveys and implement radiological controls for work activities.
- **Scanning**—A type of direct measurement monitoring performed by moving a detector slowly over the surface or area being evaluated.
- **Shine**—Radiation from a source near a measurement location that interferes with a particular environmental measurement. While background is always a part of a gross measurement, in the case where shine is present, the significance and data quality of the measurement may be questionable.
- **Smear Sampling**—A method of determining the removable contamination on a surface. A specified area is wiped with a filter paper, and the radioactivity collected on the paper is measured by portable or laboratory instrumentation. The area smeared is normally 100cm².
- **Survey**—An evaluation of the radiological conditions and potential hazards incident to the production, use, transfer, release, disposal, or presence of radioactive material or other sources of radiation.
- **Total Contamination**—Radioactive material, including both the fixed and removable contamination fractions, found on, or as a part of, an item or surface.
- **Transferable, Removable, or Loose Contamination**—Radioactive material that can be easily removed from a surface or item.

5. RESPONSIBILITIES

5.1 Shaw E&I Safety Director (Safety Director)

The Safety Director will serve as Discipline Lead for control of this document. This individual is responsible for assuring that this document is properly maintained and that its requirements are consistent with applicable regulatory requirements, Shaw corporate policy, and recognized industry practice.

5.2 License Radiation Safety Officer

The Radiation Safety Officer (RSO) is responsible to maintain and implement USNRC License in strict compliance with the requirements of this document, the conditions of the license, and the associated radiation safety program. Specifically, the RSO shall do the following:

- Act as the official point of contact between the USNRC and Shaw E & I for all license-related issues, including making notification to USNRC of license implementation and the termination of license use on a project site
- Review, and approve, the qualifications of Authorized License users
- Maintain all required license records at the location specified on the license

5.3 Project Radiation Safety Officer

The Project RSO is designated by the License RSO as an Authorized User and is responsible to understand, implement, and properly document the performance of the Site Specific Radiation Protection Plan at a project location, as established by the License Radiation Safety Officer. The Project RSO shall report to the License RSO, on radiological matters. The Project RSO is responsible for the following:

- Ensuring that radiation surveys performed for the demonstration of compliance conform to the requirements of this procedure
- Maintaining an adequate inventory of functional, calibrated radiation survey instrumentation
- Storing and controlling the use of all radiation survey instrumentation
- Ensuring that the performance of radiation instrumentation is properly documented and conforms to the requirements of this procedure

5.4 Radiological Controls Technicians

Radiological Controls Technicians (RCT) are responsible to follow procedures established by the , or Project RSO, and shall ensure that the setup, use, and maintenance of radiation instrumentation is performed in accordance with this procedure. The RCTs shall also properly document radiation instrument use in accordance with this procedure.

6. PROCEDURE

6.1 Operational Requirements

The requirements in this section constitute the minimum requirements necessary to ensure the proper operation of portable radiological instruments used on field projects. A

copy of the manufacturers operating instructions shall be available and instruments shall be operated in accordance these instructions.

Project specific requirements for instrument/detector operation verification shall be identified during the project planning.

6.2 Calibration

The calibration of Shaw E & I portable radiological instruments shall be performed by Shaw E & I personnel in accordance with approved procedures, by each instrument's manufacturer, or by other approved vendors as determined by the Shaw E & I Quality Assurance Department. When calibrated, each instrument shall have a label attached that indicates the calibration date, the next calibration due date, and the signature or initials of the person who performed the calibration.

Portable survey instruments, self-reading dosimetry (SRDs), counter-scalers, and air sampling equipment shall be properly calibrated prior to use. The Project RSO is responsible for ensuring that all portable radiological instruments, dosimeters, and air sampling equipment to be used at the project have a current calibration.

Copies of calibration records shall be maintained throughout the duration of the project in the permanent project file. The Shaw E & I Radiological Equipment Division shall retain the original calibration records.

A calibration status record should be generated for all project instruments and posted in the project office.

6.3 Ratemeter Pre-operational Requirements

Prior to the use of ratemeter-type instruments and detectors, the following inspections/operational verifications shall be performed:

6.3.1 Calibration Verification

All portable radiological instruments shall have an approved, current calibration label (See Section 6.2). Calibration verification shall be performed prior to the use of the instrument.

6.3.2 Physical Check

A physical check of radiological instruments is an inspection of the general physical condition of each instrument and detector. A physical check shall be performed prior to using a radiological instrument.

The physical check should include inspecting the instrument for loose or damaged knobs, buttons, cables, and connectors; broken/damaged meter movements/displays; dented or corroded instrument cases; punctured/deformed probe/probe window(s), cables, etc.; and any other physical impairments that may affect the proper operation of the instrument or detector. Any instrument or detector having a questionable physical condition shall not be used until the condition is properly corrected.

6.3.3 Battery Check

A battery check is performed to help ensure that there is sufficient voltage being supplied to the detector and instrument circuitry for proper operation. This check shall be performed in accordance with the instrument's technical manual.

6.3.4 High Voltage Check (HV)

The HV is adjusted during instrument calibration, additional adjustment for normal operation is not required. However, an HV check is required prior to each use in accordance with the instrument technical manual. An instrument with suspected HV problems shall be immediately reported to the Project RSO.

6.3.5 Response Source Check

A response source check is performed to ensure that the instrument will accurately respond to a known source of radiation. Obtain a check source of the proper size, type, and activity for the instrument/detector being used and perform the response source check as follows:

1. Determine the background radiation level. It must be low enough to allow a measurable response to the check source being used. Careful monitoring of changing background levels is necessary to obtain accurate instrument readings.
2. Begin with the instrument on the highest range/scale and energize the audible device, if applicable.
3. Slowly move the detector towards the check source and check the instrument for an increase in audible and/or visual response.
4. Change the range/scale of the instrument as appropriate to obtain a readable indication and to check each of the meter ranges/scales. If an appreciable response cannot be obtained (even in the lowest range), evaluate instrument performance by comparison to previous source check data for the instrument. If no previous source-check data is available, comparison should be made to the data associated with similar instruments in use. Notify the Project RSO of any instrument/detector response problems. Document the response on the Ratemeter Daily Instrument Check Sheet. Plot the response on the Control Graph at the bottom of the Ratemeter Daily Instrument Check Sheet.
5. The Project RSO or designee shall set up the control graph on the Ratemeter Daily Instrument Check Sheet such that lines indicate when an instrument is outside of the +/- 20% variability.
6. Instruments with day-to-day responses that vary by more than 20% under identical conditions shall be removed from service. Notifying the Project RSO of such a condition is required.

A ratemeter-type instrument and detector used to perform measurements for the documentation of a release survey must meet the requirements of Section 6.4 for scaler-type instruments.

Ratemeter instrument inspections, performance verifications, and corrective actions shall be recorded on the Ratemeter Daily Instrument Check Sheet prior to use.

6.4 Scaler Pre-operational Requirements

Prior to the use of scaler-type instruments and detectors, the following inspections/operational verifications shall be performed in addition to those required in Section 6.3 for ratemeter-type instruments (i.e., calibration verification, physical check, battery check, HV check). Where a calculator Standard Deviation Function is used or

when a spreadsheet program is used in the pre-operational checks, it should be noted on the affected paperwork:

6.4.1 Background Measurement (Initial Project Set-up)

1. Ensure that the sample holder tray is empty and clean. The detector/sample holder geometry should be set up in the same configuration as that to be used when counting samples to produce the most accurate results.
2. Select the desired counting time. The selected time must be consistently used to perform all source and sample/swipe counting operations. The counting time directly influences the Minimum Detectable Concentration (MDC) obtained for the instrument. Although the counting time must be long enough to obtain the desired MDC, it must be short enough to be practical. The background measurements should be performed in conjunction with the MDC calculations in Section 6.4.3.
3. Perform the background measurement for the selected time period (t_b) and record the total counts measured on the Scaler Instrumentation Check Sheet.
4. Repeat the background measurement ten times. Record the total counts observed for each measurement on the Scaler Instrumentation Check Sheet.
5. Calculate the average background counts (\overline{C}_b) and the standard deviation (SD_b):

$$\overline{C}_b = \frac{\sum_{i=1}^N C_{b_i}}{N}$$

$$SD_b = \sqrt{\frac{\sum_{i=1}^N (C_{b_i} - \overline{C}_b)^2}{N - 1}}$$

Where:

$\sum_{i=1}^N$ = Summation of item 1,2,3...N

\overline{C}_b = Average number of background counts

SD_b = Standard deviation of the background counts

N = Number of measurements

C_{b_i} = Background counts 1, 2, 3 ... N

6. Record the average background (\overline{C}_b), background count time (t_b), and the standard deviation (SD_b) on the Scaler Instrumentation Check Sheet.

Daily: (unless otherwise directed by the RCS or designee): perform a single background count (C_b). Analyze this value to the using the following formula:

$$C_b = \overline{C}_b \pm 2SD_b$$

Where:

\bar{C}_b = Average background counts.

SD_b = Standard deviation of the average background counts.

If the background measurement is satisfactory, continue. If the background measurement does not meet this criterion, immediately notify the RCS. Record the background measurement on the Scaler Daily Instrument Check Sheet.

7. Divide \bar{C}_b by t_b to determine the average background count rate in cpm (\dot{C}_b), and record the result on the Scaler Instrumentation Check Sheet.

6.4.2 Instrument Efficiency (E_i)

Determine the detector efficiency with a source of known activity of the nuclide to be monitored (or with a source of known activity of a nuclide with energy decay products similar to those of the nuclide to be monitored), as follows:

1. Correct the source activity for radioactive decay (when necessary) as follows:

$$A = A_0 e^{-\lambda T} \quad \text{Where: } \lambda = \frac{0.693}{t_{1/2}}$$

Where:

A = Present source activity.

A_0 = Source activity at initial assay.

λ = Decay constant for the source isotope.

T = Time elapsed since initial source assay.

$t_{1/2}$ = Source isotope half-life.

NOTE: Time units must be consistent (days, hrs., mins., etc.)

2. Count the source for the same time period (t_s) selected during the background measurements (See Section 6.4.1, step 2).

Initially: At project set-up or as otherwise directed by the project specific work plans or instructions, or the RCS, count the source ten times and calculate the average net counts (\bar{C}_n), the standard deviation of the average gross counts (SD_g), and the standard deviation of the average net source counts (SD_n):

$$\bar{C}_g = \frac{\sum_{i=1}^N C_{g_i}}{N}$$

$$\bar{C}_n = \bar{C}_g - \bar{C}_b$$

$$SD_g = \sqrt{\frac{\sum_{i=1}^N (C_{g_i} - \bar{C}_g)^2}{N}}$$

$$SD_n = \sqrt{(SD_g)^2 + (SD_b)^2}$$

Where:

C_{g_i}	=	Gross Source Counts (total counts observed including background) 1 through N
\overline{C}_b	=	Average background counts.
\overline{C}_g	=	Average gross counts.
\overline{C}_n	=	Average net counts.
SD_n	=	Standard deviation of the average net counts.
SD_g	=	Standard deviation of the average gross counts.
N	=	Number of measurements.
SD_b	=	Standard deviation of the average background counts.
$\sum_{i=1}^N$	=	Summation of item 1,2,3...N.

Record the gross counts (C_{g_i} , where $i = 1$ to N), \overline{C}_n and the standard deviations (SD_n and SD_g) on the Scaler Instrumentation Check Sheet.

3. Divide \overline{C}_n by t_s to determine the average net count rate (\dot{C}_n) and record the rate on the Scaler Instrumentation Check Sheet.
4. Initially (at project set-up): Calculate the detector efficiency (ϵ_i) as follows:

$$\epsilon_i = \frac{\dot{C}_n}{A_c} = \frac{cpm}{dpm}$$

Where:

\dot{C}_n	=	Average net cpm.
A_c	=	Actual, decay corrected activity (dpm).

Daily (unless otherwise directed by the RCS or designee): perform a single source count (C_g). Analyze this value to the using the following formula:

$$C_g - C_b = C_n = \overline{C}_n \pm 2SD_n$$

Where:

\overline{C}_n	=	Average net counts.
C_n	=	Net Source Counts
C_b	=	Daily Background counts.
SD_n	=	Standard deviation of the average net counts.

If the source count is satisfactory, continue. If the source count does not meet this criteria, immediately notify the RCS. If the source count falls between $\pm 2SD_n$ and $\pm 3SD_n$, the RCS shall investigate and consult with the PHP before using the instrument. Record the source count on the Scaler Daily Instrument Check Sheet.

The efficiency will only be recalculated as directed by the RCS.

- Record the calculated efficiency on the Scaler Instrumentation Check Sheet.

6.4.3 Calculation of Minimum Detectable Concentrations (MDC)

The calculated MDC is determined to ensure that the detector being used will detect the presence of activity at or above the allowable limit under a given set of counting conditions. The MDC is the concentration that a specific instrument and technique can be expected to detect 95 percent of the time under actual conditions of use. MDC is based on the estimated detector efficiency, sample quantity, and the counting time.

MDC of each instrument shall be determined upon initial set-up of the counting system and as needed following modification, calibration, repair, or replacement (i.e., new detector, cables, calibration, etc.). An MDC may be required to be determined on specific materials that exhibit a different background than at initial set-up. The RCS shall be contacted to determine if an MDC determination is necessary for specific materials.

For scanning building surfaces, the MDC_{scan} should be determined using the following equations (using a value recommended in Appendix A of U.S. Nuclear Regulatory Commission, NUREG-1757, Vol. 2, "Consolidated NMSS Decommissioning Guidance," for the index sensitivity d' of 1.38, which is for 95 percent detection of a concentration equal to MDC_{scan} with a 60 percent false-positive). The background collection times shall be at least 1 minute, to ensure consistent data collection.

For static measurements of surface concentrations by either direct measurement or by a smear sample, the MDC_{static} should be determined using the equation from NUREG-1507. The sample collection times should be the same as the selected background times in Section 6.4.1, step 2, if practical. The RCS shall consult with the PHP for all other conditions.

- Calculate the MDC_{scan} in dpm/100cm²:

$$MDC_{scan}(\text{building surfaces}) = \frac{5994 \times 1.38 \sqrt{C_{bscan}}}{\sqrt{p \epsilon_i \epsilon_s A t_{scan}}}$$

Where:

5994	=	Conversion factor to convert to dpm/100cm ²
1.38	=	Index of sensitivity d'
\overline{C}_{bscan}	=	Average background counts in time interval t_{scan}
ρ	=	Surveyor efficiency (0.5)
ϵ_i	=	Instrument Efficiency for the emitted radiation
ϵ_s	=	Source Efficiency in emissions/disintegration (0.25)
A	=	Probe's sensitive area, in cm ²
t_{scan}	=	Sample count time, time interval of the observation while the probe passes over the source in minutes.

- Record the calculated MDC_{scan} on the Scaler Instrumentation Check Sheet.
- Calculate the MDC_{static} in dpm/100cm²:

$$MDC_{static} = \frac{3 + 4.65 \sqrt{C_{bstatic}}}{K (t_{static})} = \frac{3 + 4.65 \sqrt{C_{bstatic}}}{\epsilon_i * \epsilon_s * (A / 100) * (100 \text{ cm}^2) * t_{static}}$$

Where:

$\overline{C}_{bstatic}$	=	Average background counts during time interval t_{static}
t_{static}	=	Sample counting time, time interval in min. the probe is in direct contact with the surface or smear
K	=	$\epsilon_i * \epsilon_s * (A / 100) * (100 \text{ cm}^2)$ A calibration constant (best estimate) to convert counts/min to dpm/100 cm ² .
A	=	Probe's sensitive area, in cm ²
ϵ_i	=	Instrument Efficiency for the emitted radiation
ϵ_s	=	Source Efficiency in emissions/disintegration (0.25)

- Record the calculated MDC_{static} on the Scaler Instrumentation Check Sheet.

The calculated MDC_{static} should be less than 50 percent of the appropriate DCGL, and while there is no specific recommendation of MDC_{scan} , it should be no more than 50 percent of the appropriate DCGL if possible. If the desired MDC cannot be attained, then inspect the instrument for equipment problems (contaminated detector or sample holder, loose cables/connectors, etc.) and notify the RCS. If no equipment problems are found, parameters such as sample quantity, count time, or background

radiation levels may have to be adjusted appropriately to obtain an acceptable MDC. If reasonable adjustment of these parameters (as directed by the RCS) does not result in an acceptable MDC, a more suitable instrument/detector shall be required.

6.4.4 High Voltage Plateau (HVP)

The high voltage plateau is performed during instrument calibration and should not be required under normal operating conditions. However, following any equipment modification or replacement (i.e., new detector, cables, etc.) or whenever there is a noticeable degradation of instrument/detector performance (e.g., decreasing efficiency, erratic results, etc.), the high voltage plateau shall be investigated. If necessary, a new HVP shall be performed in accordance with the specific instrument's Manufacturer's Technical Manual.

6.5 Potential Detection Problems

In reviewing the instrument/detector performance records, the RCS should be notified when the following observations indicate detection problems:

- Background drift in a continuous direction either up or down.
- Alpha background greater than 0.5 counts per minute.
- A ratemeter-type instrument that does not zero.
- A battery check that does not respond.
- Failure to indicate response on a ratemeter-type instrument during a response check.

6.6 Solutions to Potential Detection Problems

If the above problems are encountered, the RCS has the following options:

- Remove the instrument/detector from service, tag it as out of service, and replace it with a comparable instrument/detector
- If no replacement is immediately available, contact the Task Manager to determine an appropriate mode of corrective action.

6.7 Records

The RCS shall be responsible for maintaining instrument/detector physical checks and performance verification records identified in Section 6.1 through 6.6. Equivalent forms that meet the intent of the forms in this procedure may be used with the approval of the RCS or designee. In addition, all instrumentation problems and corrective actions shall be recorded on the appropriate data sheets and in the RCS daily log.

Specific document forms to record actual field sampling data shall be required. These forms may vary from project to project, and the use of such forms shall be determined by the RCS and the Project Manager/Supervisor with approval by the Task Manager.

All records, daily logs, forms, and memos shall be maintained in the on-site project file throughout the duration of the project.

All radiological records designated for retention in the permanent project file by the Project Manager (or higher level of management) shall be prepared for release to Document Control.

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SOP T-RA-006
3
04/23/2010

7. ATTACHMENTS

None

ATTACHMENT C

SOP-T-RA-009

Radiation Exposure Rate Monitoring

RADIATION PROTECTION PROCEDURE

Subject: Radiation Exposure Rate Monitoring

1. PURPOSE

This procedure describes general methods and techniques to be used when performing radiation exposure rate monitoring as part of a radiation survey. Radiation monitoring is performed, in conjunction with an assessment of the overall radiological conditions and other potential hazards, in order to demonstrate compliance with applicable regulations. Radiation monitoring is also used to determine external radiation levels in work areas so that personnel radiation dose can be minimized. The monitoring data helps determine the need for area control and postings, personal dosimetry requirements, and the requirements for Radiation Work Permits (RWPs) in order to maintain exposures ALARA.

2. SCOPE

This procedure provides standard practices for the performance of radiation exposure rate measurements as part of a radiation survey. This document provides the minimum required steps and quality checks that all employees and subcontractors are to follow when performing these measurements. The direction provided by this document may be amended to comply with specific client, project, program, or regulatory requirements that are equivalent, or more restrictive, when compared to the requirements of this document. Such variances shall be implemented, with proper documentation in project records and approval by the proper project authority. These variances will be applicable only for specific project use.

3. REFERENCES

- Shaw Health and Safety Procedure, HS700, *Policy and Guidance for Developing Radiation Protection Plans*
- Code of Federal Regulations, 10 CFR Part 20, *Standards for Protection Against Radiation*
- Code of Federal Regulations, 10 CFR Part 19.12, *Instructions to Workers*
- Shaw E & I Procedure T-RA-005, *Field Project Radiological Controls*
- Shaw E & I Procedure T-RA-006, *Radiological Controls Portable Instrument Procedure*
- Shaw E & I Procedure T-RA-008, *External Dosimetry Administration*
- Shaw E & I Procedure T-RA-010, *Radiological Site Controls*

4. DEFINITIONS

- **Action Level**—For radiation monitoring, a predetermined rate of exposure that, when reached, or measured, requires that a specific, predefined set of follow-up protocols go into effect to minimize personal exposure and to control sources of radiation.
- **ALARA**—An acronym for "As Low As Reasonably Achievable." Making every reasonable effort to maintain exposure to radiation as far below established dose limits as is practical consistent with the purpose for which the licensed activity is undertaken, taking into account the state of technology, the economics of improvements in relation to state of technology, the economics of improvements in relation to benefits to the public health and safety, and other societal and socioeconomic considerations, and in relation to utilization of nuclear energy and licensed materials in the public interest.

- **Alpha Radiation (α)**—Alpha particles (He-4^{++}) emitted by some radionuclides while undergoing radioactive decay. While Alpha radiation does not pose an external exposure threat, Alpha emitters may also emit photons (gamma or X-ray) during decay or attenuation.
- **Attenuation**—The process by which a beam of radiation is reduced in intensity when passing through some materials, including air; represents a combination of absorption and scattering processes that lead to a decrease in flux density as the beam passes through matter.
- **Background Radiation**—Radiation that occurs naturally in the environment. Background radiation consists of cosmic radiation from outer space, or radioactive elements in geological media, building materials, or other natural sources, including radon and its decay products in air and global fallout as it exists in the environment from the testing of nuclear explosive devices or from past nuclear accidents such as Chernobyl that contribute to background radiation and are not under the control of the licensee. "Background radiation" does not include radiation from source, byproduct, or special nuclear materials regulated by the Commission.
- **Beta Radiation (β)**—Beta particles (e^-) emitted by some radionuclides while undergoing radioactive decay. With few exceptions, beta-emitting radionuclides also emit photons (gamma or X-ray) during decay. Beta particles cannot penetrate human skin but do pose a hazard to the skin and lenses of the eye.
- **Biological Effect**—The net biological change caused by a specific quantity of absorbed dose to body tissues, measured in Rems or Sieverts.
- **Calibration**—The check or correction of the accuracy of a measuring instrument to assure proper operational characteristics.
- **Contamination**—The deposition of unwanted radioactive material on surfaces or in media.
- **Curie (Ci)**—The basic unit of radioactivity. The quantity of any radioactive element that decays at a rate equal to $2.22\text{E}+12$ disintegrations per minute.
- **Dose**— A generic term that means absorbed dose, dose equivalent, effective dose equivalent, committed dose equivalent, committed effective dose equivalent, or total effective dose equivalent.
- **Dosimetry**—The theory and application of the principles and techniques involved in the measurement and recording of radiation dose.
- **Exposure**—Being exposed to ionizing radiation or to radioactive material.
- **External Dose**—That portion of the dose equivalent received from radiation sources outside the body.
- **Flux**—A term applied to the amount of some type of radiation crossing a certain point, or area, per unit time. The unit of flux is particles (or gamma energy) per cm^2 per second.
- **Gamma Radiation (γ)**—High energy, short wavelength photons emitted from radionuclides while undergoing decay, or by the interaction or attenuation of other types of radiation. Gamma radiation easily penetrates human tissue and poses a substantial external radiation hazard.
- **Gray**—A unit of absorbed dose equal to 1 Joule/kilogram or 100 rads.
- **Hot Spot**—A location within a radiologically controlled area in which the levels of radiation or contamination are noticeably greater than in the surrounding area.

- **Ionizing Radiation**—Alpha particles, beta particles, gamma rays, neutrons, energetic electrons or protons, and other particles capable of producing ions when interacting with matter.
- **Monitoring**- The measurement of radiation levels, concentrations, surface area concentrations or quantities of radioactive material and the use of the results of these measurements to evaluate potential exposures and doses.
- **Neutron Radiation (n)**—An uncharged particle ejected from an atomic nucleus in varying energy states. Neutrons interact by collision with other nuclei and are highly penetrating because of their low mass and lack of electrical charge.
- **License Radiation Safety Officer (License RSO)**—An individual who, by virtue of education, certifications, or experience, is qualified to provide planning for, and oversee the proper implementation of, radiological controls measures for work activities involving the potential for exposure to ionizing radiation.
- **Quality Factor**—A unit less number assigned to a particular type (and energy) or radiation in producing biological effect. Quality factors are used to derive equivalent dose from absorbed dose. Gamma, X-ray, and Beta radiation are assigned a quality factor of 1. Alpha and Neutron radiation have quality factors between 2 and 20.
- **Rad**—A unit of absorbed dose equal to 0.01 Joule/kilogram or 0.01 Grays.
- **Radiation Worker**—An individual who is properly trained, in accordance with the personnel training requirements of 10 CFR 19.12, USDOE Radiation Worker II, or equivalent training, to perform work activities involving the potential for exposure to ionizing radiation.
- **Project Radiation Safety Officer (Project RSO)** — Individuals who, by virtue of training and/or experience, have been authorized by the License RSO to use or directly supervise the use of radioactive materials under the requirements of USNRC Service License.
- **Radiological Controls Technician (RCT)**—An individual who, by virtue of education, experience, or certification, is qualified to perform radiological surveys and implement radiological controls for work activities.
- **Rem**—A unit of biological effect, or dose equivalent, equal to the absorbed dose of one Rad multiplied by a quality factor. One Rem is equal to 0.01 Sievert.
- **Roentgen**—A unit of exposure equal to the amount of gamma or X-rays required to produce 1 electrostatic unit (esu) of charge in 1 cc of dry air at standard temperature and pressure.
- **Shine**—Radiation from a source near a measurement location that interferes with a particular environmental measurement. While background is always a part of a gross measurement, in the case where shine is present, the significance and data quality of the measurement may be questionable.
- **Sievert**—A unit of biological effect, or dose equivalent, equal to the absorbed dose of one Gray multiplied by a quality factor. One Sievert is equal to 100 Rems.
- **Survey**— An evaluation of the radiological conditions and potential hazards incident to the production, use, transfer, release, disposal, or presence of radioactive material or other sources of radiation.
- **Survey Unit**—A predefined geographical area, or location within a facility, that forms the boundary for a specific radiological evaluation or survey.
- **X-ray Radiation**—High energy, short wavelength photons produced outside an atomic nucleus by the interaction or attenuation of other types of radiation. Identical to Gamma.

radiation in ability to penetrate human tissue and pose a substantial external radiation hazard.

5. RESPONSIBILITIES

5.1 Shaw E&I Safety Director (Safety Director)

The Safety Director will serve as the lead for control of this document. This individual is responsible for ensuring that this document is properly maintained and that its requirements are consistent with applicable regulatory requirements, Shaw corporate policy, and recognized industry practice.

5.2 License Radiation Safety Officer

The Radiation Safety Officer (License RSO) is responsible to maintain and implement USNRC License in strict compliance with the requirements of this document, the conditions of the license, and the associated radiation safety program. Specifically, the License RSO shall do the following:

- Act as the official point of contact between the USNRC and Shaw E & I for all license-related issues, including making notification to USNRC of license implementation and the termination of license use on a project site
- Review, and approve, the qualifications of Authorized License users

Maintain all required license records at the location specified on the license.

5.3 Project Radiation Safety Officer

Project RSO's are responsible to understand, implement, and properly document the performance of the activities in accordance with the conditions of the license and all procedures, and program requirements that are incorporated by reference, on Shaw E & I projects where the license is in use. Project RSO's must be approved by the license RSO and shall report directly to the License RSO in matters involving the implementation of the USNRC license

The Project RSO is responsible to implement the radiation monitoring requirements for a specific project, as established by the License RSO. The Project RSO is responsible to ensure the proper collection and documentation of radiation survey data on the project site.

5.4 Radiological Controls Technicians

Site radiation workers are responsible to follow procedures established by the License RSO, or Project RSO, for the collection of survey data. This includes performing operational checks on monitoring instrumentation, performing measurements, and documenting results in compliance with established procedures and convention.

6. PROCEDURE

6.1 Prerequisites

Prior to conducting radiation exposure rate monitoring, the RCT conducting the survey shall ensure that following prerequisites are met:

- Project-specific radiological survey and data collection requirements, and data quality objectives, are established in written project documents and are understood by the RCTs performing surveys.
- All required survey supplies and material are available for use on site. These materials include the following:

- Completed and approved Activity Hazard Analysis for the monitoring activity to be performed
- Radiation Work Permit (RWP) prepared and approved in accordance with Shaw E & I Procedure T-RA-010, *Radiological Site Controls* (if entering radiologically controlled areas to perform surveys)
- Radiation/Contamination Survey Report Forms
- Appropriate radiation dosimetry
- Properly calibrated instrumentation or analytical equipment capable of measuring the radiation(s) of interest
 - The appropriate monitoring instrument has been selected and calibrated and is operating properly in accordance with Shaw E & I Procedure T-RA-006, *Radiological Controls Portable Instrument Procedure*.
 - The previous surveys of the area of interest have been checked, if available, to determine radiation and contamination types and levels in the areas to be surveyed and to determine whether conditions of safety have changed since the last survey.
 - A survey map of the area of interest has been obtained or prepared, using a survey record form, providing a graphical representation of the area or item to be monitored.
 - Appropriate action levels or guideline values have been established, and required actions or reporting requirements are understood by RCTs performing surveys.
 - For systematic measurements, appropriate reference and sample grids have been established based on data quality requirements.

6.2 Measuring Exposure Rates

Generally, radiation exposure rate measurements include the following types of measurements:

- Initial Entry – Entry into areas with exposure rates that are unknown (if required due to lack of available radiological data).
- General Area – Measurements taken to determine radiation levels in work areas to allow ALARA planning and to determine the need for radiation shielding to limit exposures.
- Area Posting – Measurements taken to determine or verify regulatory area posting requirements.
- Beta Exposure – Measurement of dose from Beta radiation.

6.2.1 Initial Entry Surveys

Initial entry survey shall be conducted prior to, and during, initial entry into work areas where there is a potential for substantial external exposure to ionizing radiation. The following steps shall be taken to ensure exposures are maintained ALARA:

- Using a detection instrument with an audible response, turn on the portable detection equipment and adjust the instrument to its highest range setting. If the instrument is over-ranged at the highest setting, immediately exit the area and obtain an instrument capable of detecting higher exposure rates.
- If the instrument is not over-ranged, adjust the instrument range setting until an accurate measurement can be seen on the meter face.
- Document data on a Radiation/Contamination Report Form

- Once an exposure rate is established, by audible response and meter reading, conduct general area and area posting surveys as described below.

6.2.2 General Area Measurements

For measurement of the general area gamma radiation level, take measurements at approximately 1 meter from surfaces or above ground. This should be done with the beta shield in the "closed" position. Repeat measurements as necessary to verify data. Document data on a Radiation/Contamination Report Form.

6.2.3 Area Posting Measurements

For measurement of the gamma radiation level in support of posting requirements, take measurements at 30 centimeters from the radiation source or from any surface that the radiation penetrates. This should be done with the beta shield in the "closed" position. Upon completion of the monitoring activities, post the work area as required by the applicable regulatory reference. Repeat measurements as necessary to verify data. Document data on a Radiation/Contamination Report Form.

6.2.4 Beta Exposure Rate Measurements

For measurements of beta dose rates, perform measurements at the location where the worker may be exposed, with the beta shield both open and closed. For instruments without a beta shield, the active area of the detector will be covered with an appropriate shielding material for the closed measurement. Record the results. Beta measurements should be taken no more than 1 centimeter from the surface. To obtain true Beta dose, subtract the closed window reading from the open window reading and multiply the result by the predetermined beta calibration factor for the instrument used. The net result is the exposure from Beta radiation. Repeat measurements as necessary to verify data. Record data on the Radiation/Contamination Report Form.

6.3 Quality Control Measurements/Samples

In order to ensure the level of data quality required by the purpose of the survey being performed, quality control measurements and samples will be collected as part of the monitoring process. Specific requirements for performance, collection, and analysis will be established prior to performing any monitoring activities. The RCT performing each survey will be given instruction regarding the QC sample requirements for the sampling activity being conducted.

6.4 Waste Management

Waste streams associated with monitoring and sampling activities include used personal protective equipment (PPE) (tyvek and gloves) and used smears. If not suspected of being contaminated, these items will be disposed of as trash. If radiological contamination is suspected, based on monitoring data, PPE and contaminated smears will be bagged and disposed of as radioactive waste.

ATTACHMENTS

None

ATTACHMENT D

SOP T-RA-012

Surface Contamination Monitoring

RADIATION PROTECTION PROCEDURE

Subject: Surface Contamination Monitoring

1. PURPOSE

This procedure describes general methods and techniques to be used when performing surface contamination monitoring as part of a contamination survey. Contamination surveys including an assessment of overall radiological conditions and other potential hazards are performed and documented to demonstrate compliance with applicable regulations and to determine the following:

- Protective clothing and respiratory protection requirements for Radiologically Controlled Areas (RCAs)
- Proper radiological postings
- Contamination levels for release of items and materials from RCAs
- Residual contamination levels in remediated areas prior to release from regulatory controls
- Effectiveness of contamination control and decontamination methods

2. SCOPE

This procedure provides standard practices for the performance of surface contamination surveys for radioactive contamination. This document provides the minimum required steps and quality checks that all employees and subcontractors are to follow when performing these surveys. The direction provided by this document may be amended to comply with specific client, project, program, or regulatory requirements that are equivalent, or more restrictive, when compared to the requirements of this document.

3. REFERENCES

- Shaw E&I Health and Safety Procedure, HS700, *Policy and Guidance for Developing Radiation Protection Plans*
- Code of Federal Regulations, 10 CFR Part 20, *Standards for Protection Against Radiation*
- Code of Federal Regulations, 10 CFR Part 19.12, *Instructions to Workers*
- NUREG-1556, Vol. 18, "Program-Specific Guidance About Service Provider Licenses," dated November 2000
- Shaw E & I Procedure T-RA-005, *Field Project Radiological Controls*
- Shaw E & I Procedure T-RA-006, *Radiological Controls Portable Instrument Procedure*
- Shaw E & I Procedure T-RA-008, *External Dosimetry Administration*
- Shaw E & I Procedure T-RA-010, *Radiological Site Controls*

4. DEFINITIONS

- **Action Level**—For contamination surveys, a predetermined quantity of contamination that, when reached, or measured, requires that a specific, predefined set of follow up protocols go into effect to minimize the spread of contamination or reduce risk of exposure to radiation.

- **ALARA**—An acronym for "As Low As Reasonably Achievable." Making every reasonable effort to maintain exposure to radiation as far below established dose limits as is practical consistent with the purpose for which the licensed activity is undertaken, taking into account the state of technology, the economics of improvements in relation to state of technology, the economics of improvements in relation to benefits to the public health and safety, and other societal and socioeconomic considerations, and in relation to utilization of nuclear energy and licensed materials in the public interest.
- **Alpha Contamination**—The presence of radionuclides that emit alpha particles (He-4^{++}) when undergoing radioactive decay. Alpha emitting radionuclides may also emit gamma radiation photons during decay.
- **Anti-Contamination Clothing (Anti-Cs)**—Personal Protective Equipment (PPE) worn by radiation workers to prevent the contamination of the workers' skin or clothing when working in contaminated areas.
- **Background Radiation**—Radiation that occurs naturally in the environment. Background radiation consists of cosmic radiation from outer space, or radioactive elements in geological media, building materials, or other natural sources, including radon and its decay products in air and global fallout as it exists in the environment from the testing of nuclear explosive devices or from past nuclear accidents such as Chernobyl that contribute to background radiation and are not under the control of the licensee. "Background radiation" does not include radiation from source, byproduct, or special nuclear materials regulated by the Commission.
- **Beta Contamination**—The presence of radionuclides that emit beta particles (e^-) when undergoing radioactive decay. With few exceptions, beta-emitting radionuclides also emit gamma radiation photons during decay.
- **Biased Measurements**—Radiological measurements or samples conducted at locations based on the professional judgement of the surveyor.
- **Calibration**—The check or correction of the accuracy of a measuring instrument to assure proper operational characteristics.
- **Contamination**—The deposition of unwanted radioactive material on surfaces or in media.
- **Curie (Ci)**—The basic unit of radioactivity. The quantity of any radioactive element that decays at a rate equal to $2.22\text{E}+12$ disintegrations per minute.
- **Decay Chain**—A sequential radiological decay process by which a parent nuclide produces a radioactive progeny which, in turn, decays to produce another radioactive product, and so on, until eventually a stable nuclide is produced.
- **Decontamination**—The reduction or removal of contaminating material from a structure, area, object, or person, or the extraction of radionuclides from contaminated media. The ratio of initial activity to final activity after any decontamination process is the **decontamination factor**.
- **Direct Measurement**—A reading taken using a portable instrument directly on a surface, or in an area. These readings measure total contamination on a surface. The two types of direct measurements routinely performed are fixed-location measurements and scans.
- **Fixed-Location Measurements**—Direct measurements performed by placing a detector at a fixed location on, or near, the surface being evaluated.
- **Frisking**—The process of searching a person's clothing or body with a radiation detection instrument prior to release of that person from a radiologically controlled area.
- **Guideline Values**—For surface contamination surveys, a predetermined quantity or concentration of residual contamination that, when measured, exceeds an established dose-based, or risk-based, regulatory or administrative limit and requires further evaluation, additional measurements, or decontamination of the surface prior to release from radiological controls.

- **Hot Spot**—A location within a radiologically controlled area in which the levels of radiation or contamination are noticeably greater than in the surrounding area.
- **Ionizing Radiation**—Alpha particles, beta particles, gamma rays, neutrons, energetic electrons or protons, and other particles capable of producing ions when interacting with matter.
- **Minimum Detectable Concentration (MDC)**—The a priori activity level that a specific instrument and technique can be expected to detect 95% of the time. The MDC is the detection limit, LD, multiplied by an appropriate conversion factor to give units of activity.
- **Monitoring**—The measurement of radiation levels, concentrations, surface area concentrations or quantities of radioactive material and the use of the results of these measurements to evaluate potential exposures and doses.
- **Radiation Worker**—An individual who is properly trained, in accordance with the personnel training requirements of 10 CFR 19.12, USDOE Radiation Worker II, or equivalent training, to perform work activities involving the potential for exposure to ionizing radiation.
- **Project Radiation Safety Officer (Project RSO)**—An individual who, by virtue of education, experience, or certification, is qualified for on-site implementation of a project radiological controls program, including providing direction to radiological controls technicians.
- **Radiological Controls Technician (RCT)**—An individual who, by virtue of education, experience, or certification, is qualified to perform radiological surveys and implement radiological controls for work activities.
- **Random Measurements**—Radiological measurements performed at randomly selected locations within a facility or survey unit.
- **Scanning**—A type of direct measurement monitoring performed by moving a detector slowly over the surface or area being evaluated.
- **Shine**—Radiation from a source near a measurement location that interferes with a particular environmental measurement. While background is always a part of a gross measurement, in the case where shine is present, the significance and data quality of the measurement may be questionable.
- **Smear Sampling**—A method of determining the removable contamination on a surface. A specified area is wiped with a filter paper, and the radioactivity collected on the paper is measured by portable or laboratory instrumentation. The area smeared is normally 100cm².
- **Survey**—An evaluation of the radiological conditions and potential hazards incident to the production, use, transfer, release, disposal, or presence of radioactive material or other sources of radiation.
- **Survey Unit**—A predefined geographical area, or location within a facility, that forms the boundary for a specific radiological evaluation or survey.
- **Systematic Survey**—Radiological surveys performed at systematically selected fixed measurement or smear sampling locations on a pre-determined sampling grid.
- **Total Contamination**—Radioactive material, including both the fixed and removable contamination fractions, found on, or as a part of, an item or surface.
- **Transferable, Removable, or Loose Contamination**—Radioactive material that can be easily removed from a surface or item.

5. RESPONSIBILITIES

5.1 Shaw E&I Safety Director (Safety Director)

The Safety Director will serve as the lead for control of this document. This individual is responsible for ensuring that this document is properly maintained and that its requirements are consistent with applicable regulatory requirements, Shaw corporate policy, and recognized industry practice.

5.2 License Radiation Safety Officer (License RSO)

The License RSO is responsible to assess levels of contamination in project work areas and to determine the need for, and periodicity of, surface contamination surveys. The License RSO is also responsible to establish specific requirements for project surface contamination survey including the selection of parameters to be measured, instrumentation, and appropriate data quality objectives. The License RSO shall also establish action levels for surface contamination on project sites.

5.3 Project Radiation Safety Officer (Project RSO)

The (Project RSO) is responsible to implement established surface contamination monitoring requirements for a specific project, as established by the License RSO. The Project RSO is responsible to ensure the proper collection and documentation of data on the project site.

5.4 Radiological Controls Technicians

Site radiation workers are responsible to follow procedures established by the License RSO, or Project RSO, for the collection of contamination survey data. This includes performing operational checks on survey instrumentation, collecting and analyzing smear samples, performing measurements, and documenting results in compliance with established procedures and conventions. Site workers are also responsible to properly wear PPE and Anti-Cs and to obey site work rules designed to maintain exposures ALARA.

6. PROCEDURE

6.1 Prerequisites

Prior to conducting surface contamination surveys, the RCT conducting the survey shall ensure that following prerequisites are met:

- Project-specific radiological survey and data collection requirements, and data quality objectives, are established in written project documents and are understood by the RCTs performing surveys.
- All required survey supplies and material are available for use on-site. These materials include the following:
 - Appropriate smear sample media and smear envelopes
 - Scintillation vials and cocktail (for liquid scintillation analysis)
 - Gloves, appropriate anti-contamination clothing, and other PPE as required based on identified hazards
 - Completed and approved Activity Hazard Analysis for the survey activity to be performed
 - Radiation Work Permit (RWP) prepared and approved in accordance with Shaw E & I Procedure T-RA-010, *Radiological Site Controls* (if entering radiologically controlled areas to perform surveys)

- Radiation/Contamination Survey Report Forms
- Appropriate radiation dosimetry
- Properly calibrated instrumentation or analytical equipment capable of measuring the radiation(s) of interest at, or below, the specified MDA (10-50% of MDA recommended)
 - The appropriate survey instrument has been selected and calibrated and is operating properly in accordance with Shaw E & I Procedure T-RA-006, *Radiological Controls Portable Instrument Procedure*.
 - The previous surveys of the area of interest have been checked, if available, to determine radiation and contamination types and levels in the areas to be surveyed and to determine whether conditions of safety have changed since the last survey.
 - A survey map of the area of interest has been obtained or prepared, using a survey record form, providing a graphical representation of the area or item to be surveyed.
 - Appropriate action levels or guideline values have been established, and required actions or reporting requirements are understood by RCTs performing surveys.
 - For systematic measurements, appropriate reference and sample grids have been established based on data quality requirements.

6.2 Scan Surveys

Scan surveys are generally conducted as an investigative tool to identify areas that require further evaluation by fixed measurement or sampling. These surveys may be quantitative or qualitative with regard to the quality of data collected. Scan surveys shall be conducted as follows:

1. Verify that the instrument has been calibrated and has been set up in accordance with the manufacturer's technical manual, project quality requirements, and Shaw E & I Procedure T-RA-006, *Radiological Controls Portable Instrument Procedure*, prior to use.
2. Determine the required scan rate necessary to meet required MDAs based on the contaminant of interest and selected instrument (10-50% of action levels or guideline values is recommended). MDA determination shall be documented in accordance with Shaw E & I Procedure T-RA-006, *Radiological Controls Portable Instrument Procedure*.
3. With the instrument in operation, at the pre-determined scan rate, move the detector over the surface being evaluated. Using the audible response of the instrument, document instrument readings as required by the survey-specific data quality objectives.
4. "Flag," or mark, any locations or areas that exceed established action levels. Take any required corrective, or protective, action required by project plans and procedures. Levels exceeding these values will also be noted on the survey map(s).

6.3 Fixed-Measurement Surveys

Fixed-measurement surveys may include random, systematic, or biased measurement locations. These surveys are performed to provide quantitative measurement of the total contamination on a surface. Fixed-measurement surveys shall be performed as follows:

1. Verify that the instrument has been calibrated and has been set up in accordance with the manufacturer's technical manual, project quality requirements, and Shaw E & I Procedure T-RA-006, *Radiological Controls Portable Instrument Procedure*, prior to use.
2. Determine the required measurement count time necessary to meet required MDAs based on the contaminant of interest and selected instrument (10-50% of action levels or guideline values is

recommended). MDA determination shall be documented in accordance with Shaw E & I Procedure T-RA-006, *Radiological Controls Portable Instrument Procedure*.

3. Place the detector directly on the surface to be surveyed at the desired location. With the instrument operating in "Scaler" mode, take a measurement at the selected sample point for the required count time.
4. Document the direct surface contamination reading measured at the location on the survey data forms.

6.4 Smear Sampling

Smear sampling surveys may include random, systematic, or biased measurement locations. These samples are performed to provide quantitative measurement of the removable contamination on a surface. Smear sampling shall be performed as follows:

1. Select smear materials based on the type of smear survey being performed and the instrumentation to be used in analysis of radioactive content on the smear samples.
2. If wet smear sampling techniques (some Tritium contamination smears) are required for liquid scintillation analysis, obtain prepared scintillation vials with 3 to 5 milliliters of deionized water added to each vial. Place the unused smears into the prepared vials.
3. For dry smears, place each individual smear into an envelope or small clean plastic bag (smears with individual "fold-over" covers do not require separate envelopes or bags).
4. At each sample point, remove a single smear from its container (if required) and wipe the smear over an area of approximately 100 cm² by wiping a square area of approximately 4 inches by 4 inches or an "S" pattern approximately 16 inches long.
5. Once the smear sample is collected, quickly place smear into an individual prepped scintillation vial or bag/envelope. For "foldover" type smear, fold the cover in half to cover the sample.
6. Mark the vial, envelope, or "foldover" cover containing the smear with a unique number identifying the sample location and the sample number. Transport the smear sample to the counting station or on-site laboratory for analysis.

6.5 Quality Control Measurements/Samples

In order to ensure the level of data quality required by the purpose of the monitoring being performed, quality control measurements and samples will be collected as part of the survey process. Specific requirements for performance, collection, and analysis will be established prior to performing any monitoring activities. The RCT performing each survey will be given instruction regarding the QC sample requirements for the sampling activity being conducted.

6.6 Waste Management

Waste streams associated with monitoring and sampling activities include used PPE (tyvek and gloves) and used smears. If not suspected of being contaminated, these items will be disposed of as trash. If radiological contamination is suspected, based on monitoring data, PPE and contaminated smears will be bagged and disposed of as radioactive waste.

7. ATTACHMENTS

None

ATTACHMENT E
Product Survey Form

Product Survey Form – Bed, Bath, and Beyond Store Surveys

Date of visit _____ Time _____

Store Name & Number _____

Store Location _____

Store point of contact _____ Phone _____

State _____ Zip Code _____ NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name _____

Regulator Contact Info (Phone or E-Mail) _____

Inspector _____ Phone _____

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9H) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present _____ Identifying numbers on item or container? _____

Other product information _____

Radiological data: Annual Calibration date (s): _____

Instruments used: _____

Background Levels – (Outside of the building) _____ (Inside) _____

Confirm radioactivity - are any items above background? (Y) (N) How many? _____

Any elevated items other than the Tissue Box? (List) _____

Items located in a secure area (Y)(N) Location _____

Mark all contaminated items clearly with a black magic marker - indicate with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible.

Notes for Shipping:

Store contact: _____

Best pick up point: _____

Other comments: _____

Meter Readings: (Show all results in uR/hr)

Item 1 (at 1 m) _____	30 cm _____	On Contact _____
Item 2 (at 1 m) _____	30 cm _____	On Contact _____
Item 3 (at 1 m) _____	30 cm _____	On Contact _____
Item 4 (at 1 m) _____	30 cm _____	On Contact _____
Item 5 (at 1 m) _____	30 cm _____	On Contact _____
Item 6 (at 1 m) _____	30 cm _____	On Contact _____
Item 7 (at 1 m) _____	30 cm _____	On Contact _____
Item 8 (at 1 m) _____	30 cm _____	On Contact _____
Item 9 (at 1 m) _____	30 cm _____	On Contact _____
Item 10 (at 1 m) _____	30 cm _____	On Contact _____
Item 11 (at 1 m) _____	30 cm _____	On Contact _____
Item 12 (at 1 m) _____	30 cm _____	On Contact _____
Item 13 (at 1 m) _____	30 cm _____	On Contact _____
Item 14 (at 1 m) _____	30 cm _____	On Contact _____
Item 15 (at 1 m) _____	30 cm _____	On Contact _____
Item 16 (at 1 m) _____	30 cm _____	On Contact _____
Item 17 (at 1 m) _____	30 cm _____	On Contact _____
Item 18 (at 1 m) _____	30 cm _____	On Contact _____
Item 19 (at 1 m) _____	30 cm _____	On Contact _____
Item 20 (at 1 m) _____	30 cm _____	On Contact _____

(Use additional sheets as needed)

ATTACHMENT F

Work Verification Form

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: _____ On Site Date: _____
 Store Name: _____ PO#: _____
 (if provided, or use BBB Store# + date-mm/dd/yy)

CONTRACTOR: _____
 National Account _____
 Contractor: _____
 (Please note National Account if contractor is performing work as a 'sub-contractor')

		Time In		Time Out		Total Time
Workers on Job	1					
	2					
	3					
	4					

TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):

Work 100% Completed: YES NO

Comments (List any open issues or performance problems):

SIGNOFF

SM/Keyholder verification of work:
 NOTE: Includes verification of replacement parts, if applicable.

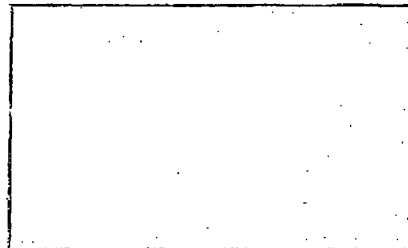
 (SM/KH signature)

 (print name and title)

 Contractor Signature:

 (signature)

 (print name)



(Store Stamp)



POLICY ISSUE
(Information)

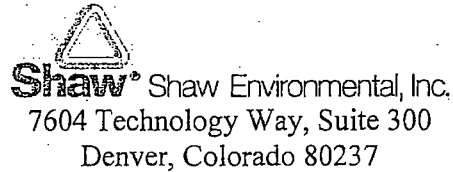


HEALTH AND SAFETY PLAN

for

Response to Cobalt-60 Contaminated Materials Bed, Bath, and Beyond

Prepared by:



Plan Approval:

A handwritten signature in black ink, appearing to read "Thomas R. Wood", is written over a horizontal line.

Thomas Wood
Project Manager

Greg Coffman
Program Manager

David Mummert, CIH
Health and Safety Director

Rev. 1
January 17, 2012

2.0 SCOPE AND ORGANIZATION OF FACILITY VISITS

2.1 Scope

Although a variety of office/phone/file search/contact and other non-field related work is involved in this project, associated field activity may include:

- A general tour of the retail facility
- Conduct radiological surveys of storage and retail areas
- Use of a ladder to access surveys areas
- Collect and segregated identified items in an area of the warehouse of the facility.

2.2 Program and Project Management

The Bed, Bath and Beyond project manager is Tom Woods. Greg Coffman is the Program Manager. Tom Battaglia is the Radiation Safety Officer.

2.3 Health and Safety Management

David Mummert is the Health and Safety Manager for the Bed, Bath and Beyond Program as well as for individual projects performed within the Program.

2.4 Contact Information

Thomas Wood
7604 Technology Way, Suite 300
Denver, CO 80237
Office 720-554-8282
Cell: 303-888-9456

Greg Coffman
4400 College Blvd, Suit 350
Overland Park, KS 66211
Office: 913-317-2638
Cell: 816-522-1788

Thomas Bataglia
312 Directors Drive
Knoxville, TN 37923
Office 865-670-2676
Cell: 716-913-6318

David Mummert, CIH
16406 US Rte 224E
Findlay, OH 45840
Office: 419-425-6129
Cell: 419-348-1544

**Appendix A.
ACTIVITY HAZARD ANALYSIS CHECKLIST
Bed, Bath and Beyond Facility Visits**

Task Breakdown	Potential Hazards	Critical Safety Practices
Mobilize to Project Site	Collision with other vehicle, object or pedestrian; falling objects	<ul style="list-style-type: none"> ▪ Wear seat belt ▪ Keep safe distance from other vehicle(s); use 2 second rule ▪ Obey speed limit/traffic rules ▪ Avoid distractions, e.g. cell phones, eating/drinking, reading map – stop/pull over to perform activities that may distract ▪ Have proper directions to site; take route free of known road hazards, e.g. construction, pot holes; congested traffic flow ▪ Maintain vehicle safety equipment, e.g. mirrors, alarms, horns, wipers, lights ▪ Maintain vehicle, e.g. tire pressure, fluid levels ▪ Keep head lights on for maximum visibility ▪ Perform 360 degree walk-around of vehicle to look for potential hazards/obstructions before pulling-out of parking spaces (back-in parking space if possible) ▪ Use a spotter if backing in/out of hazardous area, e.g. blind spot.
Data Gathering at Store	<p>Surveying items and areas</p> <p>Relocating suspect items</p> <p>Store visit</p>	<ul style="list-style-type: none"> ▪ When conducting survey wear protective gloves ▪ Be alert for any sharp edges and avoid contacting these or wear gloves ▪ Utilize a Bed, Bath and Beyond Associate as a spotter to prevent other Bed, Bath and Beyond Associates and customers from entering work area ▪ Shaw employees are not to open or come into contact with electrically energized equipment. ▪ Shaw personnel are not to lift more than 60 lbs unassisted. Be cautious of sharp edges. Carefully inspect shipping containers for structural integrity. ▪ Make arrangements for a Bed, Bath and Beyond employee to be aware of the whereabouts and activities of Shaw staff members at all times during the facility visit ▪ Discuss with store manager (or other person interviewed) during the initial meeting the Bed, Bath and Beyond procedures for transport Shaw staff to the hospital if required. For injuries not requiring emergency care, Shaw employee should call CORE (1-877-347-7429) for location of nearest CORE clinic

Employee Signature _____ Date _____

Group: E&I	Title: Accident Prevention Program: Reporting, Investigation, and Review	No: EIG-HS-020 Revision No.: 7 Page 3 of 8
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- Immediately arrange for appropriate medical attention and notify the responsible health and safety representative.
- As soon as practical, but not longer than one hour after gaining knowledge of the occurrence, notify the Shaw E&I Notification Hotline/Helpdesk by calling 1-866-299-3445 (Attachment 3, "Help Desk / Hotline Notification Guidelines") of any injury requiring off-site medical treatment, all vehicle accidents, equipment incidents involving property damage exceeding \$2,500 in value (Shaw E&I or third party), criminal activity, explosions or fires with property damage exceeding \$2,500 in value, environmental spills/releases, fatalities, or any utility line strikes.
- Inform CORE Health Networks of all incidents requiring off-site medical attention by calling 1-877-347-7429. This call should be made prior to transporting the employee such that they can coordinate physicians services prior to the arrival of the employee to the clinic, and provide the following information:
 - Company name (Shaw E&I) and business line (e.g., Federal, Commercial)
 - Employee name
 - Name of anticipated, treating medical facility and phone number
 - Brief description of incident

CORE Health Network's role is to interface with the treating physician, to ensure that appropriate care is provided to the injured employee.
- Complete the Authorization for Treatment, Release of Medical Information, and Return to Work (Forms EIG-HS-020.01 through EIG-HS-020.03) and the Supervisor's Employee Injury Report (Form EIG-HS-020.04) for all cases requiring off-site medical attention. The Site Safety and Health Representative or responsible supervisor shall ensure that the forms are completed and faxed to CORE Health Networks at 225-295-4846 prior to leaving the medical facility or as soon as reasonably possible.
- Post accident drug and alcohol testing shall occur in accordance with Shaw E&I Procedure No. EIG-HS-101, "Drug and Alcohol Testing," immediately following an incident.
- Prior to an injured employee returning to his/her job duties, a follow-up call by CORE Health Networks will be made to the project site. The purpose of this call is to ensure work restrictions are clarified and planned work activities are consistent with medical recommendations.

The Supervisor shall initiate/complete the appropriate company documentation in accordance with the following incident classifications (note: if a Site Safety and Health Representative is on site, he/she should work in concert with the supervisor):

- OSHA Recordable Cases
 - Supervisor's Employee Injury/Illness Report (Form EIG-HS-020.04)
 - Incident Investigation Report (Form EIG-HS-020.05)
 - Witness Statement form (Form EIG-HS-020.06)
 - Accident Review Board (Form EIG-HS-020.07)
- First Aid Cases
 - Supervisor's Employee Injury/Illness Report (Form EIG-HS-020.04)
 - Incident Investigation Report (Form EIG-HS-020.05)

Group: E&I	Title: Accident Prevention Program: Reporting, Investigation, and Review	No: EIG-HS-020 Revision No.: 7 Page 7 of 8
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- Form EIG-HS-020.03, Return to Work Examination Form
- Form EIG-HS-020.04, Supervisor's Employee Injury/Illness Report
- Form EIG-HS-020.05, Incident Investigation Report
- Form EIG-HS-020.06, Employee Witness Statement
- Form EIG-HS-020.07, Accident Review Board Report
- Form EIG-HS-020.08, Vehicle Accident Report
- Form EIG-HS-020.09, Equipment, Property Damage and General Liability Loss Report
- Form EIG-HS-020.10, Injured Employee Statement

9. **RECORDS**

- Form EIG-HS-020.01, Authorization for Treatment of Occupational Injury/Illness
- Form EIG-HS-020.02, Authorization for Release of Medical Information
- Form EIG-HS-020.03, Return to Work Examination Form
- Form EIG-HS-020.04, Supervisor's Employee Injury/Illness Report
- Form EIG-HS-020.05, Incident Investigation Report
- Form EIG-HS-020.06, Employee Witness Statement
- Form EIG-HS-020.07, Accident Review Board Report
- Form EIG-HS-020.08, Vehicle Accident Report
- Form EIG-HS-020.09, Equipment, Property Damage and General Liability Loss Report
- Form EIG-HS-020.10, Injured Employee Statement

10. **REVISION HISTORY AND APPROVAL**

Revision Level	Revision Description	Responsible Manager
Revision Date		
00-03	Initial issue- Rev 3: unavailable	N/A
N/A		
04	unavailable	Troy Allen
5/20/2003		
05	Added content to Procedure, added Attachment 10; Helpdesk/Hotline notification guidelines.	Troy Allen
7/16/2003		
06	Deleted requirement for Health & Safety Managers to prepare a monthly loss report.	Troy Allen
9/22/2010	Changed all Health Resources references to CORE Health Networks. Revised attachment order and numbers to comply with the Standard Operating Procedure template requirements. Added requirement for independent completion of employee/witness statements.	



Title:
**Accident Prevention Program: Reporting,
 Investigation, and Review**

No: EIG-HS-020
 Attachment No. 2

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**Attachment 2
 Accident Prevention Program: Reporting, Investigation, and Review
 Responsibility Matrix**

Action	Procedure Section	Employee	Supervisor	Project/ Location Manager	Site Health and Safety Rep/ Manager	Business Line Health and Safety Manager	Executive Director Health & Safety
Issue, Revise, and Maintain Procedure	5.1						X
Report All Incidents to Supervisor	6.1	X					
Notify Health and Safety Representative	6.1		X				
Arrange Medical Care	6.1		X		X		
Notify CORE Health Networks of Incident	6.1		X		X		
Initiate/Complete Company Forms	6.1		X		X		
Complete Investigation of incident	6.5		X	X	X	X	
Complete Equipment, Property Damage and General Liability Loss Report Incident	6.4	X		X			
Coordinate and Set up Accident Review Board	6.7			X			
Conduct Accident Review Board	6.7					X	
Participate in Accident Review Board	6.7	X	X	X	X	X	



Title: **Accident Prevention Program: Reporting, Investigation, and Review**

Form No: EIG-HS-020.03_7

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**Medical Forms
Return-to-Work Examination Form**

Exam Date: ____/____/____ Employee Name: _____
Birth Date: ____/____/____ Social Security #: _____ - _____ - _____
Job Title: _____ Sex: Male Female

Examining Provider: Please complete this form and fax to CORE Health Networks at (225) 295-4846. Please contact CORE Health Networks at (877) 347-7429 to report status of employee post-treatment.

Diagnosis: _____

Treatment Plan: _____

Medications: _____

Physical Therapy: _____

Other: _____

- May return to full duty work effective ____/____/____
- May return to limited duty from ____/____/____ to ____/____/____
- Unable to return to work from ____/____/____ to ____/____/____

WORK LIMITATIONS:

- Restricted lifting/pushing/pulling: maximum weight in lbs: _____ (Company limits all lifting to ≤ 60 lbs).
- Work only with right/left hand. Restricted repetitive motion right/left hand.
- Sitting job only. Restricted operation of moving equipment.
- Other: _____

FOLLOW-UP PLAN:

- Release from care.
- Schedule for follow-up appointment on ____/____/____.
Time _____ AM/PM
- Referral to _____
Appointment date ____/____/____ Time _____ AM/PM

Comments: _____

Examiner's Name (*print*)

Examiner's Signature

Date



Title:
**Accident Prevention Program: Reporting,
 Investigation, and Review**

Form No: EIG-HS-020.06_7

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Employee Witness Statement

MUST BE COMPLETED WITHIN 24 HOURS OF THE INCIDENT

This form should be completed by every employee working in the crew of the injured employee and by every other employee with knowledge of events or circumstances involved in the incident.

This information is being solicited from you so that the company can accurately assess the reported incident to avoid similar occurrences in the future. Describe only the facts for which you have personal knowledge. If you have no knowledge of the incident, write "no knowledge."

Company: _____

Exact Location of Incident/Accident: _____

Name of Injured Employee: _____

Date of Incident/Accident: _____ Time _____ am pm

Date of this Statement: _____ Time _____ am pm

Time your shift begins? _____ am pm Ends _____ am pm

Witness Information:

Name: _____

Home Phone No.: _____

Home Address: _____

County: _____ Zip: _____

Witness' Supervisor Name: _____

If not employed by Shaw E&I, enter name of company: _____

Company Phone Number: _____

Did you see the Incident/Accident? _____

How far from you (approx., in feet) did the Incident/Accident occur? _____

Stating only factual information, describe in detail what happened and include any applicable events leading to the Incident/Accident:

I certify that, to the best of my knowledge, all of the above information is complete, accurate, and factual. I acknowledge that the intentional falsification or altering of facts or making misleading statements may be grounds for disciplinary action.

 Witness Signature/Date

 Print Name



Title:
**Accident Prevention Program: Reporting,
 Investigation, and Review**

Form No: EIG-HS-020.09_7

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Equipment, Property Damage, and General Liability and Loss Report

This report is to be completed for all losses or damage to company property in excess of \$2,500.00 and all third party damage, regardless of value, resulting from company activities.

PROJECT/LOCATION: _____ PROJECT NO.: _____ DATE: _____

PROGRAM NAME: _____ TASK ORDER NUMBER: _____

ADDRESS: _____

HOW DID DAMAGE OR LOSS OCCUR: _____

DESCRIPTION AND VALUE (\$) OF DAMAGED/LOST/STOLEN PROPERTY: _____

LOCATION OF DAMAGED/LOST/STOLEN PROPERTY (Before Loss): _____

DATE AND TIME OF DAMAGE, LOSS, OR THEFT: Date: _____ Time: _____ a.m./p.m.

OWNER OF DAMAGED/LOST/STOLEN PROPERTY:

Name _____ Phone No. () _____

Address _____ City _____

Employer and Address _____

INJURED PARTIES (Also complete a Supervisor's Employee Injury Report if a Company Employee):

Name _____ Phone No. () _____

Address _____ City _____

Employer and Address _____

Description of Injury _____

WITNESSES:

1. Name _____ Phone No. () _____

Home Address _____ City _____

Employer and Address _____

2. Name _____ Phone No. () _____

Home Address _____ City _____

Employer and Address _____

WERE PICTURES TAKEN? YES NO

WERE POLICE NOTIFIED? YES NO DEPT. _____ REPORT NO. _____

COMPLETED BY: _____

(Print)

(Signature)

(Date)

PROJECT/LOCATION MANAGER: _____

(Print)

(Signature)

(Date)

REPORT MUST BE FAXED TO:
 CORPORATE CLAIMS DEPARTMENT (FAX: 225-932-2636)
 WITHIN 24 HOURS, OR NOT LATER THAN NEXT BUSINESS DAY

Group: E&I	Title: Job Safety Analysis	No: EIG-HS-045 Revision No.: 2 Page 3 of 7
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- **Frequency of Accidents (including "near misses")**—An element of a job that repeatedly produces accidents is a candidate for starting a JSA. The greater the number of incidents associated with a job element, the greater its priority claim for a JSA.
- **New or Revised Jobs**—Jobs created by changes in equipment or in processes obviously have no history of accidents, but their accident potential may not be fully appreciated. Analysis should not be delayed until accidents or near misses occur. Any changes from the original task/job shall be noted on the form as a revision. Once this has occurred the newly identified hazards must be reviewed with the crew.
- **Multiple Employee Exposure**—Jobs that expose more than one individual to potential hazards also should be analyzed.

6.4 Common Errors

Five common errors that are often made when performing a job analysis are as follows:

- Making the breakdown so detailed that an unnecessarily large number of steps are listed.
- Making the job so general that basic steps are not recorded.
- Failure to identify the education and experience level of the target audience.
- Failure to identify end use(s) (e.g., training, actual procedure, basis for procedure)
- Always relying on the Supervisor for completing the JSA. Supervisor should describe work scope to the crew. The crew should then assist in identifying hazards and controls at the job site with active involvement from the Supervisor. Ultimately, the supervisor is responsible; however, crew members and the Supervisor should be actively involved in each JSA.

6.5 Identifying the Hazards and Potential Accidents

The purpose is to identify all hazards, both **physical** and **environmental**. To accomplish this, address the following questions for each step:

- Is there a danger of striking against, being struck by, or otherwise making harmful contact with an object?
- Can the employee be caught in, on, by, or between objects?
- Is there a potential for a slip, trip, or fall? If so, will it be on the same elevation or to a different elevation?
- Can he strain himself by pushing, pulling, lifting, bending, or twisting?
- Is the environment hazardous to one's safety or health? Has the weather been considered as a factor? Has the work product of others, as it pertains to the environment, been considered?

6.6 Accident Types

The following are types of accidents:

- Struck by
 - Moving or flying object
 - Falling material
- Struck against

Group: E&I	Title: Job Safety Analysis	No: EIG-HS-045 Revision No.: 2 Page 7 of 7
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- For periodic contacts and for retraining of senior employees
- A reference tool to be used prior to commencing a job which is performed infrequently
- An accident investigation tool
- To inform employees of specific job hazards and protective measures

7. **ATTACHMENTS**

- Attachment 1, Job Safety Analysis Responsibility Matrix

8. **FORMS**


- EIG-HS-045.01, Job Safety Analysis

9. **RECORDS**

- EIG-HS-045.01, Job Safety Analysis

10. **REVISION HISTORY AND APPROVAL**

Revision Level	Revision Description	Responsible Manager
Revision Date		
00	Initial issue	Troy Allen
1/7/2003		
01	Procedure was reordered, edited and reformatted.	Troy Allen
1/25/2011	The Job Safety Analysis form was revised.	
02	Modified format only to align with Governance Management framework.	Andrew Johnson
08/25/2011		

	Document Type:	Level: 2
	General Procedure	Owner: Health & Safety Origination Date: 2/13/2004 Revision Date: 11/23/2011
Group: E&I	Title: Motor Vehicle Operation: General Requirements	No: EIG-HS-800 Revision No.: 9 Page 1 of 12

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1. PURPOSE

This procedure prescribes the general requirements for the operation of motor vehicles on company business. All operators of company owned, leased, and rented vehicles, as well as personal vehicles used on company business, are covered by this procedure. U.S. Department of Transportation (DOT) regulated personnel must also comply with the guidelines contained in Shaw Environmental & Infrastructure, Inc. (Shaw E&I) Procedure No. EIG-HS-810, "Commercial Motor Vehicle Regulations and DOT Compliance." Key elements of this procedure include:

- All employees who drive or may drive on company business must be familiar with the requirements of this procedure and certify their acceptance of the Company Rules for Motor Vehicle Operation (Attachment 1). This certification will be evaluated via the established point system to determine driving privilege status.
- All new hire candidates shall complete and be familiar with the Company Rules for Motor Vehicle Operation (Attachment 1). This certification will be evaluated via the established point system to determine driving privilege status.
- Employees must report all vehicular citations incurred while on company business to their supervisor as soon as possible, but not longer than 24 hours after the occurrence. Once reported, the established evaluation criteria in Section 6.4 will be used to determine corrective actions.
- Employees have the responsibility to keep track of their non-work related vehicular citations and utilize the established evaluation criteria found in Section 6.3 to determine if their overall Motor Vehicle Records (MVR) citations exceed the Overall Driving Record limits (see Section 6.3.2).
- Employees utilizing vehicles while on company business are required to review this procedure and attend a company-designated driver training class at least once every two years.
- Requests for the reinstatement of denied or revoked driving privileges can be made to the appropriate business line President and the Senior Director of Health and Safety.

2. SCOPE

This procedure applies to all employees who operate company owned, leased and rented vehicles, as well as personnel vehicles used on company business.

2.1 Exception Provisions

Variances and exceptions, not explained herein, may be requested pursuant to the provisions of Shaw E&I Procedure No. EIG-HS-013, "Health and Safety Procedure Variance."

3. REFERENCES

- Shaw E&I Procedure No. HR207, "Employee Discipline"
- Shaw E&I Procedure No. EIG-HS-013, "Health and Safety Procedure Variance"
- Shaw E&I Procedure No. EIG-HS-020, "Accident Prevention Program: Reporting, Investigation, and Review"

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6.3.1 Pre-Employment Driving Record Point System Evaluation

If a new hire candidate has accumulated three points or less in the last 12 months or five points or less in the last 24 months, they will be given the privilege to drive motor vehicles on company business without restrictions.

If a new hire has accumulated four to six points in the last 12 months or six to eight points in the last 24 months, they will be placed on probation for a period of 12 months. They will be afforded the privilege to drive motor vehicles on company business during this probationary period. Any driving infractions (i.e., speeding tickets, at-fault accidents, citations, etc.) accumulated during this probationary period will result in termination of the privilege to drive a motor vehicle on company business.

If the new hire candidate has accumulated seven to 11 points in the last 12 months or nine to 15 points in the last 24 months, they will not be eligible for company driving privileges. Employment can only be offered with the strict understanding of denial of the privilege to drive motor vehicles on company business. After the first 12 months of employment, the employee can petition the appropriate business line President and the Senior Director of Safety and Health for reconsideration of driving privileges.

If a new hire candidate is expected to drive a vehicle, to fulfill the responsibilities of his/her role, and there has been an accumulation of 12 points or more in the last 12 months or 16 points or more in the last 24 months, the candidate shall not be hired. See table below:

Candidate's Driving Privilege Status Description	Past 12 Months	Past 24 Months
Can drive without restriction.	0 to 3 points	0 to 5 points
Can drive with understanding of probationary status.	4 to 6 points	6 to 8 points
Not eligible for company driving privileges for first 12 months of employment.	7 to 11 points	9 to 15 points
Candidate not eligible for hire.	12 points or more	16 points or more

6.3.2 Existing Employee Driving Record Point System

An acceptable traffic record is one requirement for continued driving privileges. Accordingly, each affected employee's MVR traffic record is subject to periodic and annual review to ensure compliance with state and federal regulations, as well as company policy.

6.3.2.1 Work Related Traffic Violations

It is the responsibility of all affected employees to provide verbal notice to their supervisor of any work related traffic violations that have occurred as soon as practicable but not longer than 24 hours after the occurrence. This verbal notice shall be followed by the employee completing an updated Company Rules for Motor Vehicle Operation Acknowledgement (EIG-HS-800.01), and Notification of Work-Related Citation Form (EIG-HS-800.05). Both Forms EIG-HS-800.01 and EIG-HS-800.05 shall then be immediately forwarded to the Baton Rouge, Louisiana Health and Safety Records office.

6.3.2.2 Non-Work Related Traffic Violations

Employees have the responsibility to keep track of their non-work related vehicular citations and utilize the established evaluation criteria, as described below, to determine if their overall traffic citations exceed acceptable company limits. It is not necessary for employees to report non-work related citations to their supervisor as they occur. However, if an employee's overall MVR record (work related or not) exceeds the company's established points system criteria, the employee

Group: E&I	Title: Motor Vehicle Operation: General Requirements	No: EIG-HS-800 Revision No.: 9 Page 9 of 12
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6.7 Non-Shaw Employee Vehicle Use Requirements

Only approved non-Shaw employees (client, subcontractor, or temporary/temp agency employees) who have completed and signed the "Non-Shaw Employee Driver Questionnaire" (EIG-HS-800.06) will be allowed to drive a Shaw owned, leased, or rented vehicle. Upon completing the questionnaire and prior to the driver operating a Shaw vehicle, the subject questionnaire must be signed, dated, and placed on file at the job site. The primary vehicle operator or the Shaw Project Management representative shall review the questionnaire and determine whether the non-Shaw employee satisfies the driver qualification requirements of this procedure. The driver qualification point system can be found in Section 6.3 of this procedure.

In addition to the above requirement, it is also a requirement of the responsible Shaw Project Manager to forward a fully executed, company-specific version of the correspondence that is found in EIG-HS-800.07, "Memorandum Template for Employers of Non-Shaw Drivers," to the employer of the non-Shaw driver. This correspondence should not be modified except for the fields that specify the name and address of the subcontractor or client to whom the letter is being written. This written correspondence will serve to notify that any employee that is assigned by their company to a Shaw project, and is required to operate/drive a Shaw-owned, -leased, or -rented vehicle will be subject to either meeting or exceeding the operator requirements for Shaw employees.

As the employer of individuals who are assigned to a Shaw project, the authorized non-Shaw employer representative shall sign and return EIG-HS-800.07 to the respective Shaw Project Manager. By signing Attachment 8, the non-Shaw employer is acknowledging that they are either adopting the requirements set forth in this procedure or have developed a similar policy that meets or exceeds these requirements. Failure of a non-Shaw employer to comply with the requirements set forth in this procedure shall result in the prohibition of their employees driving any Shaw-owned, -leased, or -rented vehicles.

6.8 Driver Safety Notification Sticker

A safety notification bumper sticker shall be applied to all Shaw owned/leased vehicles in an effort to ensure continued compliance with driving safety regulations. The notification service will be managed by a third party fleet safety management company and will serve as the recipient of all calls that are placed concerning unsafe driving behavior. The Findlay, Ohio Equipment Services Group will serve as the first point of contact as it pertains to notifications that are received from the third party company who administers the bumper sticker safety call in service. Upon receiving a report from the third party administrator, the equipment division shall determine what business line the vehicle/driver is located within and then contact the respective business line Health and Safety Manager. The Health and Safety Manager will then contact the affected employee and the employee's supervisor for a counseling/discussion meeting, concerning the complaint. Upon conclusion of the meeting, the information will be reviewed by the supervisor and the Divisional Health and Safety Manager for determination of corrective or disciplinary action.

The company shall endeavor to ensure that all company owned/leased fleet vehicles shall have a safety notification bumper sticker applied to the rear of the vehicle. It is the responsibility of the driver, who is deemed the primary/responsible operator of the vehicle, to ensure that the sticker remains on the vehicle and remains legible and in no way defaced. If the vehicle is project or program assigned and there is no designated primary operator, then the Project Manager will be considered the primary/responsible operator. The primary / responsible operator shall contact the Equipment Division in Findlay, Ohio, at 1-800-225-6464 ext. 6051 or direct dial at 419-425-6051, immediately upon recognizing that the sticker is defaced or removed such that a new one can be re-applied. Failure, on the part of the primary operator, to ensure that a legible sticker remains on the vehicle shall result in disciplinary action, up to and including vehicle usage being revoked, in addition to possible termination of employment.



Title:
Motor Vehicle Operation: General Requirements

No: EIG-HS-800
Attachment No. 1

Uncontrolled when printed: Verify latest version on ShawNet/Governance

**Motor Vehicle Operation: General Requirements
Responsibility Matrix**

Action	Procedure Section	Responsible Party					
		Health & Safety Assistant	Business Line Health and Safety Manager	Supervisor	Accident Review Board	Human Resources	Senior Director of H&S
Issue, Revise, and Maintain This Procedure	3.1						X
Ensure Employees Complete Attachment 1	5.1			X		X	
Distribute Shaw E&I Procedure No. EIG-HS-800 to New Hire Candidates for Completion of Attachment 1	5.2					X	
Request Evaluation of New Hire Driving Record	5.2	X		X		X	
Obtain Driving Record and Determine Driving Status	5.2	X					
Initiate Corrective Actions	5.4			X		X	
Ensure Completion and Distribution of Attachment 5	5.4	X					
Accident Review	5.4.4				X		
Ensure Drivers Meet Training Requirements	5.5		X	X			
Specify Program for Reinstatement of Driving Privilege	5.6						X
Reinstatement of Driving Privilege	5.6						X
Non-Shaw Employee Vehicle Use Requirements	5.7			X			
Contact Employee to discuss report from Safety Notification Sticker Service	5.8		X	X			



Title:
Vehicle Use Agreement

Form No: EIG-HS-800.03_9

Uncontrolled when printed: Verify latest version on ShawNet/Governance

Vehicle Use Agreement

THIS VEHICLE USE AGREEMENT made and entered into this _____ day of _____, between the undersigned Employee listed below ("Employee") and the undersigned Company below ("Company").

WITNESSETH:

WHEREAS, Employee has been granted permission to be assigned a Company owned/leased vehicle ("Company Vehicle") as is set forth and approved on the AUTHORIZATION FOR ASSIGNMENT FORM.

In consideration of being assigned use of a Company Vehicle, Employee agrees to the following:

1. Employee will not use the Company Vehicle for personal use.
2. Employee will follow all rules and requirements set forth in the Company's Motor Vehicle Use Policy, a copy of which Employee has received.
3. Employee certifies that Employee has automobile insurance on a personal vehicle of Employee, Employee has provided to Company a copy of such insurance, and a copy is attached to this agreement;
4. Employee agrees that for any claims for damage, injury, or death related to Employee's operation of the Company Vehicle while operating the vehicle on non-company business (personal use), that Employee's own personal automobile liability insurance will be primary and will pay the claim **FIRST AND BEFORE** any insurance of Company. In the event that Employee fails to secure and maintain personal automobile insurance coverage and there is a claim for damage or injury related to Employee's operation of the vehicle for personal use, the Employee will then be responsible and accepts liability for any claims paid by Company up to the minimum limits of insurance required in the state of the Employee's permanent residence.
5. Employee understands that violation of this Agreement or any policy or provision or rule contained in the Motor Vehicle Use Policy or any other Policy of the Company will subject the Employee to discipline including the potential loss of driving privileges for the Company or suspension or termination.

I am a person who is able to read in English and I have read this document and agree to all of its terms and conditions. I understand that the privilege to be assigned a Company Vehicle to take home can be withdrawn by the Company at any time for any reason (and without cause) with notice to me. I agree to comply with return of the vehicle when requested by the Company.

Employee _____

Date: _____

Address: _____


Phone: _____

COMPANY Supervisor / Manager:

Name (Print & Sign): _____ Date: _____

FAX A COPY OF THIS FORM TO THE EQUIPMENT DIVISION IN FINDLAY, OHIO @ 419-425-6295. ALSO NOTE THAT THE AUTHORIZED EMPLOYEE AND THE AUTHORIZING MANAGER IS RESPONSIBLE FOR MAINTAINING COPIES OF THIS FORM FOR FUTURE REFERENCE AND AUDITING.

DO NOT FAX THIS FORM TO THE BATON ROUGE HEALTH AND SAFETY RECORDS DEPARTMENT.

	Title: Memorandum Template for Employers of Non-Shaw Drivers	Form No: EIG-HS-800.07_9
---	--	--------------------------

Uncontrolled when printed: Verify latest version on ShawNet/Governance

Memorandum Template for Employers of Non-Shaw Drivers

Address
 Address
 Phone
 Fax:

Memorandum

Date:

To:

CC:

From:

RE: **Requirements for Motor Vehicle Operation**

Attached is Shaw Environmental & Infrastructure, Inc. (Shaw E&I) Procedure No. EIG-HS-800, "Motor Vehicle Operation: General Requirements." As you can see, this policy applies to all operators of Shaw owned, leased, or rented vehicles, as well as personal vehicles used on Shaw business.

Accordingly, you are hereby notified that any employee that is assigned by your company to a Shaw E&I project and is required to operate/drive Shaw owned, leased, or rented vehicles, will be subject to either meeting or exceeding the operator requirements for Shaw employees. Please be aware that as the employer of individuals who are assigned to a Shaw project, you must ensure that your company either adopts the requirements set forth in Shaw E&I Procedure No. EIG-HS-800 or develop a similar policy that meets or exceeds those requirements.

Only approved non-Shaw employees, who have completed and signed the "Non-Shaw Employee Driver Questionnaire" (Shaw E&I Procedure No. EIG-HS-800, Attachment 7) will be allowed to drive a Shaw vehicle. Furthermore, prior to the driver operating a Shaw vehicle, the subject questionnaire must be completed and placed on file at the job site. The primary vehicle operator or responsible Shaw management representative shall review the questionnaire and determine whether the non-Shaw employee satisfies the driver qualification requirements of Shaw E&I Procedure No. EIG-HS-800.

Failure to comply with the requirements of this correspondence or the requirements set forth in Shaw E&I Procedure No. EIG-HS-800 shall result in disciplinary action up to and including driving privilege revocation or removal of an affected non-Shaw employee from a project site. If the duties of your employees are expected to include driving a Shaw owned, leased, or rented vehicle, please complete Attachment 7, for all of your affected personnel, and provide these to Shaw's site management. Alternatively, please be aware and make your employees aware that they are not authorized to drive a Shaw owned, leased, or rented vehicle without such compliance.

By signing this document, I, an authorized employee and agent of the subject company/employer, am acknowledging acceptance of the above information and agree to my employer's compliance with the referenced requirements stated herein.

 Signature / Title

 Date

Incident Notification, Reporting, and Management Procedure – Bed, Bath & BeyondSite

Action	Who / When	Under what circumstances	How	Notes
1. Notify Project H&S Manager for all incidents (no matter how minor)	Injured person, first person recognizing incident, driver/passenger, or employee causing damage <i>Immediately</i>	All incidents no matter how minor (including minor cuts, scratches, minor strains/sprains, and insect bites)	In person or by telephone	Project H&S Manager to make note of very minor incidents (such as band-aid over scratch) in field logbook
2. For life-threatening injuries / illnesses - make scene safe, contact local emergency personnel	Project H&S Manager <i>Immediately (concurrently with next step if injury or illness)</i>	In case of serious injury or illness requiring off-site medical care	Via ambulance	Follow HS101 post accident alcohol and drug testing procedure.
For non-life-threatening injuries / illnesses - make scene safe, transport injured person to doctor at an occupational medical facility	Project H&S Manager <i>Immediately (concurrently with next step if injury or illness)</i>		Via vehicle	Make medical personnel aware of Shaw's "restricted work will be provided" and "no prescriptions if possible" policies.
For vehicle accidents – make scene safe, notify police, aid injured parties	Driver/passenger <i>Immediately</i>			CORE Health Services clinics are the preferred urgent care facilities when possible; unless injury is severe and victim is transported by ambulance.
For equipment / property damage - make scene safe, prevent further damage or injuries	Employee causing damage <i>Immediately</i>			
3. Notify CORE Health Services (for injuries / illnesses to Shaw employees only)	Project H&S Manager <i>Immediately, prior to transporting the injured employee, unless injuries are life threatening</i>	<ul style="list-style-type: none"> • Serious injury requiring off-site medical care • If employee states that he/she has been exposed to any chemical or biological substance • If illness is work related 	CORE Health Services 877-EHS-SHAW (877-347-7429)	<p>Not required for temporary agency and subcontractor labor</p> <p>Provide name of injured employee, name and phone # of treating medical facility, description of the incident</p> <p>CORE Health Services will help with medical facility coordination and follow-up care</p>
4. Notify Program H&S Manager	Site Technician <i>Immediately (concurrently with providing transportation to occupational medical facility or EMS transport to hospital)</i>	All incidents except on-site first aid cases	See Incident Notification and Communication Contact List (attached)	Project H&S Manager will notify Shaw H&S Director as appropriate

INCIDENT NOTIFICATION AND COMMUNICATION CONTACT LIST

Project Number:

Project Name: Bed, Bath and Beyond

Name	Phone Number(s)	Fax Number	E-mail
Shaw Notification Hotline/Helpdesk	866-299-3445 225-215-5056 (Outside Continental US)	N/A	N/A
CORE Health Services (Must be notified prior to or during transport to medical treatment center)	877-EHS-SHAW (877-347-7429)	225-295-4846	
Marcia Musgrave	419-425-6160 (office) 419-957-7142 (cell)	419-425-6039	marcia.musgrave@shawgrp.com
Project H&S Manager David Mummert	419-425-6129 (office) 419-348-1544 (cell)	419-425-6039	david.mummert@shawgrp.com
Project Manager Thomas Wood	303-888-9456 (cell)		
Program Manager - Greg Coffman	913-317-2638 (office) 816-532-0045 (cell)		
Radiation Safety Officer – Thomas Battaglia	865-670-2676 (office) 716-913-6318 (cell)		
E&I EHS Senior Director – Andrew Johnson	513-782-4972 (office) 859-393-4346 (cell)		andrew.johnson@shawgrp.com

Note: Incident reports shall be faxed or emailed only to the Program H&S Manager for review and proper distribution.

Revised Jan. 17, 2012



POLICY ISSUE
(Information)



P.O. Box 817 — Kingston, TN 37763 — (865) 220-8501

January 27, 2012

Debra Shults, Director
Division of Radiological Health
3rd Floor, L&C Annex 401 Church Street
Nashville, TN 37243

Re: Bed Bath and Beyond Tissue Boxes for Metal Melting

Dear Ms. Shults,

Bionomics, Inc. has been tasked by Shaw Environmental and Bed Bath and Beyond, to pickup and dispose of the Co-60 contaminated Tissue Boxes located at BBB stores in a number of states. The purpose of this letter is to assure the State of Tennessee that there is a pathway for reuse/disposal of these materials in a manner compliant with our Tennessee license requirements.

The BBB Tissue Boxes will be delivered by Bionomics to the Energy Solutions facility here in Tennessee for their Metal Melting process, where the Boxes will be made into shielding blocks and sold. Bionomics has a contractual arrangement with Energy Solutions to perform this service. At this time we have every reason to believe Metal Melting of these items will occur.

As a backup these Tissue Boxes may be shipped for disposal at the Energy Solutions Utah burial site with concurrence by the Northwest Compact and State of Utah. Another alternative would be to send the items to WCS for storage until disposition in the Texas site or another site is arranged. These backup pathways are not likely to be used.

Attached is a copy of the BBB Waste Management Plan that has been submitted to the NRC. We have been assured that the NRC would expedite a license for BBB, if needed for return of these items. BBB has agreed in our contract to accept return of the processed or unprocessed items and Bionomics has contracts with Energy Solutions Utah and WCS if needed.

Thank you for your assistance in the matter and if there are any questions or if you need any assistance, please feel free to contact me at 865-220-8501.

Sincerely,

A handwritten signature in black ink, appearing to read 'John McCormick', written over a circular scribble.

John McCormick

Cc Johnny Graves, TDEC
Thomas Wood, Shaw
Phil Gianutsos, Energy Solutions

1/20/12

Preliminary Draft

Bed, Bath, & Beyond - Waste Management Plan

Introduction

Bed, Bath, & Beyond (BBB) has inadvertently received merchandise that has within it a small quantity of radioactive material. These items contain Cobalt-60 and emit radiation between 5 and 10 mR/hr. There has been no transferable contamination found related to these items. The contaminants are limited to item DR9H known as a "Dual Ridge Tissue Box" which is a decorative metal box that covers a standard tissue box. These items are approximately 5"x5" x6" in size and weight about 1 lb. All these items are now off the shelves, safe and secure, and behind closed doors at each facility. Workers have been informed and recall notices issued.

Disposal Plans

BBB intends to contact with a licensed and qualified low-level radioactive waste (LLRW) broker to pickup, package, transport, and dispose of the waste materials. Based on proposals received to date, we anticipate all items of concern being picked up within the next 30 to 45 days.

Merchandise will be transported to a location for storage, processing, and disposal. NRC officials will be contacted to confirm general disposal details. Each Agreement State involved will be contacted to confirm license or disposal issues. LLRW Compact organizations will also be contacted where needed.

There are several different disposal scenarios that could be followed. These include:

- Transport to Tennessee for storage, processing, and compaction by Energy Solutions, followed by transportation to Clive, Utah for disposal in their licensed landfill.
- Transport to Tennessee for storage, processing, and melting by Energy Solutions, followed by possible re-use as shielding blocks in the accelerator or other scientific or laboratory use.
- Transport directly to a licensed landfill for disposal. These landfills may include Energy Solutions in Utah; US Ecology in Idaho; or WCS in Texas. Various acceptance criteria will need to be reviewed and approved prior to disposal at these locations.

The NRC has indicated that they would support any of these options, providing the Agreement States involved also agree.

Path forward and proposed schedule

BBB is reviewing bids and will select a waste broker before the end of January 2012. Contacts with States will also proceed to confirm acceptance and licensing issues or fees. Items of concern will be picked up beginning in late January / early February with a goal of removing all items from stores by March 1st. In addition, all related DR9H items suspected to be clean and non-contaminated that are at stores or picked up from returns (mostly from previous shipments from the distributor) will be returned

to a central location, checked to confirm that no contaminated items are missed, and disposed of in a conventional landfill. (Any remaining items of concern that may be found will be picked up by the LLRW waste broker.) BBB will also utilize a radioactive waste specialist as a consultant to manage these activities and ensure all are completed properly, safely, and in a timely manner.



May 16, 2012

Mr. John McCormick
1550 Bear Creek Rd.
Oak Ridge, TN 37830

Dear Mr. McCormick:

This letter certifies that EnergySolutions (Duratek) has completed processing for all Radioactive Materials from Bed Bath & Beyond from various locations that came in on the following manifests sent by Bionomics.

Manifest Number	Closed Date
648-2012-03	05/14/2012
648-2012-04	05/14/2012
648-2012-05	05/14/2012
648-2012-06	05/14/2012

Should you have any questions concerning the processing of the waste, please refer to your monthly Customer Summary Report. Please contact your Account Executive if further data is required.

EnergySolutions (Duratek) Tracking Systems

To: John McCormick
Cc: Rene Guy



P.O. Box 817 – Kingston, TN 37763 – (865) 220-8501

May 29, 2012

Katherine Sloss, Esq.
BED BATH & BEYOND INC.
ChristmasTree Shops•Harmon•buybuyBABY
650 Liberty Avenue
Union, New Jersey 07083

Dear Ms. Katherine Sloss:

This letter certifies that EnergySolutions (formerly Duratek) has processed the materials from your shipment as indicated below:

Please reference the following table for detailed disposal information.

Manifest Number	Shipment Date	Store Location	Container Number	Completion Date
0063	1/31/2012	BBB 0063 - Chicago	BBB-0063	5/14/2012
0064	1/31/2012	BBB 0064 - Wilmette	BBB-0064	5/14/2012
0048	2/1/2012	BBB 0048 - Warrensville Heights	BBB-0048	5/14/2012
0019	2/1/2012	BBB 0049 - Sterling Heights	BBB-0049	5/14/2012
0113	2/1/2012	BBB 0113 - Northville	BBB-0113	5/14/2012
0202	2/1/2012	BBB 0202 - Grand Rapids	BBB-0202	5/14/2012
1005	2/1/2012	BBB 1005 - Canton	BBB-1005	5/14/2012
0204	2/2/2012	BBB 0201 - Solon	BBB-0204	5/14/2012
0370	2/2/2012	BBB 0370 - Columbus	BBB-0370	5/14/2012
0052	2/7/2012	BBB 0052 - Columbia, MD	B-0052	5/14/2012
0188	2/7/2012	BBB 0188 - Frederick, MD	B-188	5/14/2012
1081	2/7/2012	BBB 1081 - Washington, DC	B-1081	5/14/2012
1085	2/7/2012	BBB 1085 - Wilmington	B-1085	5/14/2012
1331	2/7/2012	BBB 1331 - Lancaster, PA	B-1331	5/14/2012



P.O. Box 817 – Kingston, TN 37763 – (865) 220-8501

0207	2/8/2012	BBB 0207 - Deptford, NJ	B-0207	5/14/2012
0316	2/8/2012	BBB 0316 - North Brunswick, NJ	B-0316	5/14/2012
0534	2/8/2012	BBB 0534 - Manalapan, NJ	B-0534	5/14/2012
00087	2/9/2012	BBB 0087 - Overland Park	BBB-0087	5/14/2012
00460	2/10/2012	BBB 0460 - St. Louis	BBB-0460	5/14/2012
00062	2/14/2012	BBB 0062 - Houston	BBB-0062	5/14/2012
00134	2/15/2012	BBB 0134 - San Antonio	BBB-0134	5/14/2012
00226	2/16/2012	BBB 0226 - Hurst	BBB-0226	5/14/2012
00330	2/16/2012	BBB 0330 - Fort Worth	BBB-0330	5/14/2012
00164	2/17/2012	BBB 0164 - Oklahoma City	BBB-0164	5/14/2012
0118	2/20/2012	BBB 0118 - Atlanta	B-0118	5/14/2012
0255	2/20/2012	BBB 0255 - Buford	B-0255	5/14/2012
0099	2/21/2012	BBB 0099 - Tampa	B-0099	5/14/2012
00178	2/21/2012	BBB 0178 - St. Petersburg	BBB-0178	5/14/2012
00128	2/22/2012	BBB 0128 - Naples	BBB-0128	5/14/2012
00150	2/22/2012	BBB 0150 - Boynton Beach	BBB-0150	5/14/2012
00197	2/22/2012	BBB 0197 - Aventura	BBB-0197	5/14/2012
00235	2/22/2012	BBB 0235 - Sarasota	BBB-0235	5/14/2012
00055	2/22/2012	BBB 055 - West Palm Beach	BBB-055	5/14/2012
00092	2/22/2012	BBB 092 - Boca Raton	BBB-092	5/14/2012
00123	3/6/2012	BBB 0123 - Charlotte	BBB-0123	5/14/2012
00106	3/7/2012	BBB 0106 - Chesapeake	BBB-0106	5/14/2012
00172	3/7/2012	BBB 0172 - New Port News	BBB-0172	5/14/2012
30812	3/9/2012	BBB DEP - Harrisburg	BBB	5/14/2012
12008-0350BBB	2/16/2012	BBB 0350 - Danvers	12008-0350	5/14/2012
12008-0320BBB	2/16/2012	BBB 0320 - Shrewbury	12008-0320	5/14/2012



P.O. Box 817 – Kingston, TN 37763 – (865) 220-8501

12008-0650BBB	2/27/2012	BBB 0650 – Jersey City	12008-0650	5/14/2012
12008-0653BBB	2/28/2012	BBB 0653 – Port Reading	12008-0653	5/14/2012
12008-0247BBB	3/2/2012	BBB 0247 - Elmsford	12008-0247	5/14/2012
12008-0003BBB	3/2/2012	BBB 0003 - Huntington Station	12008-0003	5/14/2012
12008-1194BBB	3/2/2012	BBB 1194 – New York (TRIBECA)	12008-1194	5/14/2012
12008-0767BBB	3/2/2012	BBB 0767 – Port Chester	12008-0767	5/14/2012
12008-0260BBB	3/2/2012	BBB 0260 - Westbury	12008-0260	5/14/2012
BB314122	4/5/2012	BBB - Brea	BB-314122	5/14/2012
BB31412	4/5/2012	BBB - Richmond	BB-31412	5/14/2012
BN22712	4/5/2012	BBB – San Hose	BN-22712	5/14/2012
BB32112	4/5/2012	BBB – Oklahoma City	BB-32112	5/14/2012
T4106	4/5/2012	BBB – North Las Vegas	D-01	5/14/2012
T4106	4/5/2012	BBB - North Las Vegas	D-02	5/14/2012

If you have any questions please feel free to contact me at (865) 220-8501.

Sincerely,

R. Guy

Rene Guy
Administrative Manager

Cc: File 2012-03, 2012-04, 2012-05, 2012-06

Wood, Thomas R

From: Debbi.Abood@bedbath.com
Sent: Tuesday, May 22, 2012 7:36 AM
To: Wood, Thomas R
Cc: Jim.O'Connor@bedbath.com
Subject: Re: Tissue Boxes

We have not had any additional returns in FL that could not be traced back to original, non-contaminated purchase.

Debbi Abood
Manager, E-Commerce Fraud
BED BATH & BEYOND
buybuy BABY
Ph: 908.855.4297
Fax: 908.810.8817

"Wood, Thomas R" <thomas.wood@shawgrp.com>

05/21/2012 11:40 AM

To "Jim.O'Connor@bedbath.com" <Jim.O'Connor@bedbath.com>
cc "Debbi.Abood@bedbath.com" <Debbi.Abood@bedbath.com>
Subject: Tissue Boxes

Jim -

I'm wrapping up a final report for the Tissue Box project, and need to close out a few details:

- Do we have any further information about returns in Florida (Naples or Sarasota) that would give any indications on the whereabouts of the 3 unrecovered items?
- Has Tatara Group received all of the clean merchandise for credit and have they checked the returns to ensure we got them all? (Should I give Ken at Tatara a call to confirm?)

I suspect that Pat Gardner in NJ will want to know the status of these two items.

Tom Wood
Client Program Manager
Shaw Environmental & Infrastructure Group
9201 E. Dry Creek Road
Centennial, CO 80112
720-554-8282 direct
303-888-9456 cell
thomas.wood@shawgrp.com

(Downtown Denver office, 1400 16th Street, Denver, CO 80202)

Shaw™ a World of Solutions™
www.shawgrp.com

Note: Address has changed effective 3/5/12)



POLICY ISSUE
(Information)

Invoice

Invoice Number:

12124

Invoice Date:

Feb 17, 2012

Bionomics, Inc.

PO Box 817

Kingston, TN 37763

PHONE: 865-220-8501

FAX: 865-220-8532

Bill To:

Shaw Environmental, Inc.
ATTN: Accounts Payable
312 Directors Drive
Knoxville, TN 37923-4799

Pickup Location:

BBBY Tissue Box
Project No. 145176
Various Locations

Customer ID		P.O. Number	Payment Terms	
Shaw Group		756290-000 OP	Net 30 Days	
Sales Rep ID		Shipping Method	Service Date	Due Date
John McCormick		Bionomics		3/18/12
Quantity	Item	Description	Unit Price	Amount
1.00		2/7/12 Lancaster, PA Store #1331		
1.00		2/7/12 Washington, DC Store #1081		
1.00		2/7/12 Wilmington, DE Store #0185		
1.00		2/7/12 Columbia, MD Store #0052		
1.00		2/7/12 Frederick, MD Store #0188		
1.00		2/8/12 North Brunswick, NJ Store #0316		
1.00		2/8/12 Deptford, NJ Store #0207		
1.00		2/8/12 Manalapan, NJ Store #0534		
1.00		2/8/12 Monmouth, NJ Store# Tatara		
1.00		2/9/12 Overland Park, KS Store #0087		
1.00		Reciprocity State of Kansas-Fee paid for by Bionomics		
1.00		2/10/12 St. Louis, MO Store #0460		

Payment Terms are 100% Net 30 days. After 30 days, interest shall accrue at 1.5 Percent per month or 18 Percent per Annum.

FEIN # 85-0366891

Subtotal

Sales Tax

Total Invoice Amount

REMIT PAYMENT TO:

Bionomics, Inc.

Box 817

Kingston, TN 37763

Waste Pickup Form – Bed, Bath, and Beyond Store Surveys

Date of visit 2/7/12 Time 14:15

Store Name & Number Bed Bath & Beyond 1331

Store Location Lancaster, PA held at the PA DEP office in Harrisburg, PA

Store point of contact Joe Deman Phone 717-705-4897

State PA Zip Code _____ NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name Joe Deman

Regulator Contact Info (Phone or E-Mail) 717-705-4897

Waste Packaging Contact P. Nipper Phone 865-220-8501

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 4 How many are above background? 4

Other product information _____

Radiological data: <20 mR/hr @ contact Annual Calibration date (s): 12/27/11

Instruments used: Ludlum 2241-2 SN 247426

Background Levels – (Outside of the building) 10 micror (Inside) 10 micror

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 4

Date & Time transported from the store: 2/7/12 1445

Other comments: Picked up at PA DEP

NO Removable

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: 1331

On Site Date: See Below

Store Name: _____

PO#: _____

(If provided, or use BBB Store# + date-mm/dd/yy)

CONTRACTOR: Bionomics, Inc

National Account

Contractor: _____

(Please note National Account if contractor is performing work as a 'sub-contractor')

Workers on Job	Time In	Time Out	Total Time
①	14:15	14:50	35
2			
3			
4			

35 m

TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):

Packaged Tissue Boxes

Work 100% Completed:

YES

NO

Comments (List any open issues or performance problems):

Packaged at PA DEP - 4 Boxes

SIGNOFF

SM/Keyholder verification of work:

NOTE: Includes verification of replacement parts, if applicable.

N/A - see attached

(SM/KH signature)

(print name and title)

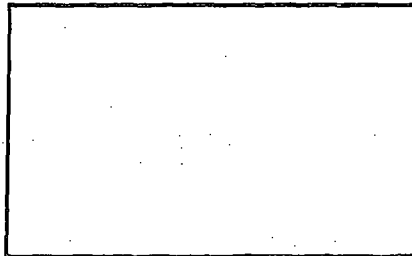
Contractor Signature:

Paul Nipper

(signature)

Paul Nipper

(print name)



(Store Stamp)

Waste Pickup Form – Bed, Bath, and Beyond Store Surveys

Date of visit 2-7-12 Time 0745

Store Name & Number Bed Bath & Beyond 1081 ✓

Store Location ✓ 709 7th Street NW, Washington, DC 20001

Store point of contact Eric Buck Phone 202-628-0002 ✓

State DC Zip Code 20001 **NRC** lead or Agreement State? (Y) (N) Circle One

Regulator contacted? **(Y)** (N) Contact Name Cheryl Villar with the NRC ✓

Regulator Contact Info (Phone or E-Mail) 610-337-5239

Waste Packaging Contact Paul Nipper Phone (865) 220-8501
865-617-2586

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall? **(Y)** (N)

Number of items present 3 How many are above background? 2

Other product information _____

Radiological data: ~15 mR/hr Annual Calibration date (s): 12/27/11

Instruments used: Ludlum 2241-2 SN. 232689

Background Levels – (Outside of the building) 12 ^{minor} ~~uf~~ (Inside) ~10 minor

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 3

Date & Time transported from the store: 2-7-12 0830

Other comments: ~11 mR @ contact on one box

NO Removable

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: 1081

On Site Date: 2/7/12

Store Name: _____

PO#: _____

(If provided, or use BBB Store# + date-mm/dd/yy)

CONTRACTOR: Bionomics, Inc.

National Account

Contractor:

(Please note National Account if contractor is performing work as a 'sub-contractor')

Workers on Job	Time In	Time Out	Total Time
①	0745	0830	45 min
2			
3			
4			

45 m

TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):

Package Tissue Boxes

Work 100% Completed:

YES

NO

Comments (List any open issues or performance problems):

SIGNOFF

SM/Keyholder verification of work:

NOTE: Includes verification of replacement parts, if applicable.

BUCK

(SM/KH signature)

BUCK OPS

(print name and title)

Contractor Signature:

Paul Nipper

(signature)

Paul Nipper

(print name)

Bed Bath & Beyond #1081
709 7th St NW
Washington, DC 20001

(Store Stamp)

Waste Pickup Form – Bed, Bath, and Beyond Store Surveys

Date of visit 2-7-12 Time 1710

Store Name & Number Bed Bath & Beyond 0185

Store Location 1020 BRANDYWINE PKWY, Wilmington, DE

Store point of contact Jodi or Dave Phone 302-479-5414

State DE Zip Code 21046 NRC Lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name Cheryl Villar with the NRC ✓

Regulator Contact Info (Phone or E-Mail) 610-337-5239

Waste Packaging Contact P. Nipper Phone 865-220-8501

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 7 How many are above background? 4

Other product information _____

Radiological data: 20 mR @ contact Annual Calibration date (s): 12/22/11

Instruments used: Cudlum 2241-2 SN 247426

Background Levels – (Outside of the building) 11 micro R (inside) 10 micro R

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 7

Date & Time transported from the store: 2-7-12 17:30

Other comments: NO Removable

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: 0185

On Site Date: 2-7-12

Store Name: _____

PO#: _____

(If provided, or use BBB Store# + date-mm/dd/yy)

CONTRACTOR: Bionomics, Inc

National Account

Contractor: _____

(Please note National Account if contractor is performing work as a 'sub-contractor')

Workers on Job	Time In	Time Out	Total Time
①	1710 1730	1730	20 m
2			
3			
4			
			20 m

TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):

Packaged Tissue Box Holders

Work 100% Completed: YES NO

Comments (List any open issues or performance problems):

SIGNOFF

SM/Keyholder verification of work:

NOTE: Includes verification of replacement parts, if applicable.

David A. Wagner

(SM/KH signature)

David A. Wagner Ops. Mgr

(print name and title)

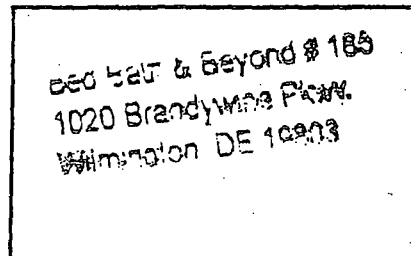
Contractor Signature:

Paul Nipper

(signature)

Paul Nipper

(print name)



(Store Stamp)

Waste Pickup Form – Bed, Bath, and Beyond Store Surveys

Date of visit 2-7-12 Time 0930

Store Name & Number Bed Bath & Beyond 0052

Store Location 9021 SNOWDEN RIVER PKWY, COLUMBIA, MD

Store point of contact Valerie Wright Phone 410-290-0920

State MD Zip Code 21046 NRC lead of Agreement State? (Y) (N) Circle One

Regulator contacted (Y)(N) Contact Name Jim Lewis

Regulator Contact Info (Phone or E-Mail) 410-537-3808

Waste Packaging Contact Paul Nipper Phone 865-220-8501

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall? (Y)(N)

Number of items present 6 How many are above background? 4

Other product information _____

Radiological data: < 20 mcp/m² correct Annual Calibration date (s): 12/27/11

Instruments used: Ludlum 2241-2 SN 247426

Background Levels – (Outside of the building) ~ 10 mcp (Inside) ~ 10 micror

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 6

Date & Time transported from the store: 2-7-12 10:00

Other comments: NO Removable

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: 0052

On Site Date: 2-7-12

Store Name: _____

PO#: _____

(If provided, or use BBB Store# + date-mm/dd/yy)

CONTRACTOR: Bionomics Inc

National Account

Contractor: _____

(Please note National Account if contractor is performing work as a 'sub-contractor')

Workers on Job	Time In	Time Out	Total Time
1	0930	10:10	40 m
2			
3			
4			

40 m

TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):

Package Tissue Box Holders

Work 100% Completed:

YES

NO

Comments (List any open issues or performance problems):

SIGNOFF

SM/Keyholder verification of work:

NOTE: Includes verification of replacement parts, if applicable.

Valerie Wright

(SM/KH signature)

Valerie Wright SM

(print name and title)

Contractor Signature:

Paul Nipper

(signature)

Paul Nipper

(print name)

Bed Bath & Beyond #052
9021 Snowden River Pkwy
Columbia, MD 21046

(Store Stamp)

Waste Pickup Form – Bed, Bath, and Beyond Store Surveys

Date of visit 2/7/12 Time 11:15

Store Name & Number Bed Bath & Beyond 0188

Store Location 5413 URBANA PIKE, Frederick, MD

Store point of contact Jonathon Hausler ✓ Phone 301-695-6333

State MD Zip Code 21704 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name Jim Lewis

Regulator Contact Info (Phone or E-Mail) 410-537-3808

Waste Packaging Contact P. Nipper Phone 865-220-8501

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 5 How many are above background? 2

Other product information _____

Radiological data: 20 mrem contact Annual Calibration date (s): 12/27/11

Instruments used: Ludlum 2241-2 SN 247426

Background Levels – (Outside of the building) ~10 micr (Inside) ~10 microm

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 5

Date & Time transported from the store: 2/7/12 11:30

Other comments: 20 mrem.

NO Removable

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: 0180

On Site Date: 2/7/12

Store Name: _____

PO#: _____

(If provided, or use BBB Store# + date-mm/dd/yy)

CONTRACTOR: Bionomics, Inc.

National Account

Contractor: _____

(Please note National Account if contractor is performing work as a 'sub-contractor')

Workers on Job	Time In	Time Out	Total Time
1	11:10	11:40	30 m
2			
3			
4			

30 TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):

Packaged 5 Boxes

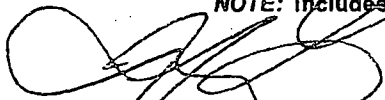
Work 100% Completed: YES NO

Comments (List any open issues or performance problems):

SIGNOFF

SM/Keyholder verification of work:

NOTE: Includes verification of replacement parts, if applicable.

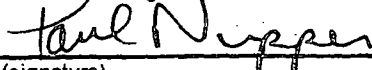


(SM/KH signature)

HADI HASSAN

(print name and title)

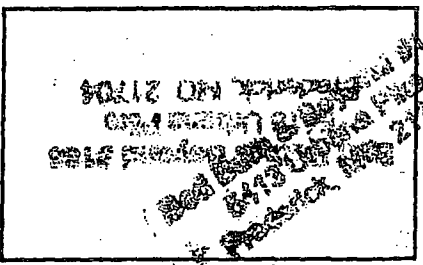
Contractor Signature:



(signature)

Paul Nipper

(print name)



(Store Stamp)

Waste Pickup Form – Bed, Bath, and Beyond Store Surveys

Date of visit, 2-8/12 Time 1245

Store Name & Number Bed Bath & Beyond 0316

Store Location 871 Route 1 South, North Brunswick, NJ

Store point of contact John Slominski Phone 732-296-0291

State NJ Zip Code 08902 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name Patricia Gardner

Regulator Contact Info (Phone or E-Mail) 609-984-5400

Waste Packaging Contact P. Nippon Phone 865-220-8501

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall? (Y) (N) (Y)

Number of items present 7 How many are above background? 2

Other product information _____

Radiological data: 20 mR/hr e contact Annual Calibration date (s): 12/27/11

Instruments used: Ludlum 2241-2 SN 232689

Background Levels – (Outside of the building) 12 microR/hr (Inside) 12 microR/hr.

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 7

Date & Time transported from the store: 2/8/12 1315

Other comments: NO Removals

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: 0316

On Site Date: 2/8/12

Store Name: _____

PO#: _____

(If provided, or use BBB Store# + date-mm/dd/yy)

CONTRACTOR: BIONOMICS, INC

National Account

Contractor: _____

(Please note National Account if contractor is performing work as a 'sub-contractor')

Workers on Job	Time In	Time Out	Total Time
①	12:45	1:15	30 min
2			
3			
4			

_____ TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):

Packaged Tissue Boxes

Work 100% Completed: YES NO

Comments (List any open issues or performance problems):

SIGNOFF

SM/Keyholder verification of work:

NOTE: Includes verification of replacement parts, if applicable.

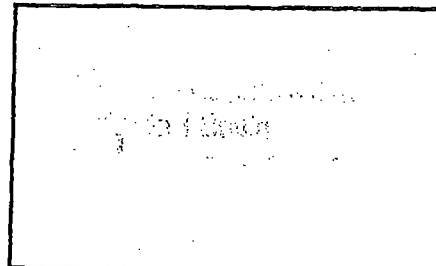
Shanna Carter
(SM/KH signature)

A.S.M.
(print name and title)

Contractor Signature:

Paul Nipper
(signature)

Paul Nipper
(print name)



(Store Stamp)

Waste Pickup Form – Bed, Bath, and Beyond Store Surveys

Date of visit ~~5/15~~ 2-8-12 Time 1715 0740
P.M. P.M.

Store Name & Number Bed Bath & Beyond 0207

Store Location 1555 ALMONESSON ROAD, Deptford, NJ

Store point of contact Joseph Keller Phone 856-401-2081

State NJ Zip Code 08096 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name Patricia Gardner

Regulator Contact Info (Phone or E-Mail) 609-984-5400

Waste Packaging Contact P. Nipper Phone 865-617-2586

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall (Y) (N)

Number of items present 7 How many are above background? 6

Other product information _____

Radiological data: 30 mR/hr @ contact Annual Calibration date (s): 12/27/11

Instruments used: Ludlum 2241-2 SA 232689

Background Levels – (Outside of the building) ~ 12 micron/hr (Inside) ~ 12 micron/hr

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 7

Date & Time transported from the store: 2/8/12 0820

Other comments: NO Removable

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: 0207

On Site Date: 2/8/12

Store Name: _____

PO#: _____

(If provided, or use BBB Store# + date-mm/dd/yy)

CONTRACTOR: Bionomics, Inc

National Account

Contractor: _____

(Please note National Account if contractor is performing work as a 'sub-contractor')

Workers on Job	Time In	Time Out	Total Time
①	0740	0815	35 m
2			
3			
4			

TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):

PACKAGE TISSUE BOX HOLDERS

Work 100% Completed:

YES



NO



Comments (List any open issues or performance problems):

SIGNOFF

SM/Keyholder verification of work:

NOTE: Includes verification of replacement parts, if applicable.

Vincent Marra

(SM/KH signature)

VINCENT MARRA

(print name and title)

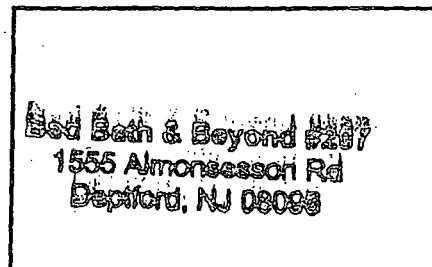
Contractor Signature:

Paul Nipper

(signature)

PAUL NIPPER

(print name)



(Store Stamp)

Waste Pickup Form – Bed, Bath, and Beyond Store Surveys

Date of visit 2/8/12 Time 10:30

Store Name & Number Bed Bath & Beyond 0534

Store Location #9 US Route Nine South, Manalapan, NJ

Store point of contact Anthony Wright Phone 856-401-2081

State NJ Zip Code 07726 NRC lead or Agreement State (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name Patricia Gardner

Regulator Contact Info (Phone or E-Mail) 609-984-5400

Waste Packaging Contact P. Nipper Phone 865-220-8501

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 7 How many are above background? 4

Other product information _____

Radiological data: 30 mCi/m Annual Calibration date (s): 12/27/11

Instruments used: LVDLUM 2241-2 232689

Background Levels – (Outside of the building) ~10 micror (Inside) ~10 micron

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 7

Date & Time transported from the store: 2/8/12 10:30

Other comments: NO Removable

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: 0534

On Site Date: 2/8/12

Store Name: _____

PO#: _____

(If provided, or use BBB Store# + date-mm/dd/yy)

CONTRACTOR: Bionomics, Inc.

National Account

Contractor: _____

(Please note National Account if contractor is performing work as a 'sub-contractor')

Workers on Job		Time In	Time Out	Total Time
①		10:30	11:00	30 m
2				
3				
4				

30 m

TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):

Package Tissue BOXES

Work 100% Completed: YES NO

Comments (List any open issues or performance problems):

7 Total

SIGNOFF

SM/Keyholder verification of work:

NOTE: Includes verification of replacement parts, if applicable.

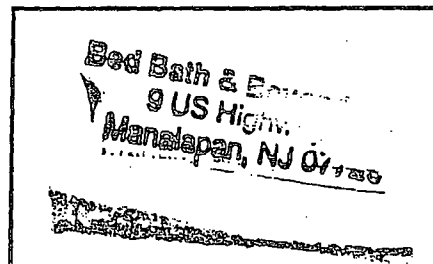
(SM/KH signature)

(print name and title)

Contractor Signature:

(signature)

(print name)



(Store Stamp)

Waste Pickup Form – Bed, Bath, and Beyond Store Surveys

Date of visit 2/8/12 Time 12:00

Store Name & Number Bed Bath & Beyond/Tatara

Store Location 925 Georges Road, Monmouth Junction, NJ

Store point of contact Ken Wisotsky Phone 732-694-3775

State NJ Zip Code _____ NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name Patricia Gardner

Regulator Contact Info (Phone or E-Mail) 609-984-5400

Waste Packaging Contact P. Nipper Phone 865-220-8501

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 33 How many are above background? 33

Other product information _____

Radiological data: ~25 mR/hr Annual Calibration date (s): 12/27/11

Instruments used: LUDLUM 2241-2 SN 232689

Background Levels – (Outside of the building) 12 uR/hr (Inside) 12 mR/hr

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 33

Date & Time transported from the store: 2/8/12 12:30

Other comments: 25 mR/hr

NO removable

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: Tatara Group On Site Date: 2/8/12

Store Name: _____ PO#: _____
 (If provided, or use BBB Store# + date-mm/dd/yy)

CONTRACTOR: Bionomics, INC.

National Account
 Contractor:

(Please note National Account if contractor is performing work as a 'sub-contractor')

Workers on Job	Time In	Time Out	Total Time
①	11:30	12:15	45 m
2			
3			
4			

45

TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):

Package 33 Boxes

Work 100% Completed: YES NO

Comments (List any open issues or performance problems):

SIGNOFF

SM/Keyholder verification of work:

NOTE: Includes verification of replacement parts, if applicable.

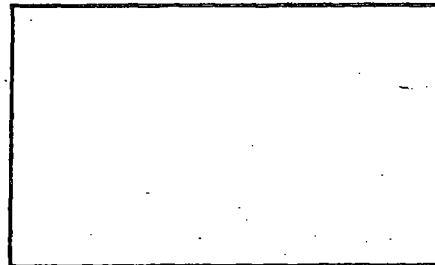
William Cartagena
 (SM/Key signature)

TATARA Group
 (print name and title)

WILLIAM CARTAGENA
 Contractor Signature:

Paul Nipper
 (signature)

PAUL NIPPER
 (print name)



(Store Stamp)

Waste Pickup Form – Bed, Bath, and Beyond Store Surveys

Date of visit 2-9-12 Time 0930

Store Name & Number Bed Bath & Beyond 0087

Store Location 12035 METCALF, Overland Park, KS

Store point of contact Mitch Hensley Phone 913-339-9881

State KS Zip Code 66213 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name Dave Whitfill

Regulator Contact Info (Phone or E-Mail) 785-296-1989

Waste Packaging Contact John Mc Connick Phone 865-220-8501

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 2 How many are above background? 2

Other product information _____

Radiological data: ~ 25 mrem Annual Calibration date (s): 3/30/11 ; 5/2/11

Instruments used: Lucium 14C, model 3

Background Levels – (Outside of the building) 0.01 mrem (Inside) 0.01 mrem

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 1 Box with 2 items

Date & Time transported from the store: 2-9-12 1000

Other comments: NO Resurveyed

Bed Bath & Beyond #087
12035 Metcalf Ave
Overland Park, KS 66213

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: 0087

On Site Date: 2-9-12

Store Name: BBB

PO#: _____
(If provided, or use BBB Store# + date-mm/dd/yy)

CONTRACTOR: Dicomics, Inc

National Account

Contractor: _____

(Please note National Account if contractor is performing work as a 'sub-contractor')

Workers on Job		Time In	Time Out	Total Time
1		0930	1000	30 min
2				
3				
4				

30 min

TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):

Pickup tissue boxes.

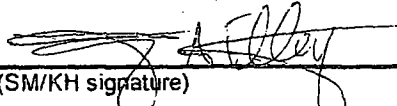
Work 100% Completed: YES NO

Comments (List any open issues or performance problems):

SIGNOFF

SM/Keyholder verification of work:

NOTE: Includes verification of replacement parts, if applicable.


(SM/KH signature)

Tim Filley & SM
(print name and title)

Bed Bath & Beyond #087
12035 Metcalf Ave
Overland Park, KS 66213

Contractor Signature:


(Signature)

Raymond D. Alexander
(print name)

(Store Stamp)

Bureau of Environmental Health
1000 SW Jackson, Ste. 330
Topeka, KS 66612-1365



Phone: 785-296-1560
Fax: 785-296-0984
BEH@kdheks.gov

Robert Moser, MD, Secretary

Department of Health & Environment

Sam Brownback, Governor

Dear Reciprocity Requestor:

Enclosed is a State of Kansas Radioactive Materials License Reciprocity Approval. Please read the approval carefully, noting especially the conditions which have been placed on possession and use of the radioactive material.

To facilitate working in Kansas, we have changed the way we handle approvals of reciprocity requests. Approvals are now issued for the calendar year in which the work is initially requested. Subsequent entries into the State will only require advance notification as stated in the approval. Please note this notification must include all the information as outlined in condition 10 of the approval.

This approval expires December 31, 2012, and must be renewed for 2013 the first time that you bring a radioactive materials source based device into the state of Kansas in 2013. The request for renewal must be accompanied by the required fee and all pertinent information including a current copy of your radioactive materials license and all information required of any other notification.

If you have any questions regarding your license, or any other aspects of the Radiation Control Section, please do not hesitate to contact this office at 785-296-1560.

Sincerely,

A handwritten signature in black ink, appearing to read "Tom Conley".

Thomas A. Conley, CHP, Section Chief
Bureau of Environmental Health
Radiation and Asbestos Control Section
tconley@kdheks.gov

TAC/dr

Waste Pickup Form – Bed, Bath, and Beyond Store Surveys

Date of visit 2-10-12 Time 1115

Store Name & Number Bed Bath & Beyond 0460

Store Location 10770 Sunset Hills Plaza, St Louis, MO

Store point of contact Christine, Melissa Phone 314-821-2502

State MO Zip Code 63127 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name Cheryl Villar with the NRC

Regulator Contact Info (Phone or E-Mail) 610-337-5239

Waste Packaging Contact _____ Phone _____

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 11 How many are above background? 4

Other product information _____

Radiological data: ~ 20 mμ/h Annual Calibration date (s): 3/30/11 ; 5/2/11

Instruments used: 14C; Model 3

Background Levels – (Outside of the building) 0.01 mμ (Inside) 0.01 mμ

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 1 Box with 11 items

Date & Time transported from the store: 2-10-12 - 1145

Other comments: NO Removable

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: 1460

On Site Date: 2-10-12

Store Name: BBB

PO#:

(If provided, or use BBB Store# + date-mm/dd/yy)

CONTRACTOR: Binomix, Inc.

National Account

Contractor:

(Please note National Account if contractor is performing work as a 'sub-contractor')

Workers on Job		Time In	Time Out	Total Time
1		1115	1145	30 min
2				
3				
4				

30 MIN

TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):

Work 100% Completed: YES NO

Comments (List any open issues or performance problems):

SIGNOFF

SM/Keyholder verification of work:

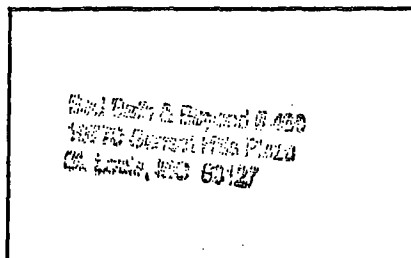
NOTE: Includes verification of replacement parts, if applicable.

[Signature]
(SM/KH signature)

Raymond P. Alexander
(print name and title)

Contractor Signature:
[Signature]
(signature)

Raymond P. Alexander
(print name)



(Store Stamp)

Invoice

Bionomics, Inc.
PO Box 817
Kingston, TN 37763

Invoice Number:
12123

Invoice Date:
Feb 17, 2012

PHONE: 865-220-8501
FAX: 865-220-8532

Bill To:
Shaw Environmental, Inc.
ATTN: Accounts Payable
312 Directors Drive
Knoxville, TN 37923-4799

Pickup Location:
BBBY Tissue Box
Project No. 145176
Various Locations

Customer ID		P.O. Number	Payment Terms	
Shaw Group		756290-000 OP	Net 30 Days	
Sales Rep ID		Shipping Method	Service Date	Due Date
John McCormick		Bionomics		3/18/12
Quantity	Item	Description	Unit Price	Amount
1.00		1/31/12 Wilmette, IL Store #0064		
1.00		1/31/12 Chicago, IL Store #0063		
1.00		2/1/12 Grand Rapids, MI Store #0202		
1.00		2/1/12 Sterling Heights, MI Store #0049		
1.00		2/1/12 Canton, MI Store #1005		
1.00		2/1/12 Northville, MI Store #0113		
1.00		2/2/12 Columbus, OH Store #0370		
1.00		2/2/12 Solon, OH Store #0204		
1.00		2/2/12 Warrensville Heights Store #0048		

Payment Terms are 100% Net 30 days. After 30 days, interest shall accrue at 1.5 Percent per month or 18 Percent per Annum.

FEIN # 85-0366891

Subtotal

REMIT PAYMENT TO:

Sales Tax

Bionomics, Inc.
Box 817
Kingston, TN 37763

Total Invoice Amount

Waste Pickup Form – Bed, Bath, and Beyond Store Surveys

Date of visit 1-31-12 Time 0840

Store Name & Number Bed Bath & Beyond 0064

Store Location 3232 LAKE AVE SUITE 125, Wilmette, IL

Store point of contact Any Arenas Phone 847-251-0101

State IL Zip Code 60091 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name Daren Perrero

Regulator Contact Info (Phone or E-Mail) 217-785-9929

Waste Packaging Contact _____ Phone _____

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 21 How many are above background? 4

Other product information _____

Radiological data: Annual Calibration date (s): MODEL 3 - 5/2/11 MODEL 14C - 3/20/11

Instruments used: LUCLUM MODEL 3 + 14C

Background Levels – (Outside of the building) 0.0 (Inside) 0.0

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 1 Package with 21 items

Date & Time transported from the store: 1000 ^{PM} 2-1-12 1-31-12

Other comments: _____

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: 0064

On Site Date: 1-31-12

Store Name: BBB

PO#: BBB*0064 01/31/12

(If provided, or use BBB Store# + date-mm/dd/yy)

CONTRACTOR: Biodynamics, Inc

National Account

Contractor:

(Please note National Account if contractor is performing work as a 'sub-contractor')

Workers on Job	Time In	Time Out	Total Time
1	0840	1000	1hr 20 min
2			
3			
4			

1 hr 20 min

TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):

Package Tissue Boxes

Work 100% Completed:

YES



NO



Comments (List any open issues or performance problems):

SIGNOFF

SM/Keyholder verification of work:

NOTE: Includes verification of replacement parts, if applicable.

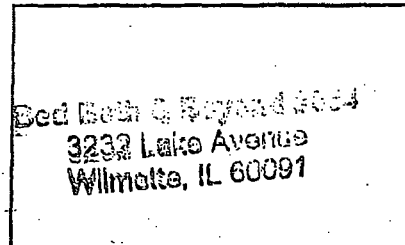
(SM/KH signature)

(print name and title)

Contractor Signature:

(signature)

(print name)



(Store Stamp)

Waste Pickup Form – Bed, Bath, and Beyond Store Surveys

Date of visit 1-31-12 Time 1300

Store Name & Number Bed Bath & Beyond 0063

Store Location 1800 N. CLYBOURN AVE. SUITE A, Chicago, IL

Store point of contact Jason Janowick Phone 312-642-6596

State IL Zip Code 60614 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name Daren Perrero

Regulator Contact Info (Phone or E-Mail) 217-785-9929

Waste Packaging Contact _____ Phone _____

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 89 How many are above background? 89 / 4 Reported

Other product information _____

Radiological data: Annual Calibration date (s): _____

Instruments used: _____

Background Levels – (Outside of the building) 0.0 (Inside) 0.0

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 1-Box with 9 items

Date & Time transported from the store: 1-31-12 1330

Other comments: _____

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: 0063

On Site Date: 1-31-12

Store Name: BBB

PO#: BBB 0063 1-31-12

(If provided, or use BBB Store# + date-mm/dd/yy)

CONTRACTOR: Biosomics Inc

National Account

Contractor:

(Please note National Account if contractor is performing work as a 'sub-contractor')

	Time In	Time Out	Total Time
Workers on Job 1	1300	1330	30 min
2			
3			
4			

30 min

TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):

Package Tissue Boxes

Work 100% Completed:

YES



NO



Comments (List any open issues or performance problems):

SIGNOFF

SM/Keyholder verification of work:

NOTE: Includes verification of replacement parts, if applicable.

(SM/KH signature)

Matt Hall ASM

(print name and title)

Contractor Signature:

Raymond D. Alexander

(signature)

Raymond D. Alexander

(print name)

Bed Bath & Beyond 0003
1800 N Clybourn Ave, Ste A
Chicago, IL 60617

(Store Stamp)

Waste Pickup Form – Bed, Bath, and Beyond Store Surveys

Date of visit 2-1-12 Time 0900

Store Name & Number Bed Bath & Beyond 0202

Store Location 4901 28th Street SE, Grand Rapids, MI

Store point of contact Robin Phone 616-977-7110

State MI Zip Code 49512 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name Cheryl Villar with the NRC

Regulator Contact Info (Phone or E-Mail) 610-337-5239

Waste Packaging Contact Robin Deane Phone (616) 977-7110

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 7 How many are above background? 6

Other product information _____

Radiological data: Annual Calibration date (s): 3/30/11 ; 5/2/11

Instruments used: Ludlum 14C + model 3

Background Levels – (Outside of the building) 0.0 (Inside) 0.0

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 1 Box with 7 items

Date & Time transported from the store: 0900 2-1-12

Other comments: _____

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: 0-202

On Site Date: 2-1-12

Store Name: BBB

PO#:

(If provided, or use BBB Store# + date-mm/dd/yy)

CONTRACTOR: Bionomics INC.

National Account

Contractor:

(Please note National Account if contractor is performing work as a 'sub-contractor')

		Time In	Time Out	Total Time
Workers on Job	1	0830	0900	30 min
	2			
	3			
	4			

30 min

TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):

Pickup Tissue Boxes

Work 100% Completed:

YES

NO

Comments (List any open issues or performance problems):

SIGNOFF

SM/Keyholder verification of work:

NOTE: Includes verification of replacement parts, if applicable.

Daane
(SM/KH signature)

R Daane St. mgr
(print name and title)

Bed Bath & Beyond #202
4901 28th ST, S.E.
Grand Rapids, MI 49512

Contractor Signature:

Raymond D. Alexander
(signature)

Raymond D. Alexander
(print name)

(Store Stamp)

Waste Pickup Form – Bed, Bath, and Beyond Store Surveys

Date of visit 2-1-12 Time 1215

Store Name & Number Bed Bath & Beyond 0049

Store Location 12020 Hall Road, Sterling Heights, MI

Store point of contact Steve Phone 586-726-6440

State MI Zip Code 48313 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name Cheryl Villar with the NRC

Regulator Contact Info (Phone or E-Mail) 610-337-5239

Waste Packaging Contact _____ Phone _____

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 8 How many are above background? 4

Other product information _____

Radiological data: Annual Calibration date (s): 3/3/12 - 5/2/12

Instruments used: 14c - mod - 3

Background Levels – (Outside of the building) 0.0 (Inside) 0.0

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 1 Box with 8 items

Date & Time transported from the store: 1245 2-1-12

Other comments: _____

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: 0049

On Site Date: 2-1-12

Store Name: BBB

PO#: _____

(If provided, or use BBB Store# + date-mm/dd/yy)

CONTRACTOR: BIONOMICS INC.

National Account

Contractor:

(Please note National Account if contractor is performing work as a 'sub-contractor')

Workers on Job	Time In	Time Out	Total Time
1	1215	1245	30 MIN
2			
3			
4			

30 min

TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):

Pickup TISSUE BOXES

Work 100% Completed: YES NO

Comments (List any open issues or performance problems):

SIGNOFF

SM/Keyholder verification of work:

NOTE: Includes verification of replacement parts, if applicable.

[Signature]

(SM/KH signature)

Don Beckner OPE mgr

(print name and title)

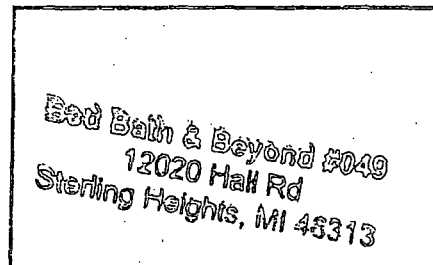
Contractor Signature:

[Signature]

(signature)

Raymond D. Alexander

(print name)



(Store Stamp)

Waste Pickup Form – Bed, Bath, and Beyond Store Surveys

Date of visit 2-1-12 Time 1500

Store Name & Number Bed Bath & Beyond 1005

Store Location 41936 Ford Road, Canton, MI

Store point of contact David Phone 734-844-6562

State MI Zip Code 48187 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name Cheryl Villar with the NRC

Regulator Contact Info (Phone or E-Mail) 610-337-5239

Waste Packaging Contact _____ Phone _____

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 5 How many are above background? 3 2

Other product information _____

Radiological data: Annual Calibration date (s): 3 | 30 | 11 ; 5 | 2 | 11

Instruments used: Ludlum 14C Model 3

Background Levels – (Outside of the building) 0.0 (Inside) 0.0

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 1 Box with 5 items

Date & Time transported from the store: 1530 2-1-12

Other comments: _____

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: 1005

On Site Date: 2-1-12

Store Name: BBB

PO#:

(If provided, or use BBB Store# + date-mm/dd/yy)

CONTRACTOR: BIONOMICS INC

National Account

Contractor:

(Please note National Account if contractor is performing work as a 'sub-contractor')

Workers on Job	Time In	Time Out	Total Time
1	1500	1530	30 min
2			
3			
4			

30 min

TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):

Pickup TISSUE BOXES

Work 100% Completed:

YES



NO



Comments (List any open issues or performance problems):

SIGNOFF

SM/Keyholder verification of work:

NOTE: Includes verification of replacement parts, if applicable.

Kelly Coates

(SM/KH signature)

Kelly Coates

(print name and title)

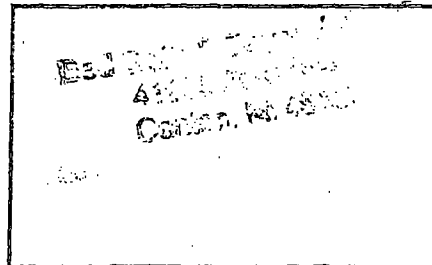
Contractor Signature:

Raymond D. Alexander

(signature)

Raymond D. Alexander

(print name)



(Store Stamp)

Waste Pickup Form – Bed, Bath, and Beyond Store Surveys

Date of visit 2-1-12 Time 1400

Store Name & Number Bed Bath & Beyond 0113

Store Location 17223 Haggerty Road, Northville, MI

Store point of contact David Phone 734-844-6562

State MI Zip Code 48187 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name Cheryl Villar with the NRC

Regulator Contact Info (Phone or E-Mail) 610-337-5239

Waste Packaging Contact _____ Phone _____

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 5 How many are above background? 4

Other product information _____

Radiological data: Annual Calibration date (s): 3/30/11 - 5/2/11

Instruments used: 14C - model 3

Background Levels – (Outside of the building) 0.0 (Inside) 0.0

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 1 Box with 5 items

Date & Time transported from the store: 1430 2-1-12

Other comments: _____

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: 113

On Site Date: 2-1-12

Store Name: BBB

PO#:

(If provided, or use BBB Store# + date-mm/dd/yy)

CONTRACTOR: Bionomics, Inc

National Account

Contractor:

(Please note National Account if contractor is performing work as a 'sub-contractor')

Workers on Job	Time In	Time Out	Total Time
1	1400	1430	30 min
2			
3			
4			

30 min

TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):

Pickup Tissue Boxes

Work 100% Completed:

YES

NO

Comments (List any open issues or performance problems):

SIGNOFF

SM/Keyholder verification of work:

NOTE: Includes verification of replacement parts, if applicable.

(SM/Key signature)

(print name and title)

Contractor Signature:

(signature)

(print name)

no store stamp available
Bed, Bath, and Beyond 113
17223 Haggerty Rd
Northville, MI 48168

(Store Stamp)

Waste Pickup Form – Bed, Bath, and Beyond Store Surveys

Date of visit 2-2-12 Time 1315

Store Name & Number Bed Bath & Beyond 0370

Store Location 3708 W. Dublin Grandville Rd, Columbus, Ohio

Store point of contact Jen Phone 614-766-1769

State OH Zip Code 43235 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name Stephen James

Regulator Contact Info (Phone or E-Mail) 614-644-2727

Waste Packaging Contact _____ Phone _____

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 4 How many are above background? 4

Other product information _____

Radiological data: Annual Calibration date (s): 3/30/11 5/2/11

Instruments used: 14C & Model 3

Background Levels – (Outside of the building) 0.0 (Inside) 0.0

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 1 Box with 4 items

Date & Time transported from the store: 1345 2-2-12

Other comments: _____

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: 0370

On Site Date: 2-2-12

Store Name: BBB

PO#:

(If provided, or use BBB Store# + date-mm/dd/yy)

CONTRACTOR: Bionomics Inc.

National Account

Contractor:

(Please note National Account if contractor is performing work as a 'sub-contractor')

Workers on Job	Time In	Time Out	Total Time
1	1315	1345	30 min
2			
3			
4			

30 min

TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):

Pickup Tissue Boxes

Work 100% Completed:

YES

NO

Comments (List any open issues or performance problems):

SIGNOFF

SM/Keyholder verification of work:

NOTE: Includes verification of replacement parts, if applicable.

Jen Candler
(SM/KH signature)

Jen Candler Ops Manager
(print name and title)

Contractor Signature:

Raymond D. Alexander
(signature)

Raymond D. Alexander
(print name)

Bed Bath & Beyond #370 3703 W Dublin Granville Rd Columbus, OH 43235
Bed Bath & Beyond #370 3703 W Dublin Granville Rd Columbus, OH 43235

Waste Pickup Form – Bed, Bath, and Beyond Store Surveys

Date of visit 2-2-12 Time 0915

Store Name & Number Bed Bath & Beyond 0204

Store Location 6025 KRUSE DRIVE SUITE 123, Solon, Ohio

Store point of contact Cathy Phone 440-542-9146

State OH Zip Code 44139 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name Stephen James

Regulator Contact Info (Phone or E-Mail) 614-644-2727

Waste Packaging Contact _____ Phone _____

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 6 How many are above background? 2

Other product information _____

Radiological data: Annual Calibration date (s): 3/30/11 5/2/11

Instruments used: 14C & Model 3

Background Levels – (Outside of the building) 0.0 (Inside) 0.0

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 1 - Fiber box with 6 items

Date & Time transported from the store: 0945 2-2-12

Other comments: _____

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: 0204

On Site Date: 2.2-12

Store Name: BBB

PO#:

(If provided, or use BBB Store# + date-mm/dd/yy)

CONTRACTOR: BIONOMICS, INC.

National Account

Contractor:

(Please note National Account if contractor is performing work as a 'sub-contractor')

Workers on Job	Time In	Time Out	Total Time
1	0915	0945	30 MIN
2			
3			
4			

30 MIN

TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):

Pickup Tissue Boxes

Work 100% Completed:

YES

NO

Comments (List any open issues or performance problems):

SIGNOFF

SM/Keyholder verification of work:

NOTE: includes verification of replacement parts, if applicable.

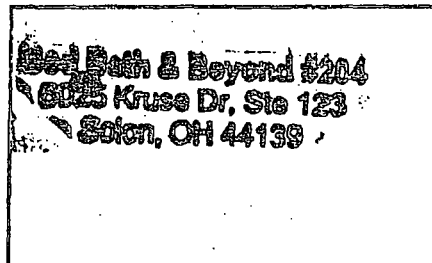
Jesse Scott
(SM/KH signature)

Jesse Scott: CSM
(print name and title)

Contractor Signature:

Raymond D. Alexander
(signature)

Raymond D. Alexander
(print name)



(Store Stamp)

Waste Pickup Form – Bed, Bath, and Beyond Store Surveys

Date of visit 2-2-12 Time 8:35 AM

Store Name & Number Bed Bath & Beyond 0048

Store Location 4031 Richmond Road, Warrensville Heights, Ohio

Store point of contact Carla Phone 614-766-1769

State OH Zip Code 44128 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name Stephen James

Regulator Contact Info (Phone or E-Mail) 614-644-2727

Waste Packaging Contact _____ Phone _____

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 2 How many are above background? 2

Other product information _____

Radiological data: Annual Calibration date (s): 3/30/11 - 5/2/11

Instruments used: 14C + Medial 3

Background Levels – (Outside of the building) 0.0 (Inside) 0.0

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 1 Box with 2 items

Date & Time transported from the store: 0845 2-2-12

Other comments: _____

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: 0048

On Site Date: 2-2-12

Store Name: BBB

PO#:

(If provided, or use BBB Store# + date-mm/dd/yy)

CONTRACTOR: Bionomics Inc.

National Account

Contractor:

(Please note National Account if contractor is performing work as a 'sub-contractor')

Workers on Job	Time In	Time Out	Total Time
1	0815	0845	30min
2			
3			
4			

30min

TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):

Pickup Tissue Boxes

Work 100% Completed:

YES

NO

Comments (List any open issues or performance problems):

SIGNOFF

SM/Keyholder verification of work:

NOTE: Includes verification of replacement parts, if applicable.

Wally
(SM/KH signature)

Wally
(print name and title)

Contractor Signature:

Raymond D. Alexander
(signature)

Raymond D. Alexander
(print name)

Bed Bath & Beyond #048
4031 Richmond Rd
Warrensville Heights, OH 44122

(Store Stamp)

Invoice

Invoice Number:
12153

Invoice Date:
Mar. 2, 2012

Bionomics, Inc.
PO Box 817
Kingston, TN 37763

PHONE: 865-220-8501
FAX: 865-220-8532

Bill To:
Shaw E and I
ATTN: Accounts Payable
P.O. Box 98519
Baton Rouge, LA 70884

Pickup Location:
BBBY Tissue Box
Project No. 145176
Various Locations

Customer ID		P.O. Number	Payment Terms	
Shaw Group		756290-000 OP	Net 30 Days	
Sales Rep ID		Shipping Method	Service Date	Due Date
John McCormick		Bionomics		4/1/12
Quantity	Item	Description	Unit Price	Amount
1.00		02/14/12 Houston, TX Store #0062		
1.00		02/15/12 San Antonio, TX Store #0134		
1.00		02/16/12 Hurst, TX Store #0226		
1.00		02/16/12 Ft. Worth, TX Store #0330		
1.00		02/16/12 Danvers, MA Store #0350		
1.00		02/16/12 Shrewsbury, MA Store #0320		

Payment Terms are 100% Net 30 days. After 30 days, interest shall accrue at 5 Percent per month or 18 Percent per Annum.

FEIN # 85-0366891

Subtotal

REMIT PAYMENT TO:

Sales Tax

Bionomics, Inc.
Box 817
Kingston, TN 37763

Total Invoice Amount

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: 0062

On Site Date: 2.14.12

Store Name: BBB

PO#: _____
(If provided, or use BBB Store# + date-mm/dd/yy)

CONTRACTOR: Bionomics Inc

National Account

Contractor: _____

(Please note National Account if contractor is performing work as a 'sub-contractor')

Workers on Job	Time In	Time Out	Total Time
1	10:30 AM	11:00 AM	30 min
2			
3			
4			

30 min

TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):

Pickup Tissue Boxes

Work 100% Completed: YES NO

Comments (List any open issues or performance problems):

SIGNOFF

SM/Keyholder verification of work:

NOTE: Includes verification of replacement parts, if applicable.

Denita

(SM/KH signature)

Denita Allicock Asst.

(print name and title)

Contractor Signature:

Raymond D. Alexander

(signature)

Raymond D. Alexander

(print name)

Bed Bath & Beyond # 02
 700 Meyerland Plaza
 Houston, TX 77096

(Store Stamp)

Waste Pickup Form – Bed, Bath, and Beyond Store Surveys

Date of visit 2-14-12 Time 10:30 AM

Store Name & Number Bed Bath & Beyond 0062

Store Location 700 MEYERLAND PLAZA, Houston, TX 77096

Store point of contact Scott Munson Phone 713-666-9926

State TX Zip Code 77096 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name Ray Fleming

Regulator Contact Info (Phone or E-Mail) 512-834-6688 x 2206

Waste Packaging Contact _____ Phone _____

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 8 How many are above background? 4

Other product information 15 mrem on contact 0.3 1 meter

Radiological data: Annual Calibration date (s): 3/30/11 ; 5/2/11

Instruments used: Lucllum 14C ; Model 3

Background Levels – (Outside of the building) 0.2 (Inside) 0.2

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 1 Box

Date & Time transported from the store: 2-14-12 11:00 AM

Other comments: _____

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: 0134 On Site Date: 2-15-12
 Store Name: BBB PO#: _____
 (If provided, or use BBB Store# + date-mm/dd/yy)

CONTRACTOR: _____
 National Account _____
 Contractor: _____
 (Please note National Account if contractor is performing work as a 'sub-contractor')

		Time In		Time Out		Total Time
Workers on Job	1	3:00 PM		3:45 PM		45 min
	2					
	3					
	4					
45 min						TOTAL HOURS

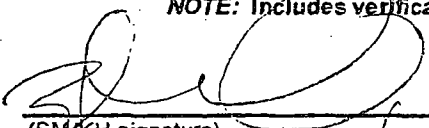
Job Description (attach work order including all parts and detailed scope of work):
Pick up Tissue Boxes

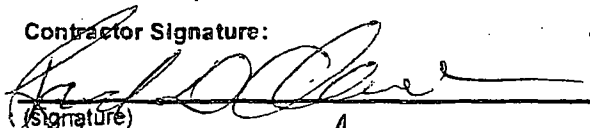
Work 100% Completed: YES NO

Comments (List any open issues or performance problems):

SIGNOFF

SM/Keyholder verification of work:
 NOTE: Includes verification of replacement parts, if applicable.


 (SM/KH signature)
Blake Owsen / SM
 (print name and title)

Contractor Signature:

 (Signature)
Raymond D. Alexander
 (print name)

Bed Bath & Beyond # 134
 11745 IH 10 West, Suite 750
 San Antonio, TX 78230

(Store Stamp)

Waste Pickup Form – Bed, Bath, and Beyond Store Surveys

Date of visit 2-15-12 Time 3:00 P.M.

Store Name & Number Bed Bath & Beyond 0134

Store Location 11745 IH 10 WEST SUITE 750, San Antonio, TX 78230

Store point of contact Blake Oliva Phone 210-558-4400

State TX Zip Code 78230 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name Ray Fleming

Regulator Contact Info (Phone or E-Mail) 512-834-6688 x 2206

Waste Packaging Contact _____ Phone _____

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 6 How many are above background? 2

Other product information _____

Radiological data: Annual Calibration date (s): 3/3/11 ; 5/2/11

Instruments used: 14C, Model 3

Background Levels – (Outside of the building) 0.2 (Inside) 0.0

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 1 - Box

Date & Time transported from the store: _____

Other comments: _____

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: 0226

On Site Date: 2-16-12

Store Name: BBB

PO#: _____
(If provided, or use BBB Store# + date-mm/dd/yy)

CONTRACTOR: Bionomics, Inc

National Account

Contractor: _____

(Please note National Account if contractor is performing work as a 'sub-contractor')

Workers on Job	Time In	Time Out	Total Time
1	2:30 PM	3:00 PM	30 min
2			
3			
4			

30 min

TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):

Pickup Tissue Boxes

Work 100% Completed: YES NO

Comments (List any open issues or performance problems):

SIGNOFF

SM/Keyholder verification of work:

NOTE: Includes verification of replacement parts, if applicable.



(SM/KH signature)

STEVEN ERICKSON Ops

(print name and title)

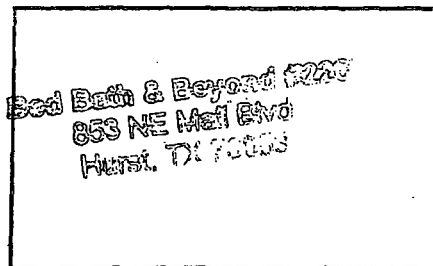
Contractor Signature:



(Signature)

Raymond P. Alexander

(print name)



(Store Stamp)

Waste Pickup Form – Bed, Bath, and Beyond Store Surveys

Date of visit 2-16-12 Time 2:30 PM

Store Name & Number Bed Bath & Beyond 0226

Store Location 853 Northeast Mall Drive, Hurst, TX 76053

Store point of contact Tracy Wright Phone 817-590-0071

State TX Zip Code 76053 ~~77096~~ NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name Ray Fleming

Regulator Contact Info (Phone or E-Mail) 512-834-6688 x 2206

Waste Packaging Contact _____ Phone _____

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 6 How many are above background? 4

Other product information _____

Radiological data: Annual Calibration date (s): 3/30/11; 5/2/11

Instruments used: 14C; Model 3

Background Levels – (Outside of the building) 0.0 (Inside) 0.0

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 1 Box

Date & Time transported from the store: 2-16-12 3:00 PM

Other comments: _____

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: 0330

On Site Date: 2-16-12

Store Name: BBB

PO#: _____
(If provided, or use BBB Store# + date-mm/dd/yy)

CONTRACTOR: BIONEMICS INC

National Account

Contractor: _____

(Please note National Account if contractor is performing work as a 'sub-contractor')

		Time In	Time Out	Total Time
Workers on Job	1	1:00 PM	1:30 PM	30 min
	2			
	3			
	4			

30 min

TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):

Pickup Tissue Boxes

Work 100% Completed: YES NO

Comments (List any open issues or performance problems):

SIGNOFF

SM/Keyholder verification of work:

NOTE: Includes verification of replacement parts, if applicable.

[Signature]
(SM/KH signature)

Kris Morris ASM
(print name and title)

Contractor Signature:

[Signature]
(signature)

Raymond D. Alexander
(print name)

Bed Bath & Beyond #330
4931 Overton Ridge Blvd
Fort Worth, TX 76132

(Store Stamp)

Waste Pickup Form – Bed, Bath, and Beyond Store Surveys

Date of visit 2-16-12 Time 1:00 PM

Store Name & Number Bed Bath & Beyond 0330

Store Location 4931 Overton Ridge Boulevard, Fort Worth, TX 76132

Store point of contact Cliff Rhodes Phone 817-292-4696

State TX Zip Code 76132 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name Ray Fleming

Regulator Contact Info (Phone or E-Mail) 512-834-6688 x 2206

Waste Packaging Contact _____ Phone _____

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 4 How many are above background? 4

Other product information _____

Radiological data: Annual Calibration date (s): 3/30/11 ; 5/2/11

Instruments used: 14C ; Model 3

Background Levels – (Outside of the building) 0.0 (Inside) 0.0

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 1 Box

Date & Time transported from the store: 1:30 PM 2-16-12

Other comments: _____

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: 350 On Site Date: 2/16/12
 Store Name: BBB PO#: _____
 (If provided, or use BBB Store# + date-mm/dd/yy)

CONTRACTOR: BIONOMICS
 National Account _____
 Contractor: _____

(Please note National Account if contractor is performing work as a 'sub-contractor')

Workers on Job	Time In	Time Out	Total Time
1	1215	1330	115
2	1215	1330	115
3			
4			

YES NO TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):
PRG + REMOVE DRGM TISSUE HOLDERS

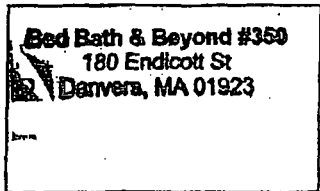
Work 100% Completed: YES NO

Comments (List any open issues or performance problems):

SIGNOFF

SM/Keyholder verification of work:
 NOTE: Includes verification of replacement parts, if applicable.

[Signature]
 (SM/Key signature)
HAYDEN SUTMAN HISINGER
 (print name and title)



Contractor Signature:
[Signature]
 (signature)
ARTHUR F. GREEN
 (print name)

(Store Stamp)

Waste Pickup Form – Bed, Bath, and Beyond Store Surveys

Date of visit 2/16/14 Time 1330

Store Name & Number Bed Bath & Beyond 0350

Store Location 180 ENDICOTT STREET, Danvers, MA

Store point of contact David Kennison Phone 978-774-6703

State MA Zip Code 01923 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name Maureen Ingahavo PAUL SILVA

Regulator Contact Info (Phone or E-Mail) 617-242-3035 x2062

Waste Packaging Contact SAME AS ABOVE Phone SAME AS ABOVE

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 4 How many are above background? ALL

Other product information _____

Radiological data: Annual Calibration date (s): 12/17/11

Instruments used: BICRON MICRO RGA B-50

Background Levels – (Outside of the building) 0.4 R/HR (Inside) 5.4 R/HR

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 4 EA

Date & Time transported from the store: 2/16/14 1330 HRS

Other comments: _____

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: 320 On Site Date: 07/16/14
 Store Name: BBB PO#: _____
 (If provided, or use BBB Store# + date-mm/dd/yy)

CONTRACTOR: BIONOMICS
 National Account _____
 Contractor: _____

(Please note National Account if contractor is performing work as a 'sub-contractor')

Workers on Job	Time In	Time Out	Total Time
1	1500	1545	0.75
2	1500	1545	0.75
3			
4			
			<u>1.5</u> TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):
PU. TISSUE BOXES

Work 100% Completed: YES NO

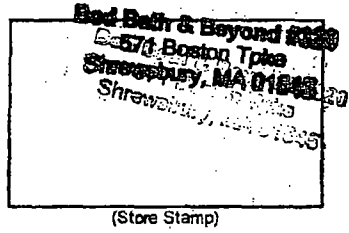
Comments (List any open issues or performance problems):

SIGNOFF

SM/Keyholder verification of work:
 NOTE: Includes verification of replacement parts, if applicable.

[Signature]
 (SM/Keyholder Signature)
D. McLaughlin STORE MGR
 (print name and title)

Contractor Signature:
[Signature]
 (signature)
ARTHUR F. GREEN
 (print name)



Waste Pickup Form – Bed, Bath, and Beyond Store Surveys

Date of visit 2/16/12 Time 1500
Store Name & Number Bed Bath & Beyond 0320
Store Location 571 Boston Turnpike, Shrewsbury, MA
Store point of contact David Louze Phone 508-845-4170
State MA Zip Code 01545 NRC lead or Agreement State? (Y) (N) Circle One
Regulator contacted? (Y) (N) Contact Name Maureen Ingahauo
Regulator Contact Info (Phone or E-Mail) 617-242-3035 x2062
Waste Packaging Contact DAVID FORTE Phone SAFE

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall? (Y) (N)
Number of items present 5 How many are above background? 4
Other product information _____

Radiological data: Annual Calibration date (s): 12/27/11
Instruments used: BLCRON MICRO REM
Background Levels – (Outside of the building) 0.12 R/HR (Inside) 5.2 R/HR

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 4x + 1
Date & Time transported from the store: 2/16/12 16:30
Other comments: _____

Invoice

Invoice Number:
12150

Invoice Date:
Mar 2, 2012

Bionomics, Inc.
Box 817
Kingston, TN 37763

PHONE: 865-220-8501
FAX: 865-220-8532

Bill To:
Shaw E and I
ATTN: Accounts Payable
P.O. Box 98519
Baton Rouge, LA 70884

Pickup Location:
BBBY Tissue Box
Project No. 145176
Various Locations

Customer ID		P.O. Number	Payment Terms	
Shaw Group		756290-000 OP	Net 30 Days	
Sales Rep ID		Shipping Method	Service Date	Due Date
John McCormick		Bionomics		4/1/12
Quantity	Item	Description	Unit Price	Amount
1.00		02/20/12 Buford, GA Store #255		
1.00		02/20/12 Atlanta, GA Store #118		
1.00		02/21/12 Tampa, FL Store #99		
1.00		02/21/12 St. Petersburg, FL Store #178		
1.00		02/22/12 Sarasota, FL Store #235		
1.00		02/22/12 Naples, FL Store #128		
1.00		02/22/12 Aventura, FL Store #197		
1.00		02/22/12 Boca Raton, FL Store #92		
1.00		02/22/12 Boynton Beach, FL Store #150		
1.00		02/22/12 West Palm Beach, FL Store #055		
1.00		State of Georgia Reciprocity		

Payment Terms are 100% Net 30 days. After 30 days, interest shall accrue at 1.5 Percent per month or 18 Percent per Annum.

FEIN # 85-0366891

Subtotal

REMIT PAYMENT TO:

Sales Tax

Bionomics, Inc.
Box 817
Kingston, TN 37763

Total Invoice Amount

BED BATH & BEYONDSM

Contractor Work Verification Form

Store Number: 0255

On Site Date: 7-20-12

Store Name: BBB

PO#:

(If provided, or use BBB Store# + date-mm/dd/yy)

CONTRACTOR: BIONOMICS INC

National Account

Contractor:

(Please note National Account if contractor is performing work as a 'sub-contractor')

Workers on Job	Time In	Time Out	Total Time
1	5:00 PM	5:30 PM	30 min
2			
3			
4			

30 min

TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):

Pickup Tissue Boxes

Work 100% Completed:

YES

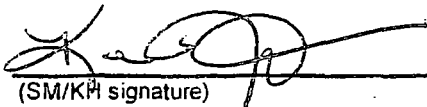
NO

Comments (List any open issues or performance problems):

SIGNOFF

SM/Keyholder verification of work:

NOTE: Includes verification of replacement parts, if applicable.

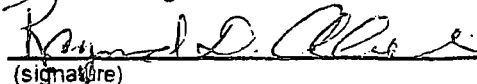


(SM/KH signature)

Ken Lingerfelt

(print name and title)

Contractor Signature:



(signature)

Raymond D. Alexander

(print name)

Bed Bath & Beyond #255
1705 Mall Of Georgia Blvd Ste 4
Buford, GA 30519

(Store Stamp)

Waste Pickup Form – Bed, Bath, and Beyond Store Surveys

Date of visit 2-20-12 Time 5:00 PM

Store Name & Number Bed Bath & Beyond 255

Store Location: 1705 Mall Georgia Blvd., Suite 4, Buford, GA 30519

Store point of contact Marcus Robinson Phone 678-482-2315

State FL Zip Code 30519 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name Lee Thomas

Regulator Contact Info (Phone or E-Mail) 850-245-4545

Waste Packaging Contact _____ Phone _____

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 3 How many are above background? 3

Other product information _____

Radiological data: Annual Calibration date (s): 3/30/11 ; 5/2/11

Instruments used: 14C; Model 3 (10 mhr - on contact, 0.2 mhr 1 meter)

Background Levels – (Outside of the building) 0.0 (Inside) 0.0

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 1 Box

Date & Time transported from the store: 5:30 PM 2-20-12

Other comments: _____

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: 118

On Site Date: 2-20-12

Store Name: BBB

PO#: _____
(If provided, or use BBB Store# + date-mm/dd/yy)

CONTRACTOR: Bimonic Inc

National Account

Contractor: _____

(Please note National Account if contractor is performing work as a 'sub-contractor')

Workers on Job	Time In	Time Out	Total Time
1	6:30 PM	7:00 PM	30 min
2			
3			
4			

_____ TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):

Pickup Tissue Boxes

Work 100% Completed: YES NO

Comments (List any open issues or performance problems):

SIGNOFF

SM/Keyholder verification of work:

NOTE: includes verification of replacement parts, if applicable.

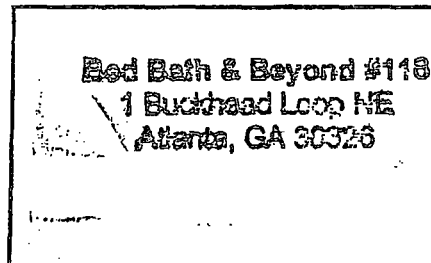
(SM/KH signature)

James S. [Signature]
(print name and title)

Contractor Signature:

(signature)

Raymond D. Alexander
(print name)



(Store Stamp)

Waste Pickup Form – Bed, Bath, and Beyond Store Surveys

Date of visit 2-20-12 Time 6:30 PM

Store Name & Number Bed Bath & Beyond 118

Store Location: One Buckhead Loop, Suite 4, Atlanta, GA 30326

Store point of contact Joe Casella Phone 404-869-0457

State FL Zip Code 30326 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name Lee Thomas

Regulator Contact Info (Phone or E-Mail) 850-245-4545

Waste Packaging Contact _____ Phone _____

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 11 How many are above background? 7

Other product information _____

Radiological data: Annual Calibration date (s): 3/30/11 ; 5/2/11

Instruments used: 14C; Model 3 (3 m2hr Contact Box 0.4 at 1 meter)

Background Levels – (Outside of the building) 0.0 (Inside) 0.0

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 1 Box

Date & Time transported from the store: 2-20-12 7:00 PM

Other comments: _____

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: 099

On Site Date: 2-24-12

Store Name: _____

PO#: _____
(If provided, or use BBB Store# + date-mm/dd/yy)

CONTRACTOR: Bionomics Inc

National Account

Contractor: _____

(Please note National Account if contractor is performing work as a 'sub-contractor')

Workers on Job		Time In	Time Out	Total Time
1		8:00 PM	8:30 PM	30 min
2				
3				
4				

30 min

TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):

Pickup Tissue Boxes

Work 100% Completed: YES NO

Comments (List any open issues or performance problems):

SIGNOFF

SM/Keyholder verification of work:

NOTE: Includes verification of replacement parts, if applicable.

(SM/KH signature)

Shawn King
(print name and title)

Contractor Signature:

(signature)

RAYMOND D. Alexander
(print name)

BED BATH & BEYOND # 99
13113 NORTH DALE MADRY HIGHWAY
TAMPA, FL 33618

(Store Stamp)

Waste Pickup Form – Bed, Bath, and Beyond Store Surveys

Date of visit 2-21-12 Time 8:00 PM

Store Name & Number Bed Bath & Beyond 99

Store Location: 13123 North Dale Mabry HWY, Tampa, FL 33618

Store point of contact Shaun King Phone 813-963-2644

State FL Zip Code 33618 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name Lee Thomas

Regulator Contact Info (Phone or E-Mail) 850-245-4545

Waste Packaging Contact _____ Phone _____

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 3 How many are above background? 2

Other product information _____

Radiological data: Annual Calibration date (s): 3/30/11 ; 5/2/11

Instruments used: 14C ; Model 3 (9 meter contact 0.2 of 1 meter)

Background Levels – (Outside of the building) 0.0 (Inside) 0.0

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 1- Box

Date & Time transported from the store: 2-21-12 8:30 PM

Other comments: _____

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: 0178

On Site Date: 2-21-12

Store Name: BBB

PO#:

(If provided, or use BBB Store# + date-mm/dd/yy)

CONTRACTOR: Bionomics, Inc.

National Account

Contractor:

(Please note National Account if contractor is performing work as a 'sub-contractor')

Workers on Job	Time In	Time Out	Total Time
1			
2	9:00 PM	9:30 PM	30 min
3			
4			

30 min

TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):

Picking up Tissue Boxes

Work 100% Completed:

YES

NO

Comments (List any open issues or performance problems):

SIGNOFF

SM/Keyholder verification of work:

NOTE: Includes verification of replacement parts, if applicable.

Judith A. Moore

(SM/KH signature)

Judith A. Moore ASM

(print name and title)

Contractor Signature:

[Signature]

(signature)

Raymond D. Alexander

(print name)

Bed Bath & Beyond #178
2060 86th St N
St Petersburg, FL 33710

(Store Stamp)

Waste Pickup Form – Bed, Bath, and Beyond Store Surveys

Date of visit 2-21-12 Time 9:00 PM

Store Name & Number Bed Bath & Beyond 178

Store Location: 2060 66th Street North, St. Petersburg, FL 33710

Store point of contact Bradley Reuscher Phone 727-384-3131

State FL Zip Code 33710 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name Lee Thomas

Regulator Contact Info (Phone or E-Mail) 850-245-4545

Waste Packaging Contact _____ Phone _____

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 7 How many are above background? 7

Other product information _____

Radiological data:

Annual Calibration date (s): 3/12/11; 5/2/11

Instruments used: 14C; Model 3 (Zemlin on contact 0.4 at 1 meter)

Background Levels – (Outside of the building) 0.0 (Inside) 0.0

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 1-Box (Plastic)

Date & Time transported from the store: 2-21-12 9:30 PM

Other comments: _____

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: 0235

On Site Date: 2-22-12

Store Name: BBB

PO#:

(If provided, or use BBB Store# + date-mm/dd/yy)

CONTRACTOR: Bionomics Inc

National Account

Contractor:

(Please note National Account if contractor is performing work as a 'sub-contractor')

Workers on Job	Time In	Time Out	Total Time
1	9:31 AM	10:01 AM	30 min
2			
3			
4			

30 min

TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):

Work 100% Completed: YES NO

Comments (List any open issues or performance problems):

SIGNOFF

SM/Keyholder verification of work:

NOTE: Includes verification of replacement parts, if applicable.

[Signature]
(SM/KH signature)

LIZ BANTON ASM
(print name and title)

Contractor Signature:
[Signature]
(signature)

RAYMOND D. ALEXANDER
(print name)

Bed Bath & Beyond #235
6567 S Tamiami Trl
Sarasota, FL 34231

(Store Stamp)

Waste Pickup Form – Bed, Bath, and Beyond Store Surveys

Date of visit 2-22-12 Time 9:30 AM

Store Name & Number Bed Bath & Beyond 235

Store Location 6567 S. Tamiami Trail, Sarasota, FL 34231

Store point of contact Brandee Prange Phone 941-924-0319

State FL Zip Code 34231 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name Lee Thomas

Regulator Contact Info (Phone or E-Mail) 850-245-4545

Waste Packaging Contact _____ Phone _____

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 11 How many are above background? 8

Other product information (15 mahr contact on box) 0.5 at 1 meter

Radiological data: Annual Calibration date (s): 5/2/11 ; 3/30/11

Instruments used: 14C ; Model 3

Background Levels – (Outside of the building) 0.0 (Inside) 0.0

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 1-Box

Date & Time transported from the store: 2-22-12 10:00 AM

Other comments: _____

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: 0128

On Site Date: 2-22-12

Store Name: BBB

PO#:

(If provided, or use BBB Store# + date-mm/dd/yy)

CONTRACTOR: BIONOMICS INC.

National Account

Contractor:

(Please note National Account if contractor is performing work as a 'sub-contractor')

Workers on Job	Time In	Time Out	Total Time
1	12:15 PM	12:45 PM	30 min
2			
3			
4			

30 min

TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):

Pickup Tissue Boxes

Work 100% Completed:

YES

NO

Comments (List any open issues or performance problems):

Pick up Dual Ridge Boxes

SIGNOFF

SM/Keyholder verification of work:

NOTE: Includes verification of replacement parts, if applicable.

(SM/KH signature)

(print name and title)

Contractor Signature:

(signature)

(print name)

BED BATH & BEYOND # 128
5351 NORTH AIRPORT ROAD
NAPLES, FL 34109

(Store Stamp)

Waste Pickup Form – Bed, Bath, and Beyond Store Surveys

Date of visit 2-22-12 Time 12:15 PM

Store Name & Number Bed Bath & Beyond 128

Store Location 5351 N. Airport Road, Naples, FL 31409

Store point of contact Kim Anderson Phone 239-514-8293

State FL Zip Code 31409 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name Lee Thomas

Regulator Contact Info (Phone or E-Mail) 850-245-4545

Waste Packaging Contact _____ Phone _____

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 13 How many are above background? 10

Other product information _____

Radiological data: Annual Calibration date (s): 3/30/11 5/2/11

Instruments used: 14C, 3 (14 mR/hr Contact box; 0.3 ct/meter)

Background Levels – (Outside of the building) 0.0 (Inside) 0.0

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 1-Box

Date & Time transported from the store: 2-22-12 12:45 PM

Other comments: _____

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: 0197

On Site Date: 2-22-12

Store Name: BBB

PO#:

(If provided, or use BBB Store# + date-mm/dd/yy)

CONTRACTOR: BIONOMICS INC

National Account

Contractor:

(Please note National Account if contractor is performing work as a 'sub-contractor')

Workers on Job	Time In	Time Out	Total Time
1	3:45 PM	4:15 PM	30 MIN
2			
3			
4			

30 MIN

TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):

Pickup Tissue Boxes

Work 100% Completed:

YES

NO

Comments (List any open issues or performance problems):

SIGNOFF

SM/Keyholder verification of work:

NOTE: Includes verification of replacement parts, if applicable.

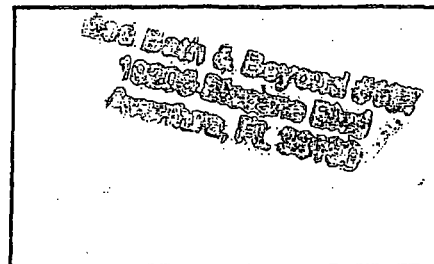
(SM/KH signature)

(print name and title)

Contractor Signature:

(signature)

(print name)



(Store Stamp)

Waste Pickup Form – Bed, Bath, and Beyond Store Surveys

Date of visit 2-22-12 Time 3:45 PM

Store Name & Number Bed Bath & Beyond 197

Store Location 19205 Biscayne Blvd., Aventura, FL 33180

Store point of contact Manuel Juan Phone 305-935-6244

State FL Zip Code 33180 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name Lee Thomas

Regulator Contact Info (Phone or E-Mail) 850-245-4545

Waste Packaging Contact _____ Phone _____

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 10 How many are above background? 8

Other product information _____

Radiological data: Annual Calibration date (s): 3/30/11 : 5/2/11

Instruments used: HC ; Model 3 (20 mehn Contact on Box .5 at 1 meter)

Background Levels – (Outside of the building) 0.0 (Inside) 0.0

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 1-Box

Date & Time transported from the store: 2-22-12 4:15 PM

Other comments: _____

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: 092
150 On Site Date: 2-22-12
 Store Name: BBB PO#: _____
 (If provided, or use BBB Store# + date-mm/dd/yy)

CONTRACTOR: Bionomics, Inc
 National Account Contractor: _____

(Please note National Account if contractor is performing work as a 'sub-contractor')

Workers on Job	Time In	Time Out	Total Time
1	5:45PM	6:15PM	30 min
2			
3			
4			

30 min TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):

Work 100% Completed: YES NO

Comments (List any open issues or performance problems):

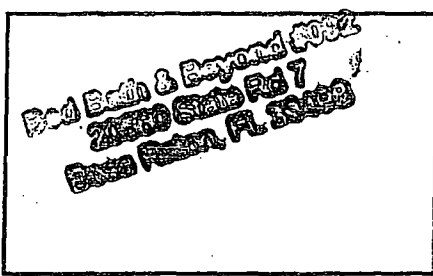
SIGNOFF

SM/Keyholder verification of work:
 NOTE: Includes verification of replacement parts, if applicable.

[Signature]
 (SM/KH signature)

Gabe Swanson SM
 (print name and title)

Contractor Signature:
[Signature]
 (signature)
Raymond D. Alexander
 (print name)



(Store Stamp)

Waste Pickup Form – Bed, Bath, and Beyond Store Surveys

Date of visit 2-22-12 Time 5:45 PM

Store Name & Number Bed Bath & Beyond 92

Store Location 20560 State HWY 7, Boca Raton, FL 33498

Store point of contact Greg Swanson Phone 561-482-7780

State FL Zip Code 33498 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name Lee Thomas

Regulator Contact Info (Phone or E-Mail) 850-245-4545

Waste Packaging Contact _____ Phone _____

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 10 How many are above background? 8

Other product information _____

Radiological data: Annual Calibration date (s): 3/20/11; 5/2/11

Instruments used: M4C, Model 3 (30) (0.5 mahr on Contact of Box; 0.2 at 1 meter)

Background Levels – (Outside of the building) _____ (Inside) _____

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 1 - Box

Date & Time transported from the store: 2-22-12 6:15 PM

Other comments: _____

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: 150

On Site Date: 2-22-12

Store Name: BBB

PO#:

(If provided, or use BBB Store# + date-mm/dd/yy)

CONTRACTOR: Bionomics Inc

National Account

Contractor:

(Please note National Account if contractor is performing work as a 'sub-contractor')

	Time in	Time Out	Total Time
Workers on Job 1	7:15PM	7:45PM	30 MIN
2			
3			
4			

30 MIN TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):

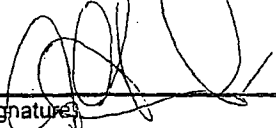
Work 100% Completed: YES NO

Comments (List any open issues or performance problems):

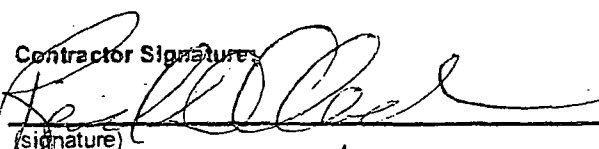
SIGNOFF

SM/Keyholder verification of work:

NOTE: Includes verification of replacement parts, if applicable.


 (SM/KH signature)

Jodi Gonzales . csm
 (print name and title)

Contractor Signature:

 (signature)

RAYMOND D. Alexander
 (print name)

Bed Bath & Beyond #150
 371 N. Congress Ave.
 Boynton Beach, FL 33426

(Store Stamp)

Waste Pickup Form – Bed, Bath, and Beyond Store Surveys

Date of visit 2-22-12 Time 7:15 PM

Store Name & Number Bed Bath & Beyond 150

Store Location 371 N. Congress Ave., Boynton Beach, FL 33426

Store point of contact Greg Swanson Phone 561-482-7780

State FL Zip Code 33426 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name Lee Thomas

Regulator Contact Info (Phone or E-Mail) 850-245-4545

Waste Packaging Contact _____ Phone _____

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 5 How many are above background? 2

Other product information _____

Radiological data:

Annual Calibration date (s): 3/20/11 ; 5/2/11

Instruments used: 14C ; Model 3 (0.5 mR/hr on contact of box) (0.2 at 1 meter)

Background Levels – (Outside of the building) 0.0 (Inside) 0.0

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 1-Box

Date & Time transported from the store: 2-22-12 ; 7:45 PM

Other comments: _____

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: 55

On Site Date: 2-22-12

Store Name: BBB

PO#: _____
(If provided, or use BBB Store# + date-mm/dd/yy)

CONTRACTOR: Bionomics Inc

National Account

Contractor: _____

(Please note National Account if contractor is performing work as a 'sub-contractor')

Workers on Job		Time In	Time Out	Total Time
1		8:15PM	8:45PM	30 min
2				
3				
4				

30 min

TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):

Work 100% Completed: YES NO

Comments (List any open issues or performance problems):

SIGNOFF

SM/Keyholder verification of work:

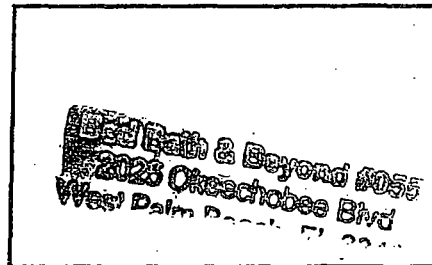
NOTE: Includes verification of replacement parts, if applicable.

Tim Feltz ASM
(SM/KH signature)

Holt
(print name and title)

Contractor Signature: [Signature]
(Signature)

Raymond Alexander
(print name)



(Store Stamp)

Waste Pickup Form – Bed, Bath, and Beyond Store Surveys

Date of visit 2-22-12 Time 8:15 PM

Store Name & Number Bed Bath & Beyond 055

Store Location: 2025 Okeechobee Blvd., West Palm Beach, FL 33409

Store point of contact Matt Morse Phone 561-687-0959

State FL Zip Code 33409 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name Lee Thomas

Regulator Contact Info (Phone or E-Mail) 850-245-4545

Waste Packaging Contact _____ Phone _____

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 18 How many are above background? 12

Other product information _____

Radiological data: Annual Calibration date (s): 3/20/11 ; 5/2/11

Instruments used: 14C ; Model 3 (15 mahr on Contact of Box 0.5 at 1 meter)

Background Levels – (Outside of the building) 0.0 (Inside) 0.0

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 1-Box

Date & Time transported from the store: 2-22-12 8:45 PM

Other comments: _____

Georgia Department of Natural Resources

4220 International Parkway, Suite 100, Atlanta, Georgia 30354

Mark Williams, Commissioner
Environmental Protection Division
Judson Turner, Director
(404) 362-2675

February 17, 2012

Paul Nipper
Bionomics, Inc
P.O. Box 817
Kingston, TN 37763

Dear Mr. Nipper:

We received your request for reciprocity in the State of Georgia, and a copy of your check for \$771.00.

In accordance with Rule 391-3-17-.02(20) of the Georgia "Rules and Regulations for Radioactive Material", you are hereby granted a general license for reciprocity to conduct the activities authorized in the current license issued by an agreement state or the U.S. Nuclear Regulatory Commission. This authorization does not relieve you of your obligation to notify this Department in writing or by telephone prior to each entry into the state of Georgia.

If at any time you perform the licensed activities in Georgia in excess of 180 days in a calendar year, you are required to apply for a Radioactive Materials License. This also applies if your company wishes to establish a permanent office in this state to perform the licensed activities.

Enclosed you will find a list of emergency telephone numbers, "Notice to Employees, Standards for Protection Against Radiation" and a copy of the Georgia Rules and Regulations for Radioactive Materials. While engaging in authorized activities in Georgia, you will be expected to comply with our state regulations. You will be subject to inspection of your field activities by this Department.

I have also enclosed reciprocity notification forms. Although, use of the form is not mandatory, we would like to have all the detailed information requested on the form when applying for reciprocity. The form may be copied and faxed when appropriate. Also, if you deem it necessary to fax in your form, sending an original is not necessary.

If you have any questions regarding reciprocity or the Georgia Regulations, please feel free to contact me.

Sincerely,


Irene K. Bennett
Environmental Compliance Specialist
Radioactive Materials Program

Enclosures

Bionomics, Inc.
 PO Box 817
 Kingston, TN 37763

COPY

Invoice
 Invoice Number: 12167
 Invoice Date: Mar 14, 2012

PHONE: 865-220-8501
 FAX: 865-220-8532

Bill To:
 Shaw E and I
 ATTN: Accounts Payable
 P.O. Box 98519
 Baton Rouge, LA 70884

Pickup Location:
 BBY Tissue Box
 Project No. 145176
 Various Locations

Customer ID		P.O. Number		Payment Terms	
Shaw Group		756290-000 OP		Net 30 Days	
Sales Rep ID		Shipping Method		Service Date	Due Date
John McCormick		Bionomics			4/13/12
Quantity	Item	Description		Unit Price	Amount
1.00		03/06/12 Charlotte, NC Store #123			
1.00		03/07/12 Chesapeake, VA Store #106			
1.00		03/07/12 Newport News, VA Store #172			
1.00		03/09/12 PA DEP Office in Harrisburg, PA			
1.00		State of Maryland Reciprocity - Fee Paid by Bionomics			

Payment Terms are 100% Net 30 days. After 30 days, interest shall accrue at 1.5 Percent per month or 18 Percent per Annum.

FEIN # 85-0366891

Subtotal

REMIT PAYMENT TO:

Sales Tax

Bionomics, Inc.
 Box 817
 Kingston, TN 37763

Total Invoice Amount

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: 123

On Site Date: 3-6-12

Store Name: BBB

PO#: _____
(If provided, or use BBB Store# + date-mm/dd/yy)

CONTRACTOR: Biosonics

National Account
Contractor:

(Please note National Account if contractor is performing work as a 'sub-contractor')

Workers on Job	Time In	Time Out	Total Time
1	7:45 AM	8:15 PM	30 min
2			
3			
4			

30 min

TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):

Pickup Tissue Boxes

Work 100% Completed: YES NO

Comments (List any open issues or performance problems):

SIGNOFF

SM/Keyholder verification of work:

NOTE: Includes verification of replacement parts, if applicable.

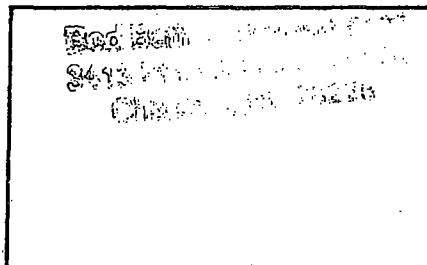
[Signature]
(SM/KH Signature)

Chris Scott OPS
(print name and title)

Contractor Signature:

[Signature]
(signature)

[Signature]
(print name)



(Store Stamp)

Waste Pickup Form – Bed, Bath, and Beyond Store Surveys

Date of visit 3-6-12 Time 7:45 PM

Store Name & Number Bed Bath & Beyond 123

Store Location: 3413 Pineville-Matthews Rd, Charlotte, NC 28226

Store point of contact Gary Cloud Phone 704-542-5711

State NC Zip Code 28226 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name

Regulator Contact Info (Phone or E-Mail)

Waste Packaging Contact _____ Phone _____

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 7 How many are above background? 4

Other product information _____

Radiological data:

Annual Calibration date (s): 5/2/11; 5/20/11

Instruments used: Model 14C; Model 3 (10 mR/hr on CONTACT OF BOX @ 2mhr. at 1 meter)

Background Levels – (Outside of the building) 0.0 (Inside) 0.2

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 1-Box

Date & Time transported from the store: 3-6-12 8:15 PM

Other comments: _____

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: 106

On Site Date: 3-7-12

Store Name: BBB

PO#:

(If provided, or use BBB Store# + date-mm/dd/yy)

CONTRACTOR: Bionomics, Inc.

National Account

Contractor:

(Please note National Account if contractor is performing work as a 'sub-contractor')

	Time In	Time Out	Total Time
Workers on Job 1	5:45 PM	6:15 PM	30 min
2			
3			
4			

30 min

TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):

Work 100% Completed:

YES

NO

Comments (List any open issues or performance problems):

SIGNOFF

SM/Keyholder verification of work:

NOTE: Includes verification of replacement parts, if applicable.

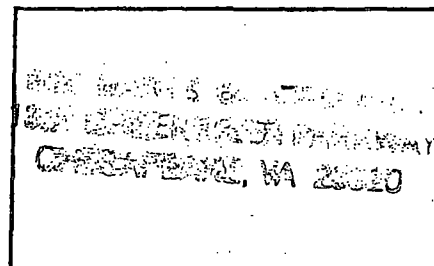
[Signature]
(SM/KH signature)

[Name]
(print name and title)

Contractor Signature:

[Signature]
(signature)

Raymond D. Alexander
(print name)



(Store Stamp)

Waste Pickup Form – Bed, Bath, and Beyond Store Surveys

Date of visit 3-7-12 Time 5:45 PM

Store Name & Number Bed Bath & Beyond 106

Store Location: 1324 GREENBRIER PARKWAY, Chesapeake, VA 23320

Store point of contact Mitch Meyers Phone 757-436-0683

State VA Zip Code 23320 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name Asfaw Fenta

Regulator Contact Info (Phone or E-Mail) 804-864-7943

Waste Packaging Contact _____ Phone _____

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 4 How many are above background? 4

Other product information _____

Radiological data:

Annual Calibration date (s): 5/2/11 ; 5/12/11

Instruments used: Model 14C ; Model 3 (25mR/hr Contd of Box, 0.3 qt/1 meter

Background Levels – (Outside of the building) 0.0 (Inside) 0.0

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 1 Box

Date & Time transported from the store: 6:15 PM 3-7-12

Other comments: _____

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: 172

On Site Date: 3-7-12

Store Name: BBB

PO#:

(If provided, or use BBB Store# + date-mm/dd/yy)

CONTRACTOR: Dynamics Inc

National Account

Contractor:

(Please note National Account if contractor is performing work as a 'sub-contractor')

Workers on Job	Time In	Time Out	Total Time
1	7:00 PM	7:30 PM	30 min
2			
3			
4			

TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):

Pickup Tissue Box Covers

Work 100% Completed: YES NO

Comments (List any open issues or performance problems):

SIGNOFF

SM/Keyholder verification of work:

NOTE: includes verification of replacement parts, if applicable.

(SM/KH signature)

Cara Swinden Operations Manager
(print name and title)

Contractor Signature:

Raymond P. Alexander
(signature)

RAYMOND P. Alexander
(print name)

Bed Bath & Beyond #172
12132A Jefferson Avenue
Newport News, VA 23602

(Store Stamp)

Waste Pickup Form – Bed, Bath, and Beyond Store Surveys

Date of visit 3-7-12 Time 7:00 PM

Store Name & Number Bed Bath & Beyond 172

Store Location: 12132 A JEFFERSON AVENUE, Newport News, VA 23602

Store point of contact John Beckley Phone 757-249-1670

State VA Zip Code 23602 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name Asfaw Fenta

Regulator Contact Info (Phone or E-Mail) 804-864-7943

Waste Packaging Contact _____ Phone _____

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 4 How many are above background? 2

Other product information _____

Radiological data:

Annual Calibration date (s): 5/2/11 ; 5/20/11

Instruments used: Model C14 ; Model 3 (12 meter AN Contact with box: 0.21 meter

Background Levels – (Outside of the building) 0.0 (Inside) 0.0

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 1-Box

Date & Time transported from the store: 3-7-12 7:30 PM

Other comments: _____

Waste Pickup Form – Bed, Bath, and Beyond Store Surveys

Date of visit 3-9-12 Time 7:30 Am

Store Name & Number _____ State of Pennsylvania _____

Store Location: PA DEP office in Harrisburg

Store point of contact Joe Deman Phone 717-705-4897

State PA Zip Code _____ NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name Joe Deman

Regulator Contact Info (Phone or E-Mail) 717-705-4897

Waste Packaging Contact _____ Phone _____

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall? (Y) (N)

*Number of items present 1 How many are above background? 1

Other product information _____

Radiological data: Annual Calibration date (s): 5/2/11

Instruments used: Model C 14 (6 mahr by Contact w Box 0.2 at 1 meter)

Background Levels – (Outside of the building) _____ (Inside) _____

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 1-Box

Date & Time transported from the store: 3-9-12 7:45 AM

Other comments: _____

TRANSMITTAL #12-031 RAM

() Radioactive Materials License Fee (X) Reciprocity () Sealed Source

Payer: **Bionomics, Inc.**
Attn: Paul Nipper
P. O. Box 817
Kingston, TN 37763

Description: Reciprocity Fee for the Period of February 2, 2012 to February 1, 2013

Code: 03225 Date: 1-26-12

Reciprocity No: 90-015-01 Fee: Other Health Physics Services \$1,700

PLEASE:

Make your check payable to the:

Maryland Department of the Environment/Radiation Control Fund

IMPORANT: Mail check with this transmittal form to:

Maryland Department of the Environment

P. O. Box 2198

Baltimore, Maryland 21203-2198

**WE MUST HAVE THIS TRANSMITTAL FORM IN
ORDER TO APPLY YOUR FEE TO THE PROPER ACCOUNT**

Please return one copy of the transmittal with your remittance.

FOR MDE USE ONLY

PCA: 13701
Agency: U00
Object: 5685
Suffix: 708
Transaction
Code: 410

Privacy Act Notice: This Notice is provided pursuant to the Federal Privacy Act of 1974, 5 U.S.C. § 552a. Disclosure of your Social Security or Federal Tax Identification on this form is mandatory pursuant to the provisions of § 1-203 (2003) of Environment Article, Annotated Code of Maryland, which requires MDE to verify that an applicant for a permit or license has paid all undisputed taxes and unemployment insurance. Social Security and Federal Tax Identification Nos. will not be used for any purposes other than those described in this Notice.

*****THIS IS NOT AN APPROVAL*****



**Please insert your
Federal I.D. Number or
Social Security Number:** _____

LOCATIONS

**BED BATH AND BEYOND STORE # 0052
9021 SNOWDEN RIVER PARKWAY
COLUMBIA, MD 21046
CONTACT: VALERIE WRIGHT
410-290-0920**

**BED BATH AND BEYOND STORE #0188
5413 URBANA PIKE
FREDERICK, MD 21704
CONTACT: JONATHON HAUSLER
301-695-6333**

Bionomics, Inc.
 PO Box 817
 Kingston, TN 37763

Invoice
 Invoice Number:
 12199

Invoice Date:
 Apr 3, 2012

PHONE: 865-220-8501
 FAX: 865-220-8532

Bill To:
 Shaw E and I
 ATTN: Accounts Payable
 P.O. Box 98519
 Baton Rouge, LA 70884

Pickup Location:
 BBBY Tissue Box
 Project No. 145176
 Various Locations

Customer ID		P.O. Number	Payment Terms	
Shaw Group		756290-000 OP	Net 30 Days	
Sales Rep ID		Shipping Method	Service Date	Due Date
John McCormick		Bionomics		5/3/12
Quantity	Item	Description	Unit Price	Amount
1.00		02/26/12 Port Reading, NJ Store #0653		00
1.00		02/28/12 Jersey City, NJ Store #0650)
1.00		03/02/12 Westbury, NY Store #0260)
1.00		03/02/12 Port Chester, NY Store #0767)
1.00		03/02/12 Elmsford, NY Store #0247)
1.00		03/02/12 Huntington Station, NY Store #0003		0
1.00		03/02/12 NYC Store #1194		0
1.00		03/28/12 Farmingdale, NY Store #0114		0

Payment Terms are 100% Net 30 days. After 30 days, interest shall accrue at 1 1/2 Percent per month or 18 Percent per Annum.

FEIN # 85-0366891

Subtotal

REMIT PAYMENT TO:

Sales Tax

Bionomics, Inc.
 Box 817
 Kingston, TN 37763

Total Invoice Amount

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: 653 On Site Date: 2/28/12
 Store Name: BBB/wareh PO#: _____
(If provided, pr use BBB Store# + date-mm/dd/yy)

CONTRACTOR: Bioconics Radial
 National Account _____
 Contractor: _____

(Please note National Account if contractor is performing work as a 'sub-contractor')

Workers on Job	Time In	Time Out	Total Time
1	10:40	12:00	1:20
2			
3			
4			

TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):
Inventory (lost) and h/a material

Work 100% Completed: YES NO

Comments (List any open issues or performance problems):

SIGNOFF

SM/Keyholder verification of work:
NOTE: Includes verification of replacement parts, if applicable.

Eva Alvarez
(SM/KH signature)
Eva Alvarez LPM
(print name and title)

Contractor Signature:
Joseph Spector
(signature)
Joseph Spector
(print name)

Bed Bath & Beyond #653
 1001 W Middlesex Ave
 Port Reading, NJ 07064

(Store Stamp)

Waste Pickup Form - Bed, Bath, and Beyond Store Surveys

Date of visit 2/22/12 Time 10:40 AM

Store Name & Number Bed Bath & Beyond 653

Store Location: 1001 W Middlesex Avenue, Port Reading, NJ 07064

Store point of contact Eva Alvarez Phone 862-201-7059

State NJ Zip Code 07064 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name Pat Gardner

Regulator Contact Info (Phone or E-Mail) 609-984-5400

Waste Packaging Contact Joseph Spenton/Radiac Phone 718-963-2233

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 45753 How many are above background? 4 (Tissue boxes)

Other product information tissue boxes, baskets, soap dishes, cups, holders

Radiological data: Annual Calibration date (s): 12/24/11

Instruments used: Theatro Microlem #1298

Background Levels - (Outside of the building) 7 cpm (Inside) 10 cpm

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 7 Tissue boxes

Date & Time transported from the store: 2/22/12 - 11

Other comments: Additional items removed: (45 incl 7 Tissue boxes waste baskets, cups, tooth brush holders

These items did not show any elevated radiation level.

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: 0653 On Site Date: 3/26/12
 Store Name: BBB PO#: _____
(If provided, or use BBB Store# + date-mm/dd/yy)

CONTRACTOR: Bioconics / Radia
 National Account _____
 Contractor: _____

(Please note National Account if contractor is performing work as a 'sub-contractor')

Workers on Job	Time In	Time Out	Total Time
1	1:30pm	1:50pm	20min
2			
3			
4			

20min TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):

Return back cartons with non-contaminated items

Work 100% Completed: YES NO

Comments (List any open issues or performance problems):

SIGNOFF

SM/Keyholder verification of work:

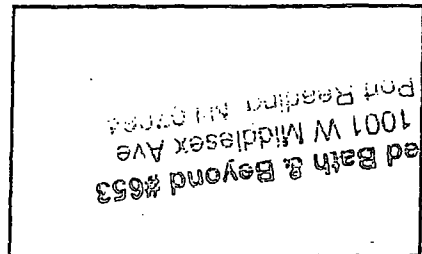
NOTE: Includes verification of replacement parts, if applicable.

Eva Alvarez
(SM/KH signature)

Eva Alvarez LPM
(print name and title)

Contractor Signature: Joseph Spertan
(signature)

Joseph Spertan
(print name)



(Store Stamp)

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: 650 On Site Date: 2/28/11
 Store Name: BBB PO#: _____
 (If provided, or use BBB Store# + date-mm/dd/yy)

CONTRACTOR: Brounitch / Radia
 National Account _____
 Contractor: _____
 (Please note National Account if contractor is performing work as a 'sub-contractor')

Workers on Job	Time In	Time Out	Total Time
1	11:30	2:00 pm	2 1/2
2			
3			
4			

TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):
Package (containing) multiple items
including concentrated tissue box

Work 100% Completed: YES NO

Comments (List any open issues or performance problems):

SIGNOFF

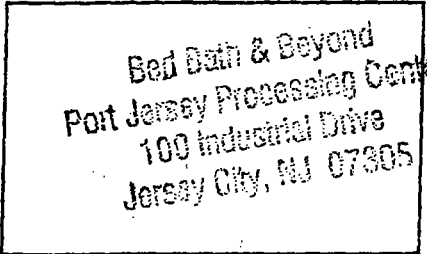
SM/Keyholder verification of work:
 NOTE: Includes verification of replacement parts, if applicable.

[Signature]
 (SM/KH signature)

Kelvin T. Garcia
 (print name and title)

Contractor Signature
[Signature]
 (signature)

Joseph Sperton
 (print name)



(Store Stamp)

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: 0680 On Site Date: 3/26/12
 Store Name: BBB PO#: _____
 (If provided, or use BBB Store# + date-mm/dd/yy)

CONTRACTOR: Brownie's Radio
 National Account Contractor:
 (Please note National Account if contractor is performing work as a 'sub-contractor')

Workers on Job	Time In	Time Out	Total Time
1			
2			
3			
4			
			<u>1.0</u>

TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):
Return back cartons with
well-contaminated items

Work 100% Completed: YES NO

Comments (List any open issues or performance problems):

SIGNOFF

SM/Keyholder verification of work:
 NOTE: Includes verification of replacement parts, if applicable.

Marco Rodriguez
 (SM/KH signature)
MARCO Rodriguez
 (print name and title)

Contractor Signature:
Joseph Spector
 (signature)
Joseph SPECTOR
 (print name)

STORE # 650 DELIVERY DATE 3/26/12
 RECEIVING MGR _____
 CTNS SHIPPED 28 CTNS RECEIVED 28
 EXCEPTIONS YES 1 SK NO _____
 #CTNS SHORT _____ #CTNS OVER _____ #CTNS DMG _____
 OS&D # _____ OS&D DATE _____ OS&D TIME _____
 OS&D CONTACT (Store Stamp) _____

Waste Pickup Form - Bed, Bath, and Beyond Store Surveys

Date of visit 2/28/12 Time 11:40

Store Name & Number Bed Bath & Beyond 650

Store Location: 100 Industrial Drive, Jersey City, NJ 07305

Store point of contact Kelvin Taverez Phone 201-309-9996

State NJ Zip Code 07305 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name Pat Gardner

Regulator Contact Info (Phone or E-Mail) 609-984-5400

Waste Packaging Contact Joseph Sperton Phone 718-963-2233

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall? (Y)(N)

Number of items present 32 tissue boxes How many are above background? 20 tissue boxes

Other product information _____

Radiological data: Annual Calibration date (s): 12/21/11

Instruments used: Thermo Microline

Background Levels - (Outside of the building) ~ 5cpm (Inside) 10cpm

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 32 tissue boxes

Date & Time transported from the store: Additional Presented Items

Other comments: 48 waste baskets, 30 soap dispensers,

24 tooth brush holders, 34 qips

All items listed above ~~did not~~ did not show elevated radiation level, but have been reviewed as per Bed Bath and Beyond representative

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: 0260 On Site Date: 3/2/12
 Store Name: Bed Bath PO#: _____
(If provided, for use BBB Store# + date-mm/dd/yy)

CONTRACTOR: Bicaconic / Rakra
 National Account _____
 Contractor: _____

(Please note National Account if contractor is performing work as a 'sub-contractor')

Workers on Job	Time In	Time Out	Total Time
<u>2</u>	<u>9:50</u>	<u>10:50</u>	
<u>3</u>			
<u>4</u>			

TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):

Remove 750 items, package contaminated
issue boxes (3), central issue boxes

Work 100% Completed: YES NO

Comments (List any open issues or performance problems):

SIGNOFF

SM/Keyholder verification of work:

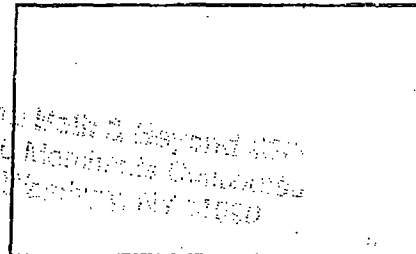
NOTE: Includes verification of replacement parts, if applicable.

Albert
(SM/KH signature)

Ali Bhatt
(print name and title)

Contractor Signature: Joseph Spertor
(signature)

Joseph Spertor
(print name)



(Store Stamp)

Waste Pickup Form – Bed, Bath, and Beyond Store Surveys

Date of visit 3/2/19 Time 11:45

Store Name & Number Bed Bath & Beyond 260

Store Location: 950 Merchants Concourse, Westbury, NY 11590

Store point of contact Damian Albano Phone 516-794-8631

State NY Zip Code 11590 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name

Regulator Contact Info (Phone or E-Mail)

Waste Packaging Contact Joseph Spertan Phone 718-963-2233

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present >150 How many are above background? 3 (tissue boxes)

Other product information _____

Radiological data:

Annual Calibration date (s): 12/17/11

Instruments used: Thermo Micro meter

Background Levels – (Outside of the building) ~ 5 µR/hr (Inside) ~ 10 µR/hr

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 3 boxes (3 tissue boxes)

Date & Time transported from the store: 3/2/19 - 11:50

Other comments: _____

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: 0767 On Site Date: 3/2/12
 Store Name: BBB PO#: _____
(If provided, or use BBB Store# + date-mm/dd/yy)

CONTRACTOR: Bronowick / Rodas
 National Account _____
 Contractor: _____

(Please note National Account if contractor is performing work as a 'sub-contractor')

Workers on Job	Time In	Time Out	Total Time
1	12:20	1:00	
2			
3			
4			

TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):

Scanning registers, sorting, hardening and removal of contaminated tissue levels
 Work 100% Completed: YES NO (incl. 6 "hot")

Comments (List any open issues or performance problems):

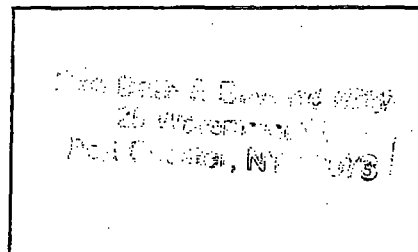
SIGNOFF

SM/Keyholder verification of work:

NOTE: Includes verification of replacement parts, if applicable.

[Signature] 3/2/12
 (SM/KH signature)
Arnold Peters ASM
 (print name and title)

Contractor Signature:
[Signature]
 (signature)
Joseph Spector
 (print name)



(Store Stamp)

Waste Pickup Form – Bed, Bath, and Beyond Store Surveys

Date of visit 3/2/12 Time 12:20

Store Name & Number Bed Bath & Beyond 767

Store Location: 25 Waterfront Place, Port Chester, NY 10573

Store point of contact Lucas Borgas Phone 914-937-9098

State NY Zip Code 10573 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name

Regulator Contact Info (Phone or E-Mail)

Waste Packaging Contact Joseph Sperton Phone 718-963-2933

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 9 How many are above background? 6 (Tissue boxes)

Other product information _____

Radiological data: Annual Calibration date (s): 12/27/11

Instruments used: Thermo Micro Rad

Background Levels – (Outside of the building) ~ 5cpm (Inside) ~ 10cpm

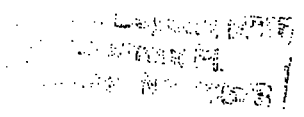
All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 9 tissue boxes (incl. 6 "hot")

Date & Time transported from the store: 3/2/12 - 1:00pm

Other comments: _____



BED BATH & BEYOND

Contractor Work Verification Form

Store Number: 0247 On Site Date: 3/2/12
 Store Name: BBB PD#: _____
 (If provided, or use BBB Store# + date-mm/dd/yy)

CONTRACTOR: Bio Services
 National Account Contractor: _____

(Please note National Account if contractor is performing work as a 'sub-contractor')

Workers on Job	Time In	Time Out	Total Time
1	11:20	1:50	
2			
3			
4			

TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):

Scrubbing, sanitizing & preparing of 10 items & removed 10 items incl. 2 hot tissue boxes

Work 100% Completed: YES NO

Comments (List any open issues or performance problems):

10 items including 9 tissue boxes (2 hot) and one cup

SIGNOFF

SM/Keyholder verification of work:

NOTE: Includes verification of replacement parts, if applicable.

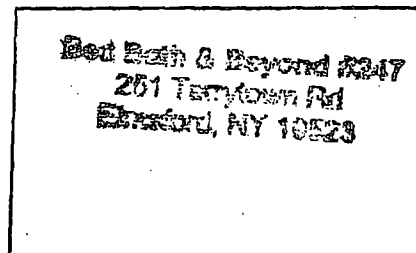
(SM/Keyholder signature)

Jim Fusco
 (print name and title)

Contractor Signature:

(signature)

Joseph Sperton
 (print name)



(Store Stamp)

Waste Pickup Form – Bed, Bath, and Beyond Store Surveys

Date of visit 3/2/12 Time 1:20 pm

Store Name & Number Bed Bath & Beyond 247

Store Location: 251 Tarrytown Road, Elmsford, NY 10523

Store point of contact Adam Ferber Phone 914-345-2701

State NY Zip Code 10523 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name

Regulator Contact Info (Phone or E-Mail)

Waste Packaging Contact Joseph Spector Phone 718-963-2233

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 10 How many are above background? 2 (tissue boxes)

Other product information Presented 9 tissue boxes & 1 cup

Radiological data: Annual Calibration date (s): 12/26/11

Instruments used: Thermo Microline

Background Levels – (Outside of the building) ~ 5cpm (Inside) ~ 10cpm

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 10 items incl. 2 "hot" tissue boxes

Date & Time transported from the store: 3/2/12 - 1:50 pm

Other comments: _____

Bed Bath & Beyond 247
251 Tarrytown Rd
Elmsford, NY 10523

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: BBB003 On Site Date: 3/2/12
 Store Name: _____ PO#: _____
 (If provided, or use BBB Store# + date-mm/dd/yy).

CONTRACTOR: _____
 National Account _____
 Contractor: _____
 (Please note National Account if contractor is performing work as a 'sub-contractor')

Workers on Job	Time In	Time Out	Total Time
1	8:40	9:30	
2			
3			
4			

[] TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):

Sorting and packing contaminated
tissue boxes, removed material.

Work 100% Completed: YES NO

Comments (List any open issues or performance problems):
Removed 5 tissue boxes (incl. 3 "hot")

SIGNOFF

SM/Keyholder verification of work:
 NOTE: Includes verification of replacement parts, if applicable.

Nerisha Hansraj
 (SM/KH signature)
NERISHA HANSRAJ
 (print name and title)

Contractor Signature:
[Signature]
 (signature)
Joseph Spertan
 (print name)

Bed Bath & Beyond #003
 110 Walt Whitman Road
 Huntington Station, NY 11746

(Store Stamp)

Waste Pickup Form - Bed, Bath, and Beyond Store Surveys

Date of visit 3/2/12 Time 9:00

Store Name & Number Bed Bath & Beyond 0003

Store Location: 340 WALT WHITMAN ROAD, Huntington Station, NY 11746

Store point of contact Niesha Bearman Phone 631-271-0808

State NY Zip Code 11746 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name

Regulator Contact Info (Phone or E-Mail)

Waste Packaging Contact Joseph Spulter Phone 718-963-2233

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall? (Y) (N) Y

Number of items present 5 How many are above background? 3

Other product information _____

Radiological data: Annual Calibration date (s): 12-27-11

Instruments used: Thermo MicroR meter #1298

Background Levels - (Outside of the building) ~10 µR/hr (inside) ~10 µR/hr

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 5 tissue boxes (incl. 3 "hot")

Date & Time transported from the store: 3/9/12 - 9:30

Other comments: _____

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: 1194 On Site Date: 3/2/12
 Store Name: BBB PO#: _____
(If provided, or use BBB Store# + date-mm/dd/yy)

CONTRACTOR: Brownies
 National Account _____
 Contractor: _____
(Please note National Account if contractor is performing work as a 'sub-contractor')

Workers on Job	1	Time In	Time Out	Total Time
	1	3:10	3:40	
	2			
	3			
	4			
<div style="border: 1px solid black; width: 100px; height: 15px; display: inline-block;"></div>				TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):

Work 100% Completed: YES NO

Comments (List any open issues or performance problems):
scanning, rooting, packaging and removal
contracted items (2 tissue boxes,
and only one is not)
SIGNOFF

SM/Keyholder verification of work:
NOTE: Includes verification of replacement parts, if applicable.

Will Knapic
(SM/KH signature)
Will Knapic
(print name and title)

Contractor Signature:
Joseph Spitzer
(signature)
Joseph Spitzer
(print name)

Bed Bath & Beyond #1194
 270 Greenwich St
 New York, NY 10007

(Store Stamp)

Waste Pickup Form – Bed, Bath, and Beyond Store Surveys

Date of visit 3/2/12 Time 3:10 pm

Store Name & Number Bed Bath & Beyond 1194

Store Location: 270 Greenwich Street, NYC (Tribeca), NY 10007

Store point of contact William Knapic Phone 212-233-8450

State NY Zip Code 1007 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name

Regulator Contact Info (Phone or E-Mail)

Waste Packaging Contact Joseph Spector Phone 718-963-2233

Product Information:

Confirm item is a Dual Ridge Tissue-Box (DR9M) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present ~20 How many are above background? 1 tissue box

Other product information _____

Radiological data: Annual Calibration date (s): 12/28/11

Instruments used: Thermo Micro & Meter

Background Levels – (Outside of the building) ~5 µR/h (Inside) ~10 µR/h

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping: Total quantity packaged and shipped: 2 tissue boxes (1 - "hot")

Date & Time transported from the store: 3/2/12 3:40 pm

Other comments: _____

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: 114 On Site Date: 3/28/11
 Store Name: BBB PO#: _____
(If provided, or use BBB Store# + date-mm/dd/yy)

CONTRACTOR: Bionovics / Radia
 National Account Contractor: _____

(Please note National Account if contractor is performing work as a 'sub-contractor')

Workers on Job	Time In	Time Out	Total Time
1	12:10	12:40	
2			
3			
4			

TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):
Supply of 3 presented items

Work 100% Completed: YES NO

Comments (List any open issues or performance problems):
All presented items are free of any radioactive contamination

SIGNOFF

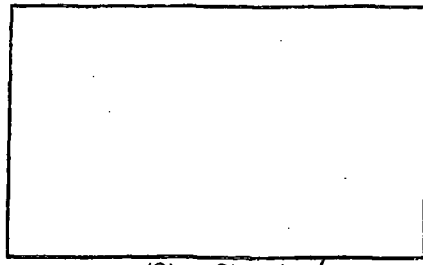
SM/Keyholder verification of work:
NOTE: Includes verification of replacement parts, if applicable.

Gordon S. Barr
(SM/KH signature)

Gordon S. Barr - Buyer
(print name and title)

Contractor Signature:
Joseph Spitzer
(signature)

Joseph Spitzer
(print name)



(Store Stamp)
BBB

Waste Pickup Form - Bed, Bath, and Beyond Store Surveys

Date of visit 3/28/12 Time 12:30

Store Name & Number Bed Bath & Beyond # 0114

Store Location 110 BI-OUNTY BLVD., FARMINGDALE

Store point of contact Farley Nachemin Phone 631-688-5341

State NY Zip Code 11735 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name _____

Regulator Contact Info (Phone or E-Mail) _____

Waste Packaging Contact Joseph Spektor Phone 718-963-2233

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 3 How many are above background? 0

Other product information 1 tissue box + 2 baskets

Radiological data:

Annual Calibration date (s):

Instruments used: Bicore MicroRad 12/27/11

Background Levels - (Outside of the building) ~5 μ R/hr (Inside) ~5 μ R/hr

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 0

Date & Time transported from the store: 3/28/12

Other comments: All items have been checked for radioactive contamination and are free for unrestricted release

Invoice

Invoice Number:
12197

Invoice Date:
Apr 4, 2012

Bionomics, Inc.
PO Box 817
Kingston, TN 37763

PHONE: 865-220-8501
FAX: 865-220-8532

Bill To:
Shaw E and I
ATTN: Accounts Payable
P.O. Box 98519
Baton Rouge, LA 70884

Pickup Location:
BBBY Tissue Box
Project No. 145176
Various Locations

Customer ID		P.O. Number	Payment Terms	
Shaw Group		756290-000 OP	Net 30 Days	
Sales Rep ID		Shipping Method	Service Date	Due Date
John McCormick		Bionomics		5/4/12
Quantity	Item	Description	Unit Price	Amount
1.00		02/27/12 San Jose, CA Store #0223	1,500.00	1,500.00
1.00		03/14/12 State of CA-Richmond	1,500.00	1,500.00
1.00		03/14/12 State of CA-Brea	1,000.00	1,000.00
1.00		03/16/12 North Las Vegas Store #0655	2,500.00	2,500.00
1.00		02/17 & 03/21/12 Oklahoma City Store #0164	2,000.00	2,000.00

Payment Terms are 100% Net 30 days. After 30 days, interest shall accrue at 1.5 Percent per month or 18 Percent per Annum.

FEIN # 85-0366891

Subtotal 8,500.00

REMIT PAYMENT TO:

Sales Tax

Bionomics, Inc.
PO Box 817
Kingston, TN 37763

Total Invoice Amount 8,500.00

Waste Pickup Form – Bed, Bath, and Beyond Store Surveys

Date of visit 2-27-12 Time _____

Store Name & Number Bed Bath & Beyond 223

Store Location: 5353 Almaden Expressway, San Jose, CA 95118

Store point of contact Bill Novak _____ Phone 408-264-6456

State CA Zip Code 95118 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name _____

Regulator Contact Info (Phone or E-Mail) N/A

Waste Packaging Contact Thomas Grey & Associates Phone 714-997-8090
Rich Gallego

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 3 How many are above background? 0

Other product information _____

Radiological data: Annual Calibration date (s): 11-7-11

Instruments used: Ludlum Model 14C

Background Levels – (Outside of the building) 0.03 MR (Inside) 0.03 MR

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 3

Date & Time transported from the store: 2-27-12 14:00

Other comments: Items loose not in original package

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: 223 On Site Date: 2-27-12

Store Name: Blossom Hill

PO#: _____

(If provided, or use BBB Store# + date-mm/dd/yy)

CONTRACTOR: Thomas Gray & Associates

National Account

Contractor: Bio Notices / Thomas Gray & Associates Sub.

(Please note National Account if contractor is performing work as a 'sub-contractor')

Workers on Job	Time In	Time Out	Total Time
1	13:50	1:30	30 min
2			
3			
4			

TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):

Survey & Package Tissue Boxes

Work 100% Completed: YES NO

Comments (List any open issues or performance problems):

SIGNOFF

SM/Keyholder verification of work:

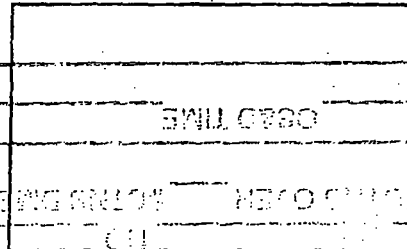
NOTE: Includes verification of replacement parts, if applicable.

[Signature]
(SM/KH signature)

Michael Avilos OPS
(print name and title)

[Signature]
(Contractor Signature)

Harold T. Sims
(print name)



(Store Stamp)

WORK DATE

Waste Pickup Form ~~Bed, Bath, and Beyond Store Surveys~~

Date of visit 3/14/12 Time 10:00 am

Store Name & Number Bed Bath & Beyond 714 997 8000

Store Location: N/A

850 Marie Bay Parkway
Richmond

Store point of contact _____ Phone _____

510-620-3410

State _____ Zip Code _____ NRC lead or Agreement State? (Y) (N) Circle One

CA 94804
Regulator contacted? (Y) (N) Contact Name _____

Regulator Contact Info (Phone or E-Mail) _____

Waste Packaging Contact Thomas Gray + Assoc. Phone _____

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 2 How many are above background? 2

Other product information _____

Radiological data: Annual Calibration date (s): 11/11/11

Instruments used: Lucas model 3

Background Levels - (Outside of the building) 50 cpm (Inside) 50 cpm

20 20
BRG = 0.1
me/hr

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 2

Date & Time transported from the store: R18 11:00

Other comments: Shipped as best

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: 655 On Site Date: 3-11-12
 Store Name: Las Vegas Dist. PO#: _____
 (If provided, or use BBB Store# + date-mm/dd/yy)

CONTRACTOR: Theresa Gray & Associates
 National Account _____
 Contractor: Blumacis
 (Please note National Account if contractor is performing work as a 'sub-contractor')

Workers on Job	Time In	Time Out	Total Time
1	2:30	2:45	15
2			
3			
4			

_____ TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):
Pick up Tissue Wavers

Work 100% Completed: YES NO

Comments (List any open issues or performance problems):

SIGNOFF

SM/Keyholder verification of work:
 NOTE: Includes verification of replacement parts, if applicable.

[Signature]
 (SM/KH signature)
William McINERNEY L.P.M.
 (print name and title)

Contractor Signature:
[Signature]
 (signature)
Harold P. Sims
 (print name)

Bed Bath & Beyond #655
 3717 Bay Lake Trail
 North Las Vegas, NV 89030

(Store Stamp)

Waste Pickup Form – Bed, Bath, and Beyond Store Surveys

Date of visit 3-16-12 Time 2:30

Store Name & Number Bed Bath & Beyond 223

Store Location: 3717 Bay Lake Trail, North Las Vegas, NV 89030

Store point of contact David Prato Phone 702-³⁹⁹~~339~~-0205

State NJ Zip Code 89030 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name

Regulator Contact Info (Phone or E-Mail)

Waste Packaging Contact William McInerney Phone _____

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 18 How many are above background? 4

Other product information _____

Radiological data: Annual Calibration date (s): _____

Instruments used: Model 14 C

Background Levels – (Outside of the building) .05 (Inside) .05

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 18

Date & Time transported from the store: 3/16/12

Other comments: _____

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: 0164

On Site Date: 2-17-12

Store Name: BBB

PO#: _____
(If provided, or use BBB Store# + date-mm/dd/yy)

CONTRACTOR: Bionomics Inc

National Account
Contractor: _____

(Please note National Account if contractor is performing work as a 'sub-contractor')

Workers on Job	Time In	Time Out	Total Time
1	8:00 AM	8:30 AM	30 min
2			
3			
4			

30 min

TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):

Pickup Tissue Boxes

Work 100% Completed: YES NO

Comments (List any open issues or performance problems):

SIGNOFF

SM/Keyholder verification of work:

NOTE: Includes verification of replacement parts, if applicable.

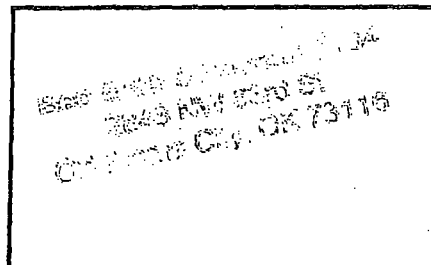
[Signature]
(SM/KH signature)

John Underwood
(print name and title)

Contractor Signature:

[Signature]
(signature)

Raymond D. Alexander
(print name)



(Store Stamp)

Waste Pickup Form – Bed, Bath, and Beyond Store Surveys

Date of visit 2-17-12 Time 8:00 AM

Store Name & Number Bed Bath & Beyond 0164

Store Location 2848 NW 63rd Street, Oklahoma City, OK 73116

Store point of contact John Boyd Phone 405-810-9025

State OK Zip Code 73116 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name Michelle Brewer

Regulator Contact Info (Phone or E-Mail) 405-702-5170

Waste Packaging Contact _____ Phone _____

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 4 How many are above background? 2

Other product information _____

Radiological data: Annual Calibration date (s): 3/30/11, 5/2/11

Instruments used: 14C, Model 3

Background Levels – (Outside of the building) 0.0 (Inside) 0.0

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 1 Box

Date & Time transported from the store: 2-17-12 8:30 AM

Other comments: _____

BED BATH & BEYOND

Contractor Work Verification Form

Store Number: 164 On Site Date: 3-21-12
 Store Name: OKC, OK PO#: _____
 (If provided, or use BBB Store# + date-mm/dd/yy)

CONTRACTOR: Thomas Gray & Associates
 National Account Contractor: Binaonic
 (Please note National Account if contractor is performing work as a 'sub-contractor')

Workers on Job	Time In	Time Out	Total Time
1	12:10	12:30	20
2			
3			
4			

25 TOTAL HOURS

Job Description (attach work order including all parts and detailed scope of work):
check & pickup items before

Work 100% Completed: YES NO

Comments (List any open issues or performance problems):

SIGNOFF

SM/Keyholder verification of work:
 NOTE: Includes verification of replacement parts, if applicable.

[Signature]
 (SM/KH signature)
John Underwood
 (print name and title)

Contractor Signature:
[Signature]
 (signature)
Harold J. Lewis
 (print name)

Bed Bath & Beyond #164
 2848 NW 63rd St
 Oklahoma City, OK 73116

(Store Stamp)

Waste Pickup Form – Bed, Bath, and Beyond Store Surveys

Date of visit 3-21-12 Time 12:15

Store Name & Number Bed Bath & Beyond 0164

Store Location 2848 NW 63rd Street, Oklahoma City, OK 73116

Store point of contact John Boyd Phone 405-810-9025

State OK Zip Code 73116 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name Michelle Brewer

Regulator Contact Info (Phone or E-Mail) 405-702-5170

Waste Packaging Contact _____ Phone _____

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9M) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 2 How many are above background? 2

Other product information -

Radiological data: Annual Calibration date (s): 11-7-11

Instruments used: Model 144

Background Levels – (Outside of the building) 0.04 (Inside) 0.04

All contaminated items should be clearly marked with a black magic marker, indicated with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. Package and transport all contaminated items. Take clean items if they are few in number.

Notes for Shipping:

Total quantity packaged and shipped: 2

Date & Time transported from the store: 3-22-12 12:15

Other comments: _____



POLICY ISSUE
(Information)



North Carolina Department of Health and Human Services
Division of Health Service Regulation
Radiation Protection Section
1645 Mail Service Center • Raleigh, North Carolina 27699-1645
<http://www.ncdhhs.gov/dhsr/ncradiation.net>

Drexdal Pratt, Director

Beverly Eaves Perdue, Governor
Lanier M. Cansler, Secretary

W. Lee Cox, III, Chief
Phone: 919-571-4141 • Fax: 919-571-4148

January 11, 2012

Dear Store Manager:

We have recently become aware that the Bed, Bath and Beyond retail chain has received items from a manufacturer in India, and some of these items contain radioactive material. Several contaminated items have been located in Bed, Bath and Beyond stores across the country.

While these items do not appear to present a health concern to members of the public, this Agency is investigating how widespread the distribution of these items is within our state.

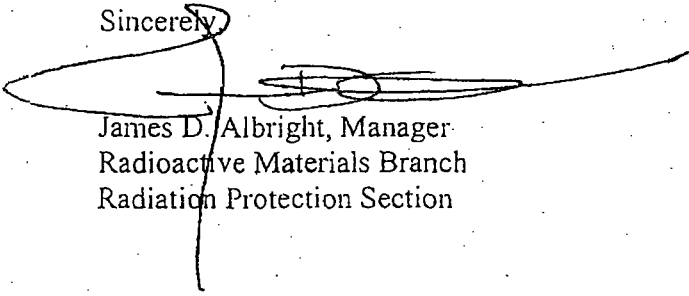
The Agency is requesting your assistance in identifying these items. Please allow this inspector to conduct a survey within your store to determine if you are in possession of any of these items.

If items containing radioactive material are discovered, we respectfully request that you remove them from your sales-floor and that you secure them until their disposition can be determined by your corporate office.

If you have any questions about this request, please contact James Albright at 919-604-4037 (cell) or 919-571-4141 x250, or Lee Cox at the phone number listed above.

Thank you very much if aiding this Agency's efforts to protect the health and safety of the citizens of North Carolina from unnecessary exposure to radiation.

Sincerely,



James D. Albright, Manager
Radioactive Materials Branch
Radiation Protection Section

Att: USNRC Event Report 47575



Bed, Bath and Beyond
Co-60 Contaminated Tissue Holder
Inspections Summary

On January 11th, this agency (NCDHHS/DHSR/Radiation Protection Section) received notification that a shipment of merchandise received and distributed by Bed, Bath and Beyond, a retailer with stores in 29 locations throughout the state may be contaminated with the radioactive nuclide Cobalt-60 (Co-60). On January 12th, eight staff from the Radioactive Materials Branch fanned out across the state to perform surveys of this merchandise line and to determine what protective actions local stores may have taken as a result of this discovery.

After canvassing all 29 locations, only one location (the Pineville-Matthews location) was found to possess the contaminated items, a tissue box holder manufactured in India. All other product line items were found not to be contaminated. Each inspector also conducted surveys of related product lines to ensure that other items are safe for the public. No other radioactively contaminated items were discovered.

In all but one case, a store which did not carry the product line, store managers were aware of the recall issued by Bed, Bath and Beyond corporate offices. In all cases, the stores that carried the product line pulled the product from the shelves and stored it in secure locations. No items were sold to the public prior to the recall notice.

Attached (in order):

Survey results from the Pineville-Matthews store

NRC Event Report

Bed bath and beyond in-store recall notice

Example of inventory print out for the Wilmington, NC store

Example of inventory print out for the Jacksonville, NC store

Introductory letter sent out to accompany Inspectors

Color photos of product line and survey

See opposite
side...

Store address/number Bed Bath and Beyond 3413 Pineville Matthews Road Charlotte, NC	Phone number 704-542-5711
Manager Name	Craig Scott
Email address	Craig.scott@bedbath.com
Additional Parties Present	1.)
	2.)
	3.)
	4.)
Were store staff knowledgeable of the incident?	Yes
Were you able to make a survey? If not, why not?	Yes
List Survey Instruments Used (calibration due date, model of meter, type of probe, and serial numbers)	1.) Ludlum 19 sn 205717 cal 4/11
	2.) Ludlum 14C swgm sn 230223 cal 2/11
	3.) Identifinder sn 3574-401 cal 4/11
Background reading for each meter (specify units):	10-15 microR/hr 0.05 mr/hr
Did any items show elevated readings? <i>If yes, describe below</i>	Yes
Did the store remove the items to a suitable secure location?	Yes
Did you leave contact information? (i.e. business cards)	Yes
Did you take pictures of the items with elevated readings? (if so attach them to this report)	Yes
List readings of interest (if any, include units and survey meter information):	List any identifying characteristics of the suspect items (model number, serial number, etc):
Tissue Box Covers, 7 total	All had label on inside, as follows:
25 milliRem/hr contact inside corners	SKU 18485524
17 millilRem/hr	Bed Bath & Beyond
12 mR/hr	UPC 8-47682-0049-8
12 mR/hr	Dual Ridge Metal
0.5 mR/hr	Boutique
0.5 mr/hr	Made in India
	\$24.99
Use additional sheets of paper if necessary...	

Describe the area the suspect items will be stored (i.e. is it locked? Who will have access? Will the items be marked in some way to designate that they are off limits?):

See opposite
side...

Additional notes or concerns from the staff:

Identifinder Spectra yielded twice: 10 ind Co-60

If you don't have an identifinder, make arrangements to return at a later date to do a spectra on items found (if any)

Measurement Instrument: Victoreen 451P - SN0633 (Calibration date - May 19, 2011)

<---- per hour base ---->		
Box	Reading @ contact	Reading 1' ft away
A	4.7 mR	.60 mR
B	43 uR	37 uR
C	50 uR	44 uR
D	3.5 mR	.57 mR
E	24 uR	24 uR
F	30 uR	30 uR
G	25 uR	30 uR
Individual units	Very low	Very low
Pull the units from box A measured each	6.6 mR	480 uR

These 4 units were in the active.

Electrical Room Readings:

1' from cart	290 uR / Hr
at contact with close door	30 uR / Hr

John inspected the merchandise in question and he took readings which he shared (see below chart).
We only isolated sku 18485524 (UPC 8476820004980)

John Follette, Radiological Staff Specialist
Radiation Control Program
Department Health and Human Services
State of Nevada
2080 E. Flamingo Rd, Suite 319
Las Vegas, NV 89119

uR - Macro R
mR - Mil R (in 1,000)
Box = vendor case packed with 2 units inside.

Only when we pulled the tissue holders from Case A, the reading exceeded the 5.0 mR level.

They read 6.6mR. This is because the case is shielding some of the radiation of the tissue holder.

Memo

To: Steve Gavitt, Director

From Andrew Bass, Associate Radiological Health Specialist

Re: Investigation of metal tissue boxes suspected to be contaminated with radioactive

Locations: 1) Bed, Bath and Beyond store at 340 Walt Whitman Road, Huntington Station, NY
2) Bed, Bath and Beyond store at 950 Merchants Concourse, Westbury, NY

On January 11, 2011 I visited both Bed, Bath and Beyond stores indicated above.

At the Huntington Station store and met with Jim Oppedisano, Asst. Manager, telephone number 631-271-0808. He stated that he was aware of the recall and showed me the suspected Dual Ridge Metal Boutique tissue box holders, which were locked in the cash room on the second floor. These tissue box holders had a Bed, Bath & Beyond label on the inside with a SKU # 18485524 and UPC code 84768200498. I surveyed the tissue box holders in the cash room and two of them had elevated readings. One had a contact reading of 3.9 mR/hr and a one foot reading of 0.90 mR/hr. The other tissue box holder had a contact reading of 4.6 mR/hr and a one foot reading of 0.95 mR/hr. The other tissue box holders had survey readings of background. Orientation of the meter was perpendicular to the tissue holders. I performed a wipe test of these two tissue box holders and the survey reading of this wipe was background. This wipe will be sent to the Wadsworth lab for analysis. All of the other Dual Ridge Metal Boutique merchandise at this location was surveyed and readings were background. All of the tissue box holders are in the locked cash room and all other Dual Ridge Metal merchandise has been removed from the sales floor.

At the Westbury store I met with Rob Amodeo, Asst. Manager, telephone number 516-766-6480. He stated that he was aware of the recall and showed me the suspected Dual Ridge Metal Boutique tissue box holders which were locked in the elevator room on the second floor along with all of other Dual Ridge Metal merchandise. These tissue box holders had a Bed, Bath & Beyond label on the inside with a SKU # 18485524 and UPC code 84768200498. I surveyed the tissue box holders and two of them had elevated readings. One had a contact reading of 4.5 mR/hr and a one foot reading of 0.5 mR/hr. The other tissue box holder had a contact reading of .95 mR/hr and a one foot reading of 0.15 mR/hr. All of the other tissue box holders had reading indistinguishable from background. Orientation of the meter was parallel to the tissue box holders. I performed a wipe test of the two tissue box holders that were contaminated and a survey reading of this wipe was indistinguishable from background. This wipe will be sent to the Wadsworth lab for analysis. All of the other Dual Ridge Metal Boutique merchandise had survey readings which were background and are stored in the locked elevator room and are not for sale.

Survey instruments used:

- 1) Inovision model 450 P S/N 1428 Cal. Date 12/27/2011 Background readings were 11 to 15 micro R/hr
- 2) Ludlum model 14C, S/S 48922 Cal. date 8/2/11, Background readings were 100-150 cpm

New Jersey Survey Results – BB&B January 13, 2012

Locations that received DR9M Tissue Box Holders from the December 2011 Shipment

Deptford - Received 6

The store in Deptford had removed all items from the floor and they were in the storeroom area. They reported to me that none had been sold from the store.

They had 7 tissue boxes holders. Six of the seven ranged from 4 mR/hr to 13 mR/hr on contact. One tissue box cover was not contaminated. Readings were taken with the Thermo digital survey meter (bkg was 9 uR/hr). Wipe samples did not reveal any removable contamination. Survey of wastebaskets, toothbrush holders, soap dishes, tumblers and soap dispensers were all at background.

Isotope was id'd as Co-60 with complete confidence. All items have been locked in a trailer in back of the store awaiting further instructions.

North Brunswick location Mgr. Randy Cooper Received 2

Dual Ridge Boutique Tissue holders received on the following dates:

2 pieces received on 9/27/11, 10/4/11, 12/6/11 and 1/4/12 for a total of 8 pieces.

1 piece sold on 11/16/11 (may have been from the batch received on 10/4/11 or 9/27/11)

Total of 7 pieces stored in a locked electrical room in the stock room when we arrived.

Results of survey on 1/13/12:

5 tissue holders were approximately bkg (9 microrem/hr).

2 tissue holders were approximately 11 mR/hr. On one of these holders, it was noted that readings on one side of the box were only 2 mR/hr, while the other sides were 11 mR/hr.

Wipe indicated no removable contamination.

Identifinder clearly indicated Cobalt 60.

On 1/11/12, surveys of other similar items on display showed no readings above bkg (4 microrem/hr).

*When we revisited the facility on 1/13/12, all items in the collection (wastebasket, soap dish, etc.) had been removed from the shelves and stored in the locked electrical room.

Manalapan location Mgr. Mike Depoto Received 4

4 pieces received on 9/26/11, 2 pieces received on 1/5/12 and 1/10/12, for a total of 8 pieces.

4 pieces from the 9/26/11 receipt date were recently sold.

Total of 4 pieces were stored in a locked electrical room in the stock room.

Readings ranged from 1.5 millirem/hr to a max of 12 millirem/hr.

Identifinder clearly indicated Cobalt 60

Survey of wastebaskets, toothbrush holders, soap dishes, tumblers and soap dispensers from the collection (also being kept in the electrical room) were all at background.

Port Reading warehouse – Received 4

Spoke with Jeff Silvia & Bruce Silverman

They had a variety of items from the Dual Ridge Boutique line set aside in a locked cage area at the back of the warehouse where there is little traffic. There were three boxes of 2 tissue covers. Of these, one was not contaminated while the other two were. The contaminated items ranged from 9.8 - 10.2 mrem/hr on contact. The Identifinder clearly indicated Co-60 as the isotope of concern. These two boxes (2 covers in each) were further segregated from the larger set. All remain locked and secured. Surveys of all the remaining items indicated nothing above background (~ 8 uR/hr).

Jersey City warehouse – Received 22

Spoke with Kelvin Tavares & Billy Dominguez

They had 4 cartons of tissue box covers; no other items from the Dual Ridge Boutique line of products. These were set aside at the back of the warehouse, but not locked away. I asked them if they could move them to the caged area they were in front of, and they said that they will take care of it right away. We surveyed all of the boxes in each carton (6 boxes per carton x 2 covers per box = 12 covers per carton). Of the 4 cartons, the contents of 2 cartons were clean. For the remaining two cartons, all of the covers were elevated, with readings from 4.9 - 10 mrem/hr. The Identifinder clearly indicated Co-60 as the isotope of concern. There were 2-4 covers from the contaminated boxes that had been shipped to BB&B stores in Manhattan, but they were unable to provide us with which ones went where.

Surveys of other similar items on display showed no readings above background (4 microrem/hr).

Locations that received DM9M Tissue Box Covers from prior shipments and none from the December shipment

Totowa Store – Received 10

This store had 7 tissue box covers (10 were listed as having been shipped there) and all were at background. All other items in the line were also found to be at background. All items are off the floor and in a locked room in the storeroom.

Bridgewater Store – Received 6

They had 3 tissue box covers left of the 6 that had been shipped to them. All 3 were free of contamination. The other items were found to be at background. These items were also secured in a locked room.

From: Langsted, Jim
Sent: Wednesday, January 11, 2012 10:53 AM
To: 'Jim.O'Connor@bedbath.com'; Wood, Thomas R
CC: McEahern, Patrice M; Hackett, John R; Somerville, Mark O
Subject: FW: Radioactive Tissue Boxes - St. Louis, Missouri
Attachments: P1100004.JPG; P1100002.JPG; P1100003.JPG

Jim,

I just received a call from Mr. Garoutte at the Missouri Dept of Health and Senior Services. He had received my name from someone in NJ and wanted to let me know about the tissue boxes in a store in Sunset Hills MO, a suburb of St. Louis. He indicated eight boxes, two of which have been sold. The rad response people are working to try and determine who may have purchased. The other six are isolated at the store.

He sent me these pictures as well and asked for an update when/if possible.

He also mentioned some in Overland Park, KS

We will talk at 1:30 EST?

Jim Langsted

James M. Langsted, CHP

Health Physicist

Radiological Support & Oversight

Shaw Environmental & Infrastructure Group

7604 Technology Way STE 300

Denver, Colorado 80237

720.554.8182 direct

303.870.2802 cell

720.554.8299 fax

jim.langsted@shawgrp.com

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www.shawgrp.com

From: Garoutte, Jonathan [<mailto:Jonathan.Garoutte@health.mo.gov>]

Sent: Wednesday, January 11, 2012 10:35 AM

To: Langsted, Jim

Subject: FW: Radioactive Tissue Boxes - St. Louis, Missouri

Jim-

Here are a few pics of the boxes at the Sunset Hills store in St. Louis, MO. Below is one of the early update emails is rate info too.

Jonathan D. Garoutte
Bureau of Environmental Epidemiology
Division of Community and Public Health
Department of Health and Senior Services

930 Wildwood Dr., P.O. Box 570
Jefferson City, MO 65102-0570
(573) 751-6102, Fax (573) 526-6946

Please note that my email address has recently changed to: jonathan.garoutte@health.mo.gov.

CONFIDENTIALITY STATEMENT

This electronic communication is from the Missouri Department of Health and Senior Services and is confidential, privileged and intended only for the use of the recipient named above. If you are not the intended recipient or the employee or agent responsible for delivering this information to the intended recipient, unauthorized disclosure, copying, distribution or use of the contents of this transmission is strictly prohibited. If you have received this message in error, please notify the sender immediately at the following email address: jonathan.garoutte@health.mo.gov or by calling (573) 751-6102. Thank you.

www.health.mo.gov

From: Vrabec, Adam
Sent: Tuesday, January 10, 2012 7:09 PM
To: DNR.EER General Incident Notifications
Cc: Henke, Keith
Subject: Radioactive Tissue Boxes

I met the night manager this evening at 1730 hours. She took me back to an area in the storage room where the tissue boxes were. There were 6 boxes total in an open top cardboard box. Highest readings on the mini- radiac were 7.17 mR/hr near the surface of the tissue boxes. Approximately 1-2 feet away readings dropped off significantly to 20-40 microrems/hr. At approximately 8 ft. away reading were near background. Background before entering the building were 12 microrems/hr. Using the Identifinder, a positive hit was obtained for Cobalt 60. The store manager was told to isolate the area and to not let anyone near the tissue boxes. Mr. Vrabec stated someone with DHSS will contact the day manager first thing in the morning on the next steps that will be taken. Keith Henke and I talked this evening, and he has all the information. I will return tomorrow with DHSS and assist them any help needed.

Adam Vrabec
State On-Scene Coordinator
Emergency Response Section
Missouri Department of Natural Resources
phone 636-938-7809
24-hr Emergency Response 573-634-2436

DC

Product Survey Form - Bed, Bath, and Beyond Store Surveys

Date of visit 1/18/12 Time 8:30 - AM

Store Name & Number Bed Bath Beyond #1081

Store Location 709 7th St NW Washington DC 20001

Store point of contact Eric Buck / Tom Karhoff Phone 202-268-0002

State DC Zip Code 20001 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name _____

Regulator Contact Info (Phone or E-Mail) _____

Inspector _____ Phone _____

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9H) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 3 Identifying numbers on item or container? 8.47682 00049.8 ^{UPC}

Other product information _____

Radiological data: Annual Calibration date (s): 6/24/2012

Instruments used: FuJie Biomedical 451P serial# 3622

Background Levels - (Outside of the building) 5 uR/hr (Inside) 5-10 uR/hr

Confirm radioactivity - are any items above background? (Y) (N) How many? 2

Any elevated items other than the Tissue Box? (List) NO

Items located in a secure area (Y) (N) Location ELECTRICAL ROOM

Mark all contaminated items clearly with a black magic marker - indicate with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible.

Notes for Shipping:

Store contact: Eric / Tom / or other manager

Best pick up point: Electrical Room

Other comments: _____

S. Austin

Washington DC Store # 1081 4/18/12

Meter Readings: (Show all results in uR/hr)

Item 1 (at 1 m)	<u>at Background</u>	30 cm	<u>at Background</u>	On Contact	<u>at Background</u>
Item 2 (at 1 m)	<u>55</u>	30 cm	<u>500</u>	On Contact	<u>4200</u>
Item 3 (at 1 m)	<u>60</u>	30 cm	<u>700</u>	On Contact	<u>4300</u>
Item 4 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 5 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 6 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 7 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 8 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 9 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 10 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 11 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 12 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 13 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 14 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 15 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 16 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 17 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 18 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 19 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 20 (at 1 m)	_____	30 cm	_____	On Contact	_____

(Use additional sheets as needed)

DE

Product Survey Form - Bed, Bath, and Beyond Store Surveys

Date of visit 1/18/12 Time 1:00 pm
 Store Name & Number Bed Bath Beyond #185
 Store Location 1020 Brandywine Pky Wilmington
 Store point of contact Jodi Phouthavongsa Phone 302-479-5414
 State DE Zip Code 19803 NRC lead or Agreement State? (Y) (N) Circle One
 Regulator contacted? (Y) (N) Contact Name _____
 Regulator Contact Info (Phone or E-Mail) _____
 Inspector _____ Phone _____

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9H) metal box approx. 5" x 5" x 6" tall? (Y) (N) (Y) 84768200049 8
 Number of items present 5 Identifying numbers on item or container? UPC
 Other product information _____

Radiological data: Annual Calibration date (s): 6/24/2012
 Instruments used: Fluke Biomedical 457P serial# 31622
 Background Levels - (Outside of the building) 5-10 uR/hr (Inside) 5-10 uR/hr
 Confirm radioactivity - are any items above background? (Y) (N) (Y) How many? 4
 Any elevated items other than the Tissue Box? (List) None
 Items located in a secure area (Y)(N) Location closet near customer service

Mark all contaminated items clearly with a black magic marker - indicate with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible.

Notes for Shipping: (see Above)
 Store contact: Jodi or Rob Osborne
 Best pick up point: Closet near customer service
 Other comments: _____

S. Austin

Wilmington, DE

Sheet # 185

1/18/12

Meter Readings: (Show all results in uR/hr)

Item	at 1 m	30 cm	On Contact
Item 1	Background	Background	Background
Item 2	100	1150	6300
Item 3	35	370	3300
Item 4	90	900	5500 5100 SMA
Item 5	95 80	950	5300
Item 6			
Item 7			
Item 8			
Item 9			
Item 10			
Item 11			
Item 12			
Item 13			
Item 14			
Item 15			
Item 16			
Item 17			
Item 18			
Item 19			
Item 20			

(Use additional sheets as needed)

FL

Product Survey Form - Bed, Bath, and Beyond Store Surveys

Date of visit 1/23/12 Time 3:15 PM

Store Name & Number Bed Bath + Beyond # 0235

Store Location 6567 S. Tamiami Trail, Sarasota

Store point of contact Liz Bartow Phone 941-924-0319

State FL Zip Code 34231 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name _____

Regulator Contact Info (Phone or E-Mail) N/A

Inspector Judson Kenoyer Phone 865-481-6050 x3408

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9H) metal box approx. 5" x 5" x 6" tall (Y) (N)

Number of items present 11 Identifying numbers on item or container? 4762-00049

Other product information None

Radiological data: Annual Calibration date (s): April 4, 2011

Instruments used: GR-135 Plus Identifier

Background Levels - (Outside of the building) 4.7 uR/h (Inside) 5.5 uR/h

Confirm radioactivity - are any items above background? (Y) (N) How many? 8

Any elevated items other than the Tissue Box? (List) No

Items located in a secure area (Y) (N) Location Electrical Room

SHOULD BE 10
8

Mark all contaminated items clearly with a black magic marker - indicate with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible.

Notes for Shipping:

Store contact: Liz Bartow

Best pick up point: Electrical Room

Other comments: _____

Sarasota Stae

uR/h

①

Meter Readings: (Show all results in uR/hr)

Item 1 (at 1 m) _____ 30 cm _____

On Contact 13400 (Ready)

Item 1

Item 2 (at 1 m) Bkg 30 cm _____

On Contact 10800 (uR/h Scale)

Item 3 (at 1 m) _____ 30 cm _____

On Contact 10500

Item 4 (at 1 m) _____ 30 cm _____

On Contact 10700 JK

Item 5 (at 1 m) 74 30 cm 670

On Contact 6200 Spectrum

Item 2

Item 6 (at 1 m) 74 30 cm 640

On Contact 6100 (at 30cm)

Item 7 (at 1 m) 63 30 cm 540

On Contact JK 3400 3400 25

Item 8 (at 1 m) 74 30 cm 650

On Contact 5600

Item 9 (at 1 m) 69 30 cm 640

On Contact 6000

Item 3

Item 10 (at 1 m) 63 30 cm 550

On Contact 3300 #26

Item 11 (at 1 m) 73 30 cm 630

On Contact 5900

Item 12 (at 1 m) 73 30 cm 660

On Contact 6600

Item 13 (at 1 m) _____ 30 cm _____

On Contact _____

Item 4

Item 14 (at 1 m) Bkg 30 cm _____

On Contact _____

Item 15 (at 1 m) _____ 30 cm _____

On Contact _____

Item 16 (at 1 m) _____ 30 cm _____

On Contact _____

Item 17 (at 1 m) _____ 30 cm _____

On Contact _____

Item 5

Item 18 (at 1 m) Bkg 30 cm _____

On Contact _____

Item 19 (at 1 m) _____ 30 cm _____

On Contact _____

Item 20 (at 1 m) _____ 30 cm _____

On Contact _____

(Use additional sheets as needed)

Sarasota

(2)

Meter Readings: (Show all results in uR/hr)

uR/h

Spectrum

Item 6

Item 7

8

9

10

Item 1 (at 1 m) 61 30 cm 500 On Contact 5200

Item 2 (at 1 m) 52 30 cm 440 On Contact 3000

Item 3 (at 1 m) 64 30 cm 510 On Contact 5500

Item 4 (at 1 m) 50 30 cm 460 On Contact 3000

Item 5 (at 1 m) 54 30 cm 540 On Contact 5600

Item 6 (at 1 m) 60 30 cm 500 On Contact 5400

Item 7 (at 1 m) 51 30 cm 410 On Contact 2700

Item 8 (at 1 m) 56 30 cm 500 On Contact 5300

Item 9 (at 1 m) 33 30 cm 280 On Contact 1800

Item 10 (at 1 m) 42 30 cm 360 On Contact 4600

Item 11 (at 1 m) 84 30 cm 270 On Contact 1820

Item 12 (at 1 m) 36 30 cm 240 On Contact 1250

Item 13 (at 1 m) 46 30 cm 370 On Contact 2400

Item 14 (at 1 m) 50 30 cm 390 On Contact 2240

Item 15 (at 1 m) 55 30 cm 500 On Contact 5400

Item 16 (at 1 m) 57 30 cm 530 On Contact 5600

Item 17 (at 1 m) 23 30 cm 126 On Contact 5500

Item 18 (at 1 m) 22 30 cm 165 On Contact 10600

Item 19 (at 1 m) 29 30 cm 250 On Contact 4100

Item 20 (at 1 m) 20 30 cm 157 On Contact 1130

Item 20 (at 1 m) 30 cm On Contact

#27

#28

#29

#30

#31

(Use additional sheets as needed)

Sarasala

3

uR/h

Spectrum

Meter Readings: (Show all results in uR/hr)

Item 1 (at 1 m) 54 30 cm 510 On Contact 5700

Item 2 (at 1 m) 58 30 cm 480 On Contact 5400

Item 3 (at 1 m) 48 30 cm 400 On Contact 2600

Item 4 (at 1 m) 57 30 cm 480 On Contact 5300

Item 5 (at 1 m) _____ 30 cm _____ On Contact _____

Item 6 (at 1 m) _____ 30 cm _____ On Contact _____

Item 7 (at 1 m) _____ 30 cm _____ On Contact _____

Item 8 (at 1 m) _____ 30 cm _____ On Contact _____

Item 9 (at 1 m) _____ 30 cm _____ On Contact _____

Item 10 (at 1 m) _____ 30 cm _____ On Contact _____

Item 11 (at 1 m) _____ 30 cm _____ On Contact _____

Item 12 (at 1 m) _____ 30 cm _____ On Contact _____

Item 13 (at 1 m) _____ 30 cm _____ On Contact _____

Item 14 (at 1 m) _____ 30 cm _____ On Contact _____

Item 15 (at 1 m) _____ 30 cm _____ On Contact _____

Item 16 (at 1 m) _____ 30 cm _____ On Contact _____

Item 17 (at 1 m) _____ 30 cm _____ On Contact _____

Item 18 (at 1 m) _____ 30 cm _____ On Contact _____

Item 19 (at 1 m) _____ 30 cm _____ On Contact _____

Item 20 (at 1 m) _____ 30 cm _____ On Contact _____

Item 11

#32

(Use additional sheets as needed)

FL

Product Survey Form - Bed, Bath, and Beyond Store Surveys

Date of visit 1/23/12 Time 1000

Store Name & Number Bed Bath + Beyond #0099

Store Location Tampa, FL 13123 North Dale Mabry Highway, Tampa

Store point of contact Sean King Phone 813-963-2644

State FL Zip Code 33618 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) (N) Contact Name _____

Regulator Contact Info (Phone or E-Mail) N/A

Inspector Judson Kenoyer Phone 865-481-6050 x3408

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9H) metal box approx. 5" x 5" x 6" tall? (Y) (N) (Y)

Number of items present 3 Identifying numbers on item or container? 8/49682 00049/8

Other product information _____

Radiological data: Annual Calibration date (s): April 4, 2011

Instruments used: GR-135 Plus Identifier

Background Levels - (Outside of the building) 4-6 uR/h (Inside) 4-6 uR/h

Confirm radioactivity - are any items above background? (Y) (N) How many? 2

Any elevated items other than the Tissue Box? (List) No

Items located in a secure area (Y) (N) (N) Location Fixture Room

Mark all contaminated items clearly with a black magic marker - indicate with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible.

Notes for Shipping:

Store contact: Sean King or Michelle Marrona

Best pick up point: Fixture Room

Other comments: _____

State #0099 Tampa, FL

Tab at
↓ 30cm

Meter Readings: (Show all results in uR/hr)

uR/h

Spectrum #

Item 1

Side
Item 1 (at 1 m) 57 30 cm 510

On Contact 5400

Item 2 (at 1 m) 45 30 cm 450

On Contact 3000

Item 3 (at 1 m) 56 30 cm 520

On Contact 5500
5000 JK

Item 4 (at 1 m) 45 30 cm 450

On Contact 3000

Item 5 (at 1 m) 76 30 cm 640

On Contact 5800 8800

Item 2

Side
Item 6 (at 1 m) 66 30 cm 680

On Contact 10,000

Item 7 (at 1 m) 66 30 cm 650

On Contact 10,400

Item 8 (at 1 m) 60 30 cm 540

On Contact 4600

Item 3

Item 9 (at 1 m) _____ 30 cm _____

On Contact _____

Side
Item 10 (at 1 m) Bkg 30 cm _____

On Contact _____

Item 11 (at 1 m) _____ 30 cm _____

On Contact _____

Item 12 (at 1 m) _____ 30 cm _____

On Contact _____

Item 13 (at 1 m) _____ 30 cm _____

On Contact _____

Item 14 (at 1 m) _____ 30 cm _____

On Contact _____

Item 15 (at 1 m) _____ 30 cm _____

On Contact _____

Item 16 (at 1 m) _____ 30 cm _____

On Contact _____

Item 17 (at 1 m) _____ 30 cm _____

On Contact _____

Item 18 (at 1 m) _____ 30 cm _____

On Contact _____

Item 19 (at 1 m) _____ 30 cm _____

On Contact _____

Item 20 (at 1 m) _____ 30 cm _____

On Contact _____

#17

#18

(Use additional sheets as needed)

FL

Product Survey Form - Bed, Bath, and Beyond Store Surveys

Date of visit 1/23/12 Time 1200

Store Name & Number Bed Bath + Beyond # 0178

Store Location 2060 66th Street North, St. Petersburg

Store point of contact Brad Reischer Phone 727-384-3131

State FL Zip Code 33710 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) (N) Contact Name _____

Regulator Contact Info (Phone or E-Mail) N/A

Inspector Judson Kenoyer Phone 865-481-6050 x3408

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9H) metal box approx. 5" x 5" x 6" tall? (Y) (N) (N)

Number of items present 7 Identifying numbers on item or container? _____

Other product information No

Radiological data: Annual Calibration date (s): April 4, 2011

Instruments used: G.R-135 Plus Identifier

Background Levels - (Outside of the building) 3-6 uR/h (Inside) 4-6 uR/h

Confirm radioactivity - are any items above background? (Y) (N) (N) How many? 6

Any elevated items other than the Tissue Box? (List) No

Items located in a secure area (Y) (N) Location Electrical Room

Mark all contaminated items clearly with a black magic marker - indicate with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible.

Notes for Shipping:

Store contact: Brad Reischer

Best pick up point: Electrical Room

Other comments: _____

Site # 0178 St. Petersburg

①

Meter Readings: (Show all results in uR/hr)

uR/h

Spectrum #

Item 5

Item 1 (at 1 m) Bkg 30 cm On Contact

Item 2 (at 1 m) 55 30 cm 520 On Contact 5200

Item 3 (at 1 m) 50 30 cm 460 On Contact 2800

Item 1

Item 4 (at 1 m) 57 30 cm 510 On Contact 4900

Item 5 (at 1 m) 45 30 cm 460 On Contact 2900

Item 6 (at 1 m) 32 30 cm 250 On Contact 1300

Item 2

Item 7 (at 1 m) 29 30 cm 285 On Contact 1900 # 20

Item 8 (at 1 m) 43 30 cm 390 On Contact 4800

Item 9 (at 1 m) 35 30 cm 290 On Contact 2000

Item 10 (at 1 m) 68 30 cm 1720 On Contact 10300

Item 3

Item 11 (at 1 m) 73 30 cm 670 On Contact 10000 # 21

Item 12 (at 1 m) 63 30 cm 590 On Contact 5300

Item 13 (at 1 m) 70 30 cm 670 On Contact 9500

Item 14 (at 1 m) 71 30 cm 710 On Contact 11,300

Item 4

Item 15 (at 1 m) 77 30 cm 690 On Contact 10,700 # 22

Item 16 (at 1 m) 65 30 cm 580 On Contact 5700

Item 17 (at 1 m) 71 30 cm 670 On Contact 10,800

Item 18 (at 1 m) _____ 30 cm _____ On Contact _____

Item 19 (at 1 m) _____ 30 cm _____ On Contact _____

Item 20 (at 1 m) _____ 30 cm _____ On Contact _____

(Use additional sheets as needed)

St Petersburg

2

Meter Readings: (Show all results in uR/hr)

uR/h

Spectrum #

50 30 cm 480

On Contact 3000

60 30 cm 550

On Contact 5400

46 30 cm 480

On Contact 3100

57 30 cm 540

On Contact 5500

50 30 cm 450

On Contact 2900

59 30 cm 530

On Contact 5000

50 30 cm 470

On Contact 2900

58 30 cm 510

On Contact 5100
~~5100~~

Item 9 (at 1 m) 30 cm

On Contact

Item 10 (at 1 m) 30 cm

On Contact

Item 11 (at 1 m) 30 cm

On Contact

Item 12 (at 1 m) 30 cm

On Contact

Item 13 (at 1 m) 30 cm

On Contact

Item 14 (at 1 m) 30 cm

On Contact

Item 15 (at 1 m) 30 cm

On Contact

Item 16 (at 1 m) 30 cm

On Contact

Item 17 (at 1 m) 30 cm

On Contact

Item 18 (at 1 m) 30 cm

On Contact

Item 19 (at 1 m) 30 cm

On Contact

Item 20 (at 1 m) 30 cm

On Contact

(Use additional sheets as needed)

6

Hand

#

23

24

FL

Product Survey Form - Bed, Bath, and Beyond Store Surveys

Date of visit 1/24/12 Time 6PM
Store Name & Number Bed Bath + Beyond #0055
Store Location 2025 Okeechobee Blvd, West Palm Beach
Store point of contact Matt Morse Phone 561-687-0959

State FL Zip Code 33409 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name _____

Regulator Contact Info (Phone or E-Mail) N/A

Inspector Judson Kenoyer Phone 865-481-6050 X3408

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9H) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 13 Identifying numbers on item or container? Same Model # as per label

Other product information _____

Radiological data: Annual Calibration date (s): April 4, 2011

Instruments used: GR-135 Plus Identifier

Background Levels - (Outside of the building) 3-5 uR/h (Inside) 5-8 uR/h

Confirm radioactivity - are any items above background? (Y) (N) How many? 10

Any elevated items other than the Tissue Box? (List) No

Items located in a secure area? (Y) (N) Location In back room, in corner near electrical panels

Mark all contaminated items clearly with a black magic marker - indicate with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible.

Notes for Shipping:

Store contact: Matt Morse

Best pick up point: Back store near electrical panels

Other comments: _____

West Palm Beach

Meter Readings: (Show all results in uR/hr)

Spectrum

(30cm)

Item
#1

2

3

4

5

Item 1 (at 1 m)	30 cm	On Contact	800
Item 2 (at 1 m)	30 cm 135	On Contact	810
Item 3 (at 1 m)	30 cm	On Contact	800
Item 4 (at 1 m)	30 cm	On Contact	800
Item 5 (at 1 m)	30 cm	On Contact	2000
Item 6 (at 1 m)	30 cm 400	On Contact	5200
Item 7 (at 1 m)	30 cm	On Contact	2070
Item 8 (at 1 m)	30 cm	On Contact	1350
Item 9 (at 1 m)	30 cm 550	On Contact	6100
Item 10 (at 1 m)	30 cm	On Contact	6000
Item 11 (at 1 m)	30 cm	On Contact	2600
Item 12 (at 1 m)	30 cm	On Contact	2450
Item 13 (at 1 m)	30 cm	On Contact	
Item 14 (at 1 m)	30 cm B/g	On Contact	
Item 15 (at 1 m)	30 cm	On Contact	
Item 16 (at 1 m)	30 cm	On Contact	
Item 17 (at 1 m)	30 cm 510	On Contact	5400
Item 18 (at 1 m)	30 cm	On Contact	3000
Item 19 (at 1 m)	30 cm	On Contact	5400
Item 20 (at 1 m)	30 cm	On Contact	3000

#43

(Use additional sheets as needed)

West Palm Beach



Spectrum
#

Meter Readings: (Show all results in uR/hr)

uR/h

four
#6

Item 1 (at 1 m) _____ 30 cm 430 On Contact 5400

Item 2 (at 1 m) _____ 30 cm _____ On Contact 1800

Item 3 (at 1 m) _____ 30 cm _____ On Contact 1760

Item 4 (at 1 m) _____ 30 cm _____ On Contact 5400

Item 5 (at 1 m) _____ 30 cm _____ On Contact 2500

Item 6 (at 1 m) _____ 30 cm 530 On Contact 5900

Item 7 (at 1 m) _____ 30 cm 520 On Contact 5500

Item 8 (at 1 m) _____ 30 cm _____ On Contact 2350

Item 9 (at 1 m) _____ 30 cm _____ On Contact 2470

8

Item 10 (at 1 m) B/kg 30 cm _____ On Contact 2520

Item 11 (at 1 m) B/kg 30 cm 5400 On Contact 6200

Item 12 (at 1 m) _____ 30 cm B/kg On Contact 5900

Item 13 (at 1 m) _____ 30 cm _____ On Contact _____

Item 14 (at 1 m) B/kg 30 cm _____ On Contact _____

9

Item 15 (at 1 m) B/kg 30 cm _____ On Contact _____

Item 16 (at 1 m) _____ 30 cm _____ On Contact _____

Item 17 (at 1 m) _____ 30 cm _____ On Contact 2470

Item 18 (at 1 m) _____ 30 cm _____ On Contact 2520

10

Item 19 (at 1 m) _____ 30 cm 540 On Contact 6200

Item 20 (at 1 m) _____ 30 cm _____ On Contact 5900

(Use additional sheets as needed)

3

Spectrum

#45

Meter Readings: (Show all results in uR/hr)

Item 1 (at 1 m) _____ 30 cm _____ On Contact 2850

Item 2 (at 1 m) _____ 30 cm _____ On Contact 5800

Item 3 (at 1 m) _____ 30 cm 550 On Contact 6100

Item 4 (at 1 m) _____ 30 cm _____ On Contact 5700

Item 5 (at 1 m) _____ 30 cm _____ On Contact 6300

Item 6 (at 1 m) _____ 30 cm 640 On Contact 6400

Item 7 (at 1 m) _____ 30 cm _____ On Contact 5800

Item 8 (at 1 m) _____ 30 cm _____ On Contact 6300

Item 9 (at 1 m) _____ 30 cm _____ On Contact 5900

Item 10 (at 1 m) _____ 30 cm _____ On Contact 2900

Item 11 (at 1 m) _____ 30 cm _____ On Contact 5800

Item 12 (at 1 m) _____ 30 cm 580 On Contact 6400

Item 13 (at 1 m) _____ 30 cm _____ On Contact _____

Item 14 (at 1 m) _____ 30 cm _____ On Contact _____

Item 15 (at 1 m) _____ 30 cm _____ On Contact _____

Item 16 (at 1 m) _____ 30 cm _____ On Contact _____

Item 17 (at 1 m) _____ 30 cm _____ On Contact _____

Item 18 (at 1 m) _____ 30 cm _____ On Contact _____

Item 19 (at 1 m) _____ 30 cm _____ On Contact _____

Item 20 (at 1 m) _____ 30 cm _____ On Contact _____

(Use additional sheets as needed)

Boca Raton Store

FL

Product Survey Form - Bed, Bath, and Beyond Store Surveys

Date of visit 1/24/12 Time 1 PM

Store Name & Number Bed Bath + Beyond # 0092

Store Location 20560 State Road 7, Boca Raton

Store point of contact Karrie McCarty Phone 561-482-7780

State FL Zip Code 33498 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name _____

Regulator Contact Info (Phone or E-Mail) N/A

Inspector Judson Kenoyer Phone 865-481-6050 x3408

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9H) metal box approx. 5" x 5" x 6" tall? (Y)(N)

Number of items present 10 Identifying numbers on item or container? 41768200049

Other product information None

Radiological data: Annual Calibration date (s): April 4, 2011

Instruments used: GR-135 Plus Identifier

Background Levels - (Outside of the building) 4.6 uR/h (Inside) 4.7 uR/h

Confirm radioactivity - are any items above background? (Y)(N) How many? 8

Any elevated items other than the Tissue Box? (List) None

Items located in a secure area (Y)(N) Location Electrical Room

Mark all contaminated items clearly with a black magic marker - indicate with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible.

Notes for Shipping:

Store contact: Karrie McCarty

Best pick up point: Electrical Room

Other comments: _____

Boca Raton

①

Spectrum
#

Meter Readings: (Show all results in uR/hr)

Item #	Item (at 1 m)	30 cm	On Contact
	Item 1		6000
	Item 2	1700	6600
1	Item 3		6200
	Item 4		3400
	Item 5		5900
2	Item 6		2450
	Item 7		2480
	Item 8	520	5900
	Item 9		3400
3	Item 10		6200
	Item 11	680	6700
	Item 12		6300
	Item 13		
4	Item 14	B K g	
	Item 15		
	Item 16		
	Item 17	440	5600
5	Item 18		5400
	Item 19		1700
	Item 20		1920

(Use additional sheets as needed)

Boca Raton

Boca Raton

2

Spectrum#

(30cm)

Meter Readings: (Show all results in uR/hr)

6

Item 1 (at 1 m) _____ 30 cm _____

On Contact 5800

Item 2 (at 1 m) _____ 30 cm 670

On Contact 6800

40

Item 3 (at 1 m) _____ 30 cm _____

On Contact 6300

Item 4 (at 1 m) _____ 30 cm _____

On Contact 3500

Item 5 (at 1 m) _____ 30 cm _____

On Contact 6400

7

Item 6 (at 1 m) _____ 30 cm _____

On Contact 3600

Item 7 (at 1 m) _____ 30 cm _____

On Contact 6400

Item 8 (at 1 m) _____ 30 cm 710

On Contact 6800

8

Item 9 (at 1 m) _____ 30 cm _____

On Contact _____

Item 10 (at 1 m) _____ 30 cm _____

On Contact _____

Item 11 (at 1 m) _____ 30 cm _____

On Contact _____

Item 12 (at 1 m) _____ 30 cm _____

On Contact _____

Item 13 (at 1 m) _____ 30 cm _____

On Contact 3500

Item 14 (at 1 m) _____ 30 cm _____

On Contact 6400

9

Item 15 (at 1 m) _____ 30 cm 700

On Contact 6900

41

Item 16 (at 1 m) _____ 30 cm _____

On Contact 6500

Item 17 (at 1 m) _____ 30 cm 540

On Contact 5900

10

Item 18 (at 1 m) _____ 30 cm _____

On Contact 5800

Item 19 (at 1 m) _____ 30 cm _____

On Contact 2500

Item 20 (at 1 m) _____ 30 cm _____

On Contact 2500

(Use additional sheets as needed)

FL

Product Survey Form - Bed, Bath, and Beyond Store Surveys

Date of visit 1/24/12 Time 12:06

Store Name & Number SunRise #34

Store Location 12801 W. Sunrise Blvd, Anchor C

Store point of contact Dwayne Jones Phone 954-846-0020

State FL Zip Code 33323 NRC lead of Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name _____

Regulator Contact Info (Phone or E-Mail) N/A

Inspector Judson Kenoyer Phone _____

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9H) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 6 Identifying numbers on item or container? Some S/N

Other product information _____

Radiological data: Annual Calibration date (s): April 4, 2011

Instruments used: GR-135 Plus Identifier

Background Levels - (Outside of the building) 4-6 uR/hr (Inside) 4-6 uR/hr

Confirm radioactivity - are any items above background? (Y) (N) How many? 0

Any elevated items other than the Tissue Box? (List) None

Items located in a secure area (Y)(N) Location Back to store

Mark all contaminated items clearly with a black magic marker - indicate with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible.

Notes for Shipping:

Store contact: John Dwayne Jones

Best pick up point: _____

Other comments: _____

KS

Product Survey Form - Bed, Bath, and Beyond Store Surveys

Date of visit ¹⁴ ~~12~~ Jan 2012 Time 1200
 Store Name & Number Bed Bath and Beyond #87
 Store Location 12035 Metcalf Ave, Overland Park, KS, 66213
 Store point of contact Mitch Phone 913-339-9881
 State KS Zip Code 66213 NRC lead or Agreement State? (Y) (N) Circle One
 Regulator contacted? (Y)(N) Contact Name Thomas Conley
 Regulator Contact Info (Phone or E-Mail) 785-296-1565
 Inspector _____ Phone _____

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9H) metal box approx. 5" x 5" x 6" tall? (Y)(N)
 Number of items present 3 Identifying numbers on item or container? no
 Other product information n/a

Radiological data:

Annual Calibration date (s): 03 March 2011
 Instruments used: Ludlum Model 19 Ser. # 267091
 Background Levels - (Outside of the building) 7 μ R/hr (Inside) 10 μ R/hr
 Confirm radioactivity - are any items above background? (Y)(N) How many? 1
 Any elevated items other than the Tissue Box? (List) no
 Items located in a secure area (Y)(N): Location Electrical room at back of store.

Mark all contaminated items clearly with a black magic marker - indicate with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible.

Notes for Shipping:

Store contact: Mitch
 Best pick up point: _____
 Other comments: Contact store manager for specific site info

(1)
 SHOULD BE 2?

Meter Readings: (Show all results in $\mu\text{R/hr}$)

Item 1 (at 1 m)	<u>50</u>	30 cm	<u>250</u>	On Contact	<u>2800</u>
Item 2 (at 1 m)		30 cm		On Contact	
Item 3 (at 1 m)		30 cm		On Contact	
Item 4 (at 1 m)		30 cm		On Contact	
Item 5 (at 1 m)		30 cm		On Contact	
Item 6 (at 1 m)		30 cm		On Contact	
Item 7 (at 1 m)		30 cm		On Contact	
Item 8 (at 1 m)		30 cm		On Contact	
Item 9 (at 1 m)		30 cm		On Contact	
Item 10 (at 1 m)		30 cm		On Contact	
Item 11 (at 1 m)		30 cm		On Contact	
Item 12 (at 1 m)		30 cm		On Contact	
Item 13 (at 1 m)		30 cm		On Contact	
Item 14 (at 1 m)		30 cm		On Contact	
Item 15 (at 1 m)		30 cm		On Contact	
Item 16 (at 1 m)		30 cm		On Contact	
Item 17 (at 1 m)		30 cm		On Contact	
Item 18 (at 1 m)		30 cm		On Contact	
Item 19 (at 1 m)		30 cm		On Contact	
Item 20 (at 1 m)		30 cm		On Contact	

(Use additional sheets as needed)

Product Survey Form - Bed, Bath, and Beyond Store Surveys

Date of visit 1/23/12 Time 0900 EST
 Store Name & Number BBaBY # 1044
 Store Location Plymouth, MA 200 Colony Place
 Store point of contact David Haas Phone _____
 State MA Zip Code 02366 NRC lead or Agreement State? (Y) (N) Circle One
 Regulator contacted? (Y) (N) Contact Name Maureen
 Regulator Contact Info (Phone or E-Mail) 617 242-3035
 Inspector NA Phone _____

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9H) metal box approx. 5" x 5" x 6" tall? (Y) (N)
 Number of items present 1 Identifying numbers on item or container? No
 Other product information NA

Radiological data:

Annual Calibration date (s): _____

Instruments used: Ludlum 9-3 (8/29/11) / Ludlum 19 (4/6/11)

Background Levels - (Outside of the building) 12 uR/hr (Inside) 15 uR/hr

Confirm radioactivity - are any items above background? (Y) (N) How many? None ✓

Any elevated items other than the Tissue Box? (List) No

Items located in a secure area (Y) (N) Location electrical room

Mark all contaminated items clearly with a black magic marker - indicate with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible.

Notes for Shipping:

Store contact: David Haas

Best pick up point: _____

Other comments: Item not sold from location.

#1044

Plymouth

Meter Readings: (Show all results in uR/hr)

Item 1 (at 1 m)	Bkg	30 cm	Bkg	On Contact	Bkg
Item 2 (at 1 m)		30 cm		On Contact	
Item 3 (at 1 m)		30 cm		On Contact	
Item 4 (at 1 m)		30 cm		On Contact	
Item 5 (at 1 m)		30 cm		On Contact	
Item 6 (at 1 m)		30 cm		On Contact	
Item 7 (at 1 m)		30 cm		On Contact	
Item 8 (at 1 m)		30 cm		On Contact	
Item 9 (at 1 m)		30 cm		On Contact	
Item 10 (at 1 m)		30 cm		On Contact	
Item 11 (at 1 m)		30 cm		On Contact	
Item 12 (at 1 m)		30 cm		On Contact	
Item 13 (at 1 m)		30 cm		On Contact	
Item 14 (at 1 m)		30 cm		On Contact	
Item 15 (at 1 m)		30 cm		On Contact	
Item 16 (at 1 m)		30 cm		On Contact	
Item 17 (at 1 m)		30 cm		On Contact	
Item 18 (at 1 m)		30 cm		On Contact	
Item 19 (at 1 m)		30 cm		On Contact	
Item 20 (at 1 m)		30 cm		On Contact	

No elevated Readings

(Use additional sheets as needed)

320

MA

Product Survey Form - Bed, Bath, and Beyond Store Surveys

Date of visit 1/23/12 Time 11:00 EST

Store Name & Number BBaBY # 320

Store Location Shrewsbury MA

Store point of contact Dave (store mgr) Phone _____

State MA Zip Code 01545 NRC lead or Agreement State (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name Maureen

Regulator Contact Info (Phone or E-Mail) 617 242-3035

Inspector NA Phone _____

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9H) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 5 Identifying numbers on item or container? NA

Other product information None elevated above Bkg

Radiological data: Annual Calibration date (s): _____

Instruments used: Ludlum 9-3 (8/29/11) / Ludlum 19 (4/6/11)

Background Levels - (Outside of the building) 8 uR/hr (Inside) 20 uR/hr

Confirm radioactivity - are any items above background? (Y) (N) How many? 4

Any elevated items other than the Tissue Box? (List) No

Items located in a secure area (Y) (N) Location 4 items segregated in a bay

Mark all contaminated items clearly with a black magic marker - indicate with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible.

Notes for Shipping:

Store contact: Store Manager

Best pick up point: Electrical Room

Other comments: Box with elevated items marked "Do not dispose"
Hold for pickup "Not for Sales Floor"

2 of 3

Meter Readings: (Show all results in uR/hr)

Item 1 (at 1 m)	<u>40</u>	30 cm	<u>400</u>	On Contact	<u>9,000 uR/hr</u>
Item 2 (at 1 m)	<u>40</u>	30 cm	<u>370</u>	On Contact	<u>8,000 uR/hr</u>
Item 3 (at 1 m)	<u>Bkg</u>	30 cm	<u>Bkg</u>	On Contact	<u>Bkg</u>
Item 4 (at 1 m)	<u>40</u>	30 cm	<u>380</u>	On Contact	<u>8,000 uR/hr</u>
Item 5 (at 1 m)	<u>40</u>	30 cm	<u>400</u>	On Contact	<u>9,000 uR/hr</u>
Item 6 (at 1 m)		30 cm		On Contact	
Item 7 (at 1 m)		30 cm		On Contact	
Item 8 (at 1 m)		30 cm		On Contact	
Item 9 (at 1 m)		30 cm		On Contact	
Item 10 (at 1 m)		30 cm		On Contact	
Item 11 (at 1 m)		30 cm		On Contact	
Item 12 (at 1 m)		30 cm		On Contact	
Item 13 (at 1 m)		30 cm		On Contact	
Item 14 (at 1 m)		30 cm		On Contact	
Item 15 (at 1 m)		30 cm		On Contact	
Item 16 (at 1 m)		30 cm		On Contact	
Item 17 (at 1 m)		30 cm		On Contact	
Item 18 (at 1 m)		30 cm		On Contact	
Item 19 (at 1 m)		30 cm		On Contact	
Item 20 (at 1 m)		30 cm		On Contact	

(Use additional sheets as needed)

SHOULD BE AT?

350

MA

Product Survey Form - Bed, Bath, and Beyond Store Surveys

Date of visit 1/22/12 Time 10:00 EST
 Store Name & Number BB & BY #350 Danvers, MA
 Store Location 180 Endicott Rd, Danvers, MA
 Store point of contact Hayden / David Phone _____
 State MA Zip Code 01923 NRC lead or Agreement State? (Y) (N) Circle One
 Regulator contacted? (Y) (N) Contact Name Maureen Agaro?
 Regulator Contact Info (Phone or E-Mail) (617) 242-3035 (206)
 Inspector NA Phone _____

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9H) metal box approx. 5" x 5" x 6" tall? (Y) (N)
 Number of items present 3 Identifying numbers on item or container? No
 Other product information No other products > Bkg

Radiological data:

Annual Calibration date (s): Model 9-3 cal 8/29/11
 Instruments used: Ludlum 9-3 / Ludlum 19 cal 4/6/11
 Background Levels - (Outside of the building) _____ (Inside) 12 uR/hr
 Confirm radioactivity - are any items above background? (Y) (N) How many? 3 Boxes
 Any elevated items other than the Tissue Box? (List) No
 Items located in a secure area (Y)(N) Location Senior Office shelf

3

Mark all contaminated items clearly with a black magic marker - indicate with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible.

Notes for Shipping:

Store contact: Hayden / David Kennison
 Best pick up point: Senior Office
 Other comments: Box labeled "Do not dispose" for pick up show
Contact Claire Doherty
617-840-3539

2 of 3

Meter Readings: (Show all results in uR/hr)

Item 1 (at 1 m)	<u>40</u>	30 cm	<u>406</u>	On Contact	<u>10,000</u>
Item 2 (at 1 m)	<u>40</u>	30 cm	<u>425</u>	On Contact	<u>11,000</u>
Item 3 (at 1 m)	<u>40</u>	30 cm	<u>500</u>	On Contact	<u>13,000</u>
Item 4 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 5 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 6 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 7 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 8 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 9 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 10 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 11 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 12 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 13 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 14 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 15 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 16 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 17 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 18 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 19 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 20 (at 1 m)	_____	30 cm	_____	On Contact	_____

(Use additional sheets as needed)

MD

Product Survey Form - Bed, Bath, and Beyond Store Surveys

Date of visit 1/24/12 Time 10:15

Store Name & Number Bed Bath & Beyond #174

Store Location 10300 Reisterstown Rd, Owings Mills

Store point of contact Eric Curry Phone 410-902-0540

State MD Zip Code 21117 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name _____

Regulator Contact Info (Phone or E-Mail) _____

Inspector _____ Phone _____

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9H) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 4 Identifying numbers on item or container? SKU 8 47682 000498

Other product information _____

Radiological data: Annual Calibration date (s): 1/19/12 due 1/19/13

Instruments used: Bicron Microrem ser# C0885

Background Levels - (Outside of the building) 5-10 μ rem/hr (Inside) 5-10 μ rem/hr

Confirm radioactivity - are any items above background? (Y) (N) How many? 0

Any elevated items other than the Tissue Box? (List) N/A (none found)

Items located in a secure area (Y)(N) Location N/A

Mark all contaminated items clearly with a black magic marker - indicate with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible.

Notes for Shipping:

Store contact: ERIC CURRY, OPS Manager 410-902-0540

Best pick up point: N/A

Other comments: N/A

Store # 174

Survey Date 1/24/12
~~1/21/2012~~

Background reading ($\mu\text{R/hr}$ or $\mu\text{rem/hr}$)

5-10 $\mu\text{rem/hr}$

All readings below in $\mu\text{R/hr}$ or $\mu\text{rem/hr}$

Item		Contact reading	30 cm reading	1 m reading
1	Side 1	@ Bkgd	N/A	N/A
	Side 2	@ Bkgd		
	Side 3	@ Bkgd		
	Side 4	@ Bkgd		
2	Side 1	@ Bkgd		
	Side 2	@ Bkgd		
	Side 3	@ Bkgd		
	Side 4	@ Bkgd		
3	Side 1	@ Bkgd		
	Side 2	@ Bkgd		
	Side 3	@ Bkgd		
	Side 4	@ Bkgd		
4	Side 1	@ Bkgd		
	Side 2	@ Bkgd		
	Side 3	@ Bkgd		
	Side 4	@ Bkgd	↓	↓
5	Side 1			
	Side 2			
	Side 3			
	Side 4			

MD

Product Survey Form - Bed, Bath, and Beyond Store Surveys

Date of visit 1/24/2012 Time 12:10 pm
 Store Name & Number #169 Bed Bath & Beyond
 Store Location 3270 Chain Hwy WARDOR
 Store point of contact Mike Puglisi Phone 301-638-3822
 State MD Zip Code 20603 NRC lead or Agreement State? (Y) (N) Circle One
 Regulator contacted? (Y) (N) Contact Name _____
 Regulator Contact Info (Phone or E-Mail) _____
 Inspector _____ Phone _____

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9H) metal box approx. 5" x 5" x 6" tall? (Y)(N) (Y)
 Number of items present 2 Identifying numbers on item or container? SN 847682 000498
 Other product information _____

Radiological data: Annual Calibration date (s): 1/9/12, due 1/19/13
 Instruments used: Bicon Microem ser# C6885
 Background Levels - (Outside of the building) 2.5 urem/hr (Inside) 2.5 urem/hr
 Confirm radioactivity - are any items above background? (Y) (N) (N) How many? 0
 Any elevated items other than the Tissue Box? (List) None
 Items located in a secure area (Y)(N) Location N/A

Mark all contaminated items clearly with a black magic marker - indicate with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible.

Notes for Shipping:

Store contact: Mike Puglisi
 Best pick up point: N/A
 Other comments: N/A

Store # 169

Survey Date 1/24/2012

1/24/2012

Background reading ($\mu\text{R/hr}$ or $\mu\text{rem/hr}$)

2-5 $\mu\text{rem/hr}$

All readings below in $\mu\text{R/hr}$ or $\mu\text{rem/hr}$

Item		Contact reading	30 cm reading	1 m reading
1	Side 1	at Bkgd	N/A	N/A
	Side 2	at Bkgd	↓	↓
	Side 3	at Bkgd		
	Side 4	at Bkgd		
Side 1	at Bkgd			
2	Side 2	at Bkgd		
	Side 3	at Bkgd		
	Side 4	at Bkgd		
	Side 1			
3	Side 2			
	Side 3			
	Side 4			
	Side 1			
4	Side 2			
	Side 3			
	Side 4			
	Side 1			
5	Side 2			
	Side 3			
	Side 4			
	Side 1			

MD

Product Survey Form - Bed, Bath, and Beyond Store Surveys

Date of visit 1/21/2012 Time 10¹⁵

Store Name & Number: Columbia, MD Store # 52

Store Location 9021 Snowden River Parkway, Columbia, MD

Store point of contact Valerie Wright Phone 410-290-0920

State MD Zip Code 21046 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name _____

Regulator Contact Info (Phone or E-Mail) _____

Inspector Alan Fellner Phone 301 990 6006

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9H) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 5 Identifying numbers on item or container? N/A

Other product information _____

Radiological data: Finke Biomedical Annual Calibration date (s): June 24, 2011

Instruments used: Victoreen 451P s/N 3622

Background Levels - (Outside of the building) 5-8 uR/h (Inside) 5-8 uR/h

Confirm radioactivity - are any items above background? (Y) (N) How many? 4

Any elevated items other than the Tissue Box? (List) No

Items located in a secure area (Y) (N) Location Electrical Room

Mark all-contaminated items clearly with a black magic marker - indicate with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible.

Notes for Shipping:

Store contact: Any manager

Best pick up point: Electrical Room

Other comments: _____

Store S2 - Columbia, MD

Meter Readings: (Show all results in uR/hr)

Item 1 (at 1 m)	<u>40</u>	30 cm	<u>760</u>	On Contact	<u>4000</u>
Item 2 (at 1 m)	<u>30</u>	30 cm	<u>210</u>	On Contact	<u>1,600</u>
Item 3 (at 1 m)	<u>60</u>	30 cm	<u>500</u>	On Contact	<u>3,000</u>
Item 4 (at 1 m)	<u>6-8</u>	30 cm	<u>6-8</u>	On Contact	<u>6-8</u>
Item 5 (at 1 m)	<u>62</u>	30 cm	<u>530</u>	On Contact	<u>7,800</u>
Item 6 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 7 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 8 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 9 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 10 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 11 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 12 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 13 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 14 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 15 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 16 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 17 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 18 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 19 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 20 (at 1 m)	_____	30 cm	_____	On Contact	_____

(Use additional sheets as needed)

MD

Product Survey Form -- Bed, Bath, and Beyond Store Surveys

Date of visit 1/20/12 Time 4:10 pm

Store Name & Number Bed Bath & Beyond #10188

Store Location 5413 URBANA PIKE, Frederick

Store point of contact Jonathan Hausler Phone 301-695-6333

State MD Zip Code 21704 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name _____

Regulator Contact Info (Phone or E-Mail) _____

Inspector _____ Phone _____

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9H) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 5 Identifying numbers on item or container? UPC 847082000498

Other product information Boutique Dual Ridge Metal

Radiological data: Annual Calibration date (s): 1/19/12 due 1/19/13

Instruments used: BICRON Microrem

Background Levels - (Outside of the building) 5-10 μ R/hr (Inside) 5-10 μ R/hr

Confirm radioactivity - are any items above background? (Y) (N) How many? 2

Any elevated items other than the Tissue Box? (List) None

Items located in a secure area (Y)(N) Location Electrical Room

Mark all contaminated items clearly with a black magic marker - indicate with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible.

Notes for Shipping:

Store contact: MANAGER on Duty

Best pick up point: ELECTRICAL ROOM

Other comments: _____

SEAN Austin

1/20/12

store #188

Background Reading 5-10 $\mu\text{rem/hr}$
both inside and outside the store

Background = "Bkgd"

Meter Readings: (Show all results in $\mu\text{R/hr}$)

Item 1 (at 1 m)	<u>at Bkgd.</u>	30 cm	<u>AT Bkgd</u>	On Contact	<u>AT Bkgd</u>
Item 2 (at 1 m)	<u>AT Bkgd</u>	30 cm	<u>AT Bkgd</u>	On Contact	<u>AT Bkgd</u>
Item 3 (at 1 m)	<u>AT Bkgd</u>	30 cm	<u>AT Bkgd</u>	On Contact	<u>AT Bkgd</u>
Item 4 (at 1 m)	<u>100 $\mu\text{rem/hr}$</u>	30 cm	<u>650 $\mu\text{rem/hr}$</u>	On Contact	<u>11,000 $\mu\text{rem/hr}$</u>
Item 5 (at 1 m)	<u>30 $\mu\text{rem/hr}$</u>	30 cm	<u>350 $\mu\text{rem/hr}$</u>	On Contact	<u>8,000 $\mu\text{rem/hr}$</u>
Item 6 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 7 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 8 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 9 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 10 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 11 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 12 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 13 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 14 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 15 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 16 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 17 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 18 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 19 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 20 (at 1 m)	_____	30 cm	_____	On Contact	_____

(Use additional sheets as needed)

All readings represent the highest values observed
on contact, 30 cm, 1m after surveying all four sides.

MI

Product Survey Form - Bed, Bath, and Beyond Store Surveys

Date of visit 1-17-12 Time 4:30

Store Name & Number BBB # 049 STERLING HTS, MI

Store Location STERLING HTS, MI 12020 HALL ROAD

Store point of contact DEB or STEVE M.O.D. Phone 586 726-6440

State MI Zip Code 48313 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name _____

Regulator Contact Info (Phone or E-Mail) _____

Inspector _____ Phone _____

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9H) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 8 Identifying numbers on item or container? no boxes/packaging

Other product information items match description

Radiological data: Annual Calibration date (s): CAL DATE: 11-22-2011
CAL DUE: 11-22-2012

Instruments used: BICRON MICRO-REM S/N C029F

Background Levels - (Outside of the building) 2 µR/hr (Inside) 10-70 µR/hr in vicinity of boxes (see below)

Confirm radioactivity - are any items above background? (Y) (N) How many? 4 of 8, clearly above bkg

Any elevated items other than the Tissue Box? (List) no other TATRA items (cans, cups, soap holder, were not above bkg T-bush holder)

Items located in a secure area (Y) (N) Location in direction of store mgmt boxed items were left in remote part of storage room

Mark all contaminated items clearly with a black magic marker indicate with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. ✓ segregated other items from TATARA, placed in a separate bin

Notes for Shipping:

Store contact: MGR. ON DUTY 586-726-6440

Best pick up point: ROLL-UP DOOR - LOADING/RECEIVING ARE

Other comments: Boxed all 8 items. Labeled with "Hold for pick-up by Sherron Lane"

"Do not dispose"
"Not for sales floor"
- 2 # 1. . . + + : 1

A

BBB # 049 STERLING HTS, MA

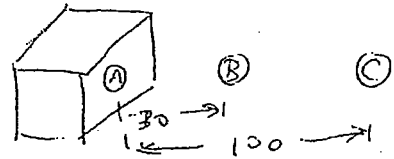
Meter Readings: (Show all results in uR/hr)

Item 1 (at 1 m)	<u>40</u>	30 cm	<u>400</u>	On Contact	<u>9000</u>
Item 2 (at 1 m)	<u>50</u>	30 cm	<u>400</u>	On Contact	<u>10,000</u>
Item 3 (at 1 m)	<u>15</u>	30 cm	<u>150</u>	On Contact	<u>2000</u>
Item 4 (at 1 m)	<u>50</u>	30 cm	<u>500</u>	On Contact	<u>11,000</u>
Item 5 (at 1 m)	<u>3-5</u>	30 cm	<u>3-5</u>	On Contact	<u>3-5</u>
Item 6 (at 1 m)	<u>3-5</u>	30 cm	<u>3-5</u>	On Contact	<u>3-5</u>
Item 7 (at 1 m)	<u>3-5</u>	30 cm	<u>3-5</u>	On Contact	<u>3-5</u>
Item 8 (at 1 m)	<u>3-5</u>	30 cm	<u>3-5</u>	On Contact	<u>3-5</u>
Item 9 (at 1 m)		30 cm		On Contact	
Item 10 (at 1 m)		30 cm		On Contact	
Item 11 (at 1 m)		30 cm		On Contact	
Item 12 (at 1 m)		30 cm		On Contact	
Item 13 (at 1 m)		30 cm		On Contact	
Item 14 (at 1 m)		30 cm		On Contact	
Item 15 (at 1 m)		30 cm		On Contact	
Item 16 (at 1 m)		30 cm		On Contact	
Item 17 (at 1 m)		30 cm		On Contact	
Item 18 (at 1 m)		30 cm		On Contact	
Item 19 (at 1 m)		30 cm		On Contact	
Item 20 (at 1 m)		30 cm		On Contact	

(range of 3 to 5)

(Use additional sheets as needed)

BOXED all 8 items
labeled for pick-up
by Shaw



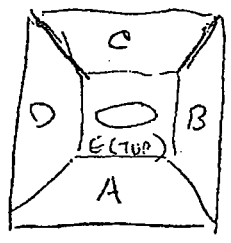
- (A) 10,000 μ R/h @ contact
- (B) 2000 μ R/h @ 30 cm
- (C) 200 μ R/h @ 100 cm

1-17-12

STORE #049

Surface/contact
($\mu R/h$)

 $\mu R/h$



PLAN VIEW OF
TISSUE BOX

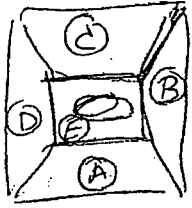
Item #	Side	Value
ITEM #1	A	9000
	B	9000
	C	2000
	D	2000
	TOP E	7000
ITEM #2	A	10000
	B	10000
	C	2000
	D	2000
	TOP E	7000
ITEM #3	A	700
	B	700
	C	500
	D	500
	TOP E	2000
ITEM #4	A	11,000
	B	11,000
	C	10,000
	D	4,000
	TOP E	10,000
ITEM #5	A	3-5
	B	3-5
	C	3-5
	D	3-5
	E	3-5

} LOW?

~~1-17-12~~

1-17-12

STORE # 049



PLAN VIEW OF
TISSUE BOX

ITEM # 6	A	3-5	SURFACE CONTACT $\mu R/h$ ↓
	B	3-5	
	C	3-5	
	D	3-5	
	ITEM # 7 (TOP) E (TOP)	3-5	
	A	3-5	

ITEM # 7	A	3-5	$\mu R/h$ ↓
	B	3-5	
	C	3-5	
	D	3-5	
	(TOP) E	3-5	

ITEM # 8	A	3-5	$\mu R/h$ ↓
	B	3-5	
	C	3-5	
	D	3-5	
	(TOP) E	3-5	

MI

Product Survey Form - Bed, Bath, and Beyond Store Surveys

Date of visit 1-17-12 Time 12:40 ^{P.M.}

Store Name & Number BBB-ANN ARBOR, MI #234

Store Location 3645 WASHTEAW

Store point of contact TOM/SIM - MGRS Phone 734-971-7633

State MI Zip Code 48104 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name _____

Regulator Contact Info (Phone or E-Mail) _____

Inspector _____ Phone _____

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9H) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 3 Identifying numbers on item or container? _____

Other product information Product meets description stored with other products from vendor
CAL DATE: 11-22-2011

Radiological data: Annual Calibration date (s): CAL. DUE: 11-22-2012

Instruments used: BICRON MICRO-REM S/N C029F

Background Levels - (Outside of the building) 2 µR/hr (Inside) 2 µR/hr

Confirm radioactivity - are any items above background? (Y) (N) How many? all readings were background level

Any elevated items other than the Tissue Box? (List) NONE FOUND checked ~~for~~ TATARIA garbage cans, cups, napkin dispos, etc

Items located in a secure area (Y) (N) Location ELC SERVICE ROOM

Mark all contaminated items clearly with a black magic marker - indicate with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible.

Notes for Shipping:

Store contact: ED-MGR ON DUTY 734-971-7633

Best pick up point: N/A

Other comments: No readings above background found on any items

#234

BBB - ANN ARBOR, MI

1-17-12

Meter Readings: (Show all results in uR/hr)

ALL Item 5 (at 1 m) 2 μ R/h 30 cm 2 μ R/h (BKG) On Contact 2 μ R/h (BKG)

~~Item 2 (at 1 m) _____ 30 cm _____ On Contact _____~~

~~Item 3 (at 1 m) _____ 30 cm _____ On Contact _____~~

~~Item 4 (at 1 m) _____ 30 cm _____ On Contact _____~~

~~Item 5 (at 1 m) _____ 30 cm _____ On Contact _____~~

~~Item 6 (at 1 m) _____ 30 cm _____ On Contact _____~~

~~Item 7 (at 1 m) _____ 30 cm _____ On Contact _____~~

~~Item 8 (at 1 m) _____ 30 cm _____ On Contact _____~~

~~Item 9 (at 1 m) _____ 30 cm _____ On Contact _____~~

~~Item 10 (at 1 m) _____ 30 cm _____ On Contact _____~~

~~Item 11 (at 1 m) _____ 30 cm _____ On Contact _____~~

~~Item 12 (at 1 m) _____ 30 cm _____ On Contact _____~~

~~Item 13 (at 1 m) _____ 30 cm _____ On Contact _____~~

~~Item 14 (at 1 m) _____ 30 cm _____ On Contact _____~~

~~Item 15 (at 1 m) _____ 30 cm _____ On Contact _____~~

~~Item 16 (at 1 m) _____ 30 cm _____ On Contact _____~~

~~Item 17 (at 1 m) _____ 30 cm _____ On Contact _____~~

~~Item 18 (at 1 m) _____ 30 cm _____ On Contact _____~~

~~Item 19 (at 1 m) _____ 30 cm _____ On Contact _____~~

~~Item 20 (at 1 m) _____ 30 cm _____ On Contact _____~~

(Use additional sheets as needed)

No readings above background on any
Items

MI

Product Survey Form - Bed, Bath, and Beyond Store Surveys

Date of visit 1-16-12 Time 17:00

Store Name & Number GRAND RAPIDS, MI #202

Store Location 4901 28th St. G.R. MI 49512

Store point of contact ROBIN / MARK Phone 616-977-7110

State MI Zip Code 49512 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name _____

Regulator Contact Info (Phone or E-Mail) _____

Inspector _____ Phone _____

Product Information:

Confirm Item is a Dual Ridge Tissue Box (DR9H) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 6 Identifying numbers on item or container? NO OUTER BOX / PKGS:

Other product information items meet description / picture

Radiological data: Annual Calibration date (s): cal: 11/22/11 cal due: 11/22/12

Instruments used: BICRON MICRO-REM S/N C029F

Background Levels - (Outside of the building) 2 µR/hr (Inside) 150 µR/hr in elec service room
PARKING LOT (storage area)

Confirm radioactivity - are any items above background? (Y) (N) How many? 6

Any elevated items other than the Tissue Box? (List) none found, no need to survey store
on sales floor per Mark - Robin

Items located in a secure area (Y) (N) Location elec. service room - locked door

Mark all contaminated items clearly with a black magic marker - indicate with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible. other items (garbage cans, candle holders, metal/chrome cups from same mfg. did not show elevated readings

Notes for Shipping:

Store contact: Mark - Robin 616-977-7110

Best pick up point: loading dock - roll up door

Other comments: all 6 items marked with "X", placed in box
labeled "Hold for pick-up by Shaw"
"Not for sales floor"

6

Meter Readings: (Show all results in $\mu\text{R/hr}$)

Item 1 (at 1 m)	$70 \mu\text{R/hr}$	30 cm	$500 \mu\text{R/hr}$	On Contact	$12,000 \mu\text{R/hr}$
Item 2 (at 1 m)	$50 \mu\text{R/hr}$	30 cm	250	On Contact	8000
Item 3 (at 1 m)	$50 \mu\text{R/hr}$	30 cm	500	On Contact	10,000
Item 4 (at 1 m)	$50 \mu\text{R/hr}$	30 cm	400	On Contact	10,000
Item 5 (at 1 m)	$15 \mu\text{R/hr}$	30 cm	200	On Contact	7,000
Item 6 (at 1 m)	$50 \mu\text{R/hr}$	30 cm	300	On Contact	4,000
Item 7 (at 1 m)		30 cm		On Contact	
Item 8 (at 1 m)		30 cm		On Contact	
Item 9 (at 1 m)		30 cm		On Contact	
Item 10 (at 1 m)		30 cm		On Contact	
Item 11 (at 1 m)		30 cm		On Contact	
Item 12 (at 1 m)		30 cm		On Contact	
Item 13 (at 1 m)		30 cm		On Contact	
Item 14 (at 1 m)		30 cm		On Contact	
Item 15 (at 1 m)		30 cm		On Contact	
Item 16 (at 1 m)		30 cm		On Contact	
Item 17 (at 1 m)		30 cm		On Contact	
Item 18 (at 1 m)		30 cm		On Contact	
Item 19 (at 1 m)		30 cm		On Contact	
Item 20 (at 1 m)		30 cm		On Contact	

(Use additional sheets as needed)

Box of 6 items $2000 \mu\text{R/hr}$ @ 1 ft (30 cm)
 $500 \mu\text{R/hr}$ @ 1 meter

M1

Product Survey Form - Bed, Bath, and Beyond Store Surveys

Date of visit 1-17-12 Time 08:30
 Store Name & Number BBB # 1005
 Store Location CANTON, MI 48187
 Store point of contact MGR- DAVID Phone _____
 State MI Zip Code 48187 NRC lead or Agreement State? (Y) (N) Circle One
 Regulator contacted? (Y) (N) Contact Name _____
 Regulator Contact Info (Phone or E-Mail) _____
 Inspector _____ Phone _____

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9H) metal box approx. 5" x 5" x 6" tall? (Y) (N)
 Number of items present 5 Identifying numbers on item or container? no outside of packaging
 Other product information items match description

Radiological data: Annual Calibration date (s): CAL DATE: 11-22-2011
CAL DUE: 11-22-2012

Instruments used: BICRON MICRO-REM S/N C029F

Background Levels - (Outside of the building) 2 µR/h (Inside) 20 µR/h in elec. room
10 µR/h outside elec. room

Confirm radioactivity - are any items above background? (Y) (N) How many? 2, possibly all 5

Any elevated items other than the Tissue Box? (List) NO
garbage cans, soap holders, brush holders, cups
if were at or below background level

Items located in a secure area (Y) (N) Location elec. service room of store

Mark all contaminated items clearly with a black magic marker - indicate with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible.

Notes for Shipping:

Store contact: MGR- DAVID 734-844-6562
 Best pick up point: ROLL-UP DOOR / LOADING AREA
 Other comments: BOXED ALL 5 TISSUE BOXES

2

~~CARRIED~~ WITH "Hold for Pick-up by Shaw" "Do not dispose"
 LABELED "Not for sales floor" T. Battaglia cell # on box

Pg 1/2
 [Signature]

BBB # 1005

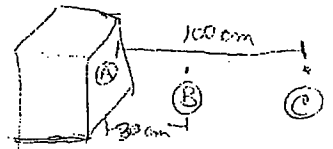
Meter Readings: (Show all results in $\mu R/hr$)

Item 1 (at 1 m)	<u>40 $\mu R/hr$</u>	30 cm	<u>200 $\mu R/hr$</u>	On Contact	<u>8000 $\mu R/hr$</u> (highest edge/face)
Item 2 (at 1 m)	<u>35 $\mu R/hr$</u>	30 cm	<u>200 $\mu R/hr$</u>	On Contact	<u>7500 $\mu R/hr$</u> (highest side)
Item 3 (at 1 m)	<u>5 $\mu R/hr$</u>	30 cm	<u>5 $\mu R/hr$</u>	On Contact	<u>5 $\mu R/hr$</u>
Item 4 (at 1 m)	<u>2 $\mu R/hr$</u>	30 cm	<u>2 $\mu R/hr$</u>	On Contact	<u>2 $\mu R/hr$</u>
Item 5 (at 1 m)	<u>2 $\mu R/hr$</u>	30 cm	<u>5 $\mu R/hr$</u>	On Contact	<u>5 $\mu R/hr$</u>
Item 6 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 7 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 8 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 9 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 10 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 11 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 12 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 13 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 14 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 15 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 16 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 17 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 18 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 19 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 20 (at 1 m)	_____	30 cm	_____	On Contact	_____

BOXED ALL 5 ARTICLES (EARTH)

(Use additional sheets as needed)

2000 $\mu R/hr$ @ contact (A)
 200 $\mu R/hr$ @ 30 cm (B)
 80 $\mu R/hr$ @ 1 meter (C)

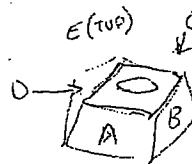


ITEM # 1 (of 5)

A - 8000 $\mu R/hr$
 B - 2000
 C - 8000
 D - 2000
 E(TOP) - 1000 $\mu R/hr$

CONTACT READINGS

ITEM # 2 (of 5)



A - 7000 $\mu R/hr$
 B - 3000
 C - 2000
 D - 2000
 E(TOP) - 3000 $\mu R/hr$

M

Product Survey Form - Bed, Bath, and Beyond Store Surveys

Date of visit 1-17-12 Time 2:50

Store Name & Number BBB #205 AUBURN HILLS, MI

Store Location AUBURN HILLS, MI

Store point of contact LORIE - M.O.D. Phone 248-332-8579

State MI Zip Code 48320 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name _____

Regulator Contact Info (Phone or E-Mail) _____

Inspector _____ Phone _____

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9H) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 0 Identifying numbers on item or container? no outer pkg

Other product information Product meets description - stored in elec. room with other products from TATARA

Radiological data: Annual Calibration date (s): cal date: 11-22-2011
due date: 11-22-2012

Instruments used: Bicron Micro-REM S/N C029F

Background Levels - (Outside of the building) 2 µR/hr (Inside) 2 µR/hr

Confirm radioactivity - are any items above background? (Y) (N) How many? all readings were background level

Any elevated items other than the Tissue Box? (List) none found checked TATARA products in elec room

Items located in a secure area (Y) (N) Location elec. service room (locked)

Mark all contaminated items clearly with a black magic marker - indicate with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible.

0

Notes for Shipping:

Store contact: Lorie (MOD) 248-332-8579

Best pick up point: N/A

Other comments: No readings above background (2 µR/hr) found on any items

BBB # 205

1-17-12

Meter Readings: (Show all results in uR/hr)

<u>ALL</u> Item 1 (at 1 m)	<u>2 μR/h (BKG)</u> 30 cm	<u>2 μR/h (BKG)</u> On Contact
Item 2 (at 1 m)	_____ 30 cm _____	On Contact _____
Item 3 (at 1 m)	_____ 30 cm _____	On Contact _____
Item 4 (at 1 m)	_____ 30 cm _____	On Contact _____
Item 5 (at 1 m)	_____ 30 cm _____	On Contact _____
Item 6 (at 1 m)	_____ 30 cm _____	On Contact _____
Item 7 (at 1 m)	_____ 30 cm _____	On Contact _____
Item 8 (at 1 m)	_____ 30 cm _____	On Contact _____
Item 9 (at 1 m)	_____ 30 cm _____	On Contact _____
Item 10 (at 1 m)	_____ 30 cm _____	On Contact _____
Item 11 (at 1 m)	_____ 30 cm _____	On Contact _____
Item 12 (at 1 m)	_____ 30 cm _____	On Contact _____
Item 13 (at 1 m)	_____ 30 cm _____	On Contact _____
Item 14 (at 1 m)	_____ 30 cm _____	On Contact _____
Item 15 (at 1 m)	_____ 30 cm _____	On Contact _____
Item 16 (at 1 m)	_____ 30 cm _____	On Contact _____
Item 17 (at 1 m)	_____ 30 cm _____	On Contact _____
Item 18 (at 1 m)	_____ 30 cm _____	On Contact _____
Item 19 (at 1 m)	_____ 30 cm _____	On Contact _____
Item 20 (at 1 m)	_____ 30 cm _____	On Contact _____

(Use additional sheets as needed)

No readings above background on any items
in elec service room

MI

BBB# 0113

Product Survey Form - Bed, Bath, and Beyond Store Surveys

Date of visit 1-17-12 Time 10:15 AM

Store Name & Number #1000113 NORTHVILLE, MI 48168

Store Location 17223 HAGGERTY RD.

Store point of contact DAVID-MGR Phone 248-344-0990

State MI Zip Code 48168 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name _____

Regulator Contact Info (Phone or E-Mail) _____

Inspector _____ Phone _____

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9H) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 5 Identifying numbers on item or container? NO OUTER BOX/PACKAGING

Other product information ITEMS MEET PRODUCT DESCRIPTION

Radiological data: Annual Calibration date (s): CAL DATE: 11-22-2011
CAL DUE: 11-22-2012

Instruments used: BICRON MICRO-REM S/N C029F

Background Levels - (Outside of the building) 2 µR/hr (Inside) 50 µR/hr in elec room
10-50 µR/hr in vicinity of elec room

Confirm radioactivity - are any items above background? (Y) (N) How many? 4, possibly all 5

Any elevated items other than the Tissue Box? (List) None found

Items located in a secure area (Y) (N) Location elec source room of store

Mark all contaminated items clearly with a black magic marker - indicate with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible.

Notes for Shipping:

Store contact: DAVID-MGR

Best pick up point: LOADING AREA / ROLL UP DOOR

Other comments: BOXED ALL 5 ITEMS

LABELLED with "Hold for SHAW"
"DO NOT DISPOSE"
T. Ballaglio contact info

(A)

BBB # 0113 NORTHVILLE

Meter Readings: (Show all results in uR/hr)

Item 1 (at 1 m)	<u>40</u> $\mu\text{R}/\text{hr}$	<u>30</u> cm	<u>200</u> $\mu\text{R}/\text{hr}$		On Contact <u>8000</u> $\mu\text{R}/\text{hr}$
Item 2 (at 1 m)	<u>60</u>	30 cm	<u>500</u>		On Contact <u>12,000</u>
Item 3 (at 1 m)	<u>35</u>	30 cm	<u>250</u>		On Contact <u>9,000</u>
Item 4 (at 1 m)	<u>30</u>	30 cm	<u>90</u>		On Contact <u>200</u>
Item 5 (at 1 m)	<u>10</u>	30 cm	<u>10</u>		On Contact <u>20</u>
Item 6 (at 1 m)	_____	30 cm	_____		On Contact _____
Item 7 (at 1 m)	_____	30 cm	_____		On Contact _____
Item 8 (at 1 m)	_____	30 cm	_____		On Contact _____
Item 9 (at 1 m)	_____	30 cm	_____		On Contact _____
Item 10 (at 1 m)	_____	30 cm	_____		On Contact _____
Item 11 (at 1 m)	_____	30 cm	_____		On Contact _____
Item 12 (at 1 m)	_____	30 cm	_____		On Contact _____
Item 13 (at 1 m)	_____	30 cm	_____		On Contact _____
Item 14 (at 1 m)	_____	30 cm	_____		On Contact _____
Item 15 (at 1 m)	_____	30 cm	_____		On Contact _____
Item 16 (at 1 m)	_____	30 cm	_____		On Contact _____
Item 17 (at 1 m)	_____	30 cm	_____		On Contact _____
Item 18 (at 1 m)	_____	30 cm	_____		On Contact _____
Item 19 (at 1 m)	_____	30 cm	_____		On Contact _____
Item 20 (at 1 m)	_____	30 cm	_____		On Contact _____

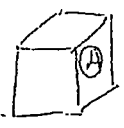
4

?

(Use additional sheets as needed)

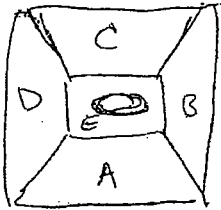
Boxed all 5 items

SURFACE	(A)	-	8000 $\mu\text{R}/\text{hr}$
30 cm	(B)	-	900 $\mu\text{R}/\text{hr}$
100 cm	(C)	-	200 $\mu\text{R}/\text{hr}$


(B)
(C)

1-17-12 Stee # 0113

$\mu R/hr$
SURFACE/CONTACT



PLAN VIEW OF TISSUE BOX

ITEM # 1	A	8000
	B	1000
	C	1000
	D	1000
(TOP) E		5000

ITEM # 2	A	12,000
	B	12,000
	C	12,000
	D	12,000
(TOP) E		5,000

ITEM # 3	A	8000
	B	8000
	C	1000
	D	1000
(TOP) E		1000

ITEM # 4	A	700
	B	700
	C	600
	D	600
(TOP) E		4000

LOW

ITEM # 5	A	20
	B	5
	C	5
	D	5
(TOP) E		5

NE

See opposite side...

Store address/number Bed Bath and Beyond 3413 Pineville Matthews Road Charlotte, NC	Phone number 704-542-5711
Manager Name	Craig Scott
Email address	Craig.scott@bedbath.com
Additional Parties Present	1.)
	2.)
	3.)
	4.)
Were store staff knowledgeable of the incident?	Yes
Were you able to make a survey? If not, why not?	Yes
List Survey Instruments Used (calibration due date, model of meter, type of probe, and serial numbers)	1.) Ludlum 19 sn 205717 cal 4/11
	2.) Ludlum 14C swgm sn 230223 cal 2/11
	3.) Identifinder sn 3574-401 cal 4/11
Background reading for each meter (specify units):	10-15 microR/hr 0.05 mr/hr
Did any items show elevated readings? <i>If yes, describe below</i>	Yes
Did the store remove the items to a suitable secure location?	Yes
Did you leave contact information?(i.e. business cards)	Yes
Did you take pictures of the items with elevated readings? (if so attach them to this report)	Yes
List readings of interest (if any, include units and survey meter information):	List any identifying characteristics of the suspect items (model number, serial number, etc):
Tissue Box Covers , 7 total	All had label on inside, as follows:
25 milliRem/hr contact inside corners	SKU 18485524
17 millilRem/hr	Bed Bath & Beyond
12 mR/hr	UPC 8-47682-0049-8
12 mR/hr	Dual Ridge Metal
0.5 mR/hr	Boutique
0.5 mr/hr	Made in India
	\$24.99
Use additional sheets of paper if necessary...	

Describe the area the suspect items will be stored (i.e. is it locked? Who will have access? Will the items be marked in some way to designate that they are off limits?):

See opposite
side...

Additional notes or concerns from the staff:

Identifinder Spectra yielded twice: 10 ind Co-60

If you don't have an identifinder, make arrangements to return at a later date to do a spectra on items found (if any)

NC

Bed, Bath and Beyond
Co-60 Contaminated Tissue Holder
Inspections Summary

On January 11th, this agency (NCDHHS/DHSR/Radiation Protection Section) received notification that a shipment of merchandise received and distributed by Bed, Bath and Beyond, a retailer with stores in 29 locations throughout the state may be contaminated with the radioactive nuclide Cobalt-60 (Co-60). On January 12th, eight staff from the Radioactive Materials Branch fanned out across the state to perform surveys of this merchandise line and to determine what protective actions local stores may have taken as a result of this discovery.

After canvassing all 29 locations, only one location (the Pineville-Matthews location) was found to possess the contaminated items, a tissue box holder manufactured in India. All other product line items were found not to be contaminated. Each inspector also conducted surveys of related product lines to ensure that other items are safe for the public. No other radioactively contaminated items were discovered.

In all but one case, a store which did not carry the product line, store managers were aware of the recall issued by Bed, Bath and Beyond corporate offices. In all cases, the stores that carried the product line pulled the product from the shelves and stored it in secure locations. No items were sold to the public prior to the recall notice.

Attached (in order):

Survey results from the Pineville-Matthews store

NRC Event Report

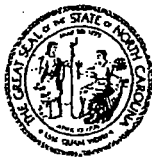
Bed bath and beyond in-store recall notice

Example of inventory print out for the Wilmington, NC store

Example of inventory print out for the Jacksonville, NC store

Introductory letter sent out to accompany inspectors

Color photos of product line and survey



North Carolina Department of Health and Human Services
Division of Health Service Regulation
Radiation Protection Section
1645 Mail Service Center • Raleigh, North Carolina 27699-1645
<http://www.ncdhhs.gov/dhsr/ncradiation.net>

Drexdal Pratt, Director

Beverly Eaves Perdue, Governor
Lanier M. Cansler, Secretary

W. Lee Cox, III, Chief
Phone: 919-571-4141 • Fax: 919-571-4148

January 11, 2012

Dear Store Manager:

We have recently become aware that the Bed, Bath and Beyond retail chain has received items from a manufacturer in India, and some of these items contain radioactive material. Several contaminated items have been located in Bed, Bath and Beyond stores across the country.

While these items do not appear to present a health concern to members of the public, this Agency is investigating how widespread the distribution of these items is within our state.

The Agency is requesting your assistance in identifying these items. Please allow this inspector to conduct a survey within your store to determine if you are in possession of any of these items.

If items containing radioactive material are discovered, we respectfully request that you remove them from your sales-floor and that you secure them until their disposition can be determined by your corporate office.

If you have any questions about this request, please contact James Albright at 919-604-4037 (cell) or 919-571-4141 x250, or Lee Cox at the phone number listed above.

Thank you very much if aiding this Agency's efforts to protect the health and safety of the citizens of North Carolina from unnecessary exposure to radiation.

Sincerely,

A handwritten signature in black ink, appearing to read "James D. Albright", written over a horizontal line.

James D. Albright, Manager
Radioactive Materials Branch
Radiation Protection Section

Att: USNRC Event Report 47575



New Jersey Survey Results – BB&B January 13, 2012

Locations that received DR9M Tissue Box Holders from the December 2011 Shipment

Deptford - Received 6

The store in Deptford had removed all items from the floor and they were in the storeroom area. They reported to me that none had been sold from the store.

They had 7 tissue boxes holders. Six of the seven ranged from 4 mR/hr to 13 mR/hr on contact. One tissue box cover was not contaminated. Readings were taken with the Thermo digital survey meter (bkg was 9 uR/hr). Wipe samples did not reveal any removable contamination. Survey of wastebaskets, toothbrush holders, soap dishes, tumblers and soap dispensers were all at background.

Isotope was id'd as Co-60 with complete confidence. All items have been locked in a trailer in back of the store awaiting further instructions.

North Brunswick location Mgr. Randy Cooper Received 2

Dual Ridge Boutique Tissue holders received on the following dates:

2 pieces received on 9/27/11, 10/4/11, 12/6/11 and 1/4/12 for a total of 8 pieces.

1 piece sold on 11/16/11 (may have been from the batch received on 10/4/11 or 9/27/11)

Total of 7 pieces stored in a locked electrical room in the stock room when we arrived.

Results of survey on 1/13/12:

5 tissue holders were approximately bkg (9 microrem/hr).

2 tissue holders were approximately 11 mR/hr. On one of these holders, it was noted that readings on one side of the box were only 2 mR/hr, while the other sides were 11 mR/hr.

Wipe indicated no removable contamination.

Identifinder clearly indicated Cobalt 60.

On 1/11/12, surveys of other similar items on display showed no readings above bkg (4 microrem/hr).

*When we revisited the facility on 1/13/12, all items in the collection (wastebasket, soap dish, etc.) had been removed from the shelves and stored in the locked electrical room.

Manalapan location Mgr. Mike Depoto Received 4

4 pieces received on 9/26/11, 2 pieces received on 1/5/12 and 1/10/12, for a total of 8 pieces.

4 pieces from the 9/26/11 receipt date were recently sold.

Total of 4 pieces were stored in a locked electrical room in the stock room.

Readings ranged from 1.5 millirem/hr to a max of 12 millirem/hr.

Identifinder clearly indicated Cobalt 60

CONFIRM W/ PART

6

2

2

Survey of wastebaskets, toothbrush holders, soap dishes, tumblers and soap dispensers from the collection (also being kept in the electrical room) were all at background.

Port Reading warehouse – Received 4

Spoke with Jeff Silvia & Bruce Silverman

2x2=4

They had a variety of items from the Dual Ridge Boutique line set aside in a locked cage area at the back of the warehouse where there is little traffic. There were three boxes of 2 tissue covers. Of these, one was not contaminated while the other two were. The contaminated items ranged from 9.8 - 10.2 mrem/hr on contact. The Identifinder clearly indicated Co-60 as the isotope of concern. These two boxes (2 covers in each) were further segregated from the larger set. All remain locked and secured. Surveys of all the remaining items indicated nothing above background (~ 8 uR/hr).

4

Jersey City warehouse – Received 22

Spoke with Kelvin Tavares & Billy Dominguez

They had 4 cartons of tissue box covers; no other items from the Dual Ridge Boutique line of products. These were set aside at the back of the warehouse, but not locked away. I asked them if they could move them to the caged area they were in front of, and they said that they will take care of it right away. We surveyed all of the boxes in each carton (6 boxes per carton x 2 covers per box = 12 covers per carton). Of the 4 cartons, the contents of 2 cartons were clean. For the remaining two cartons, all of the covers were elevated, with readings from 4.9 - 10 mrem/hr. The Identifinder clearly indicated Co-60 as the isotope of concern. There were 2-4 covers from the contaminated boxes that had been shipped to BB&B stores in Manhattan, but they were unable to provide us with which ones went where.

24 ?
2 SHIPPED TO MANHATTAN
20

CONFIRMED 20 ITEMS

Surveys of other similar items on display showed no readings above background (4 microrem/hr).

Locations that received DM9M Tissue Box Covers from prior shipments and none from the December shipment

Totowa Store – Received 10

This store had 7 tissue box covers (10 were listed as having been shipped there) and all were at background. All other items in the line were also found to be at background. All items are off the floor and in a locked room in the storeroom.

X

Bridgewater Store – Received 6

They had 3 tissue box covers left of the 6 that had been shipped to them. All 3 were free of contamination. The other items were found to be at background. These items were also secured in a locked room.

X

NV

Measurement Instrument: Victoreen 451P - SN0833 (Calibration date - May 19, 2011)

Box	<--- per hour base --->	
	Reading @ contact	Reading 1' ft away
A	4.7 mR	.60 mR
B	43 uR	37 uR
C	50 uR	44 uR
D	3.5 mR	.57 mR
E	24 uR	24 uR
F	30 uR	30 uR
G	25 uR	30 uR
Individual units	Very low	Very low
Pull the units from box A measured each	6.6 mR	480 uR

2
+
2 = 4 ITEMS

These 4 units were in the active.

Electrical Room Readings:

1' from cart	290 uR / Hr
at contact with close door	30 uR / Hr

John inspected the merchandise in question and he took readings which he shared (see below chart). We only isolated sku 18485524 (UPC 8476820004980)

John Follette, Radiological Staff Specialist
Radiation Control Program
Department Health and Human Services
State of Nevada
2080 E. Flamingo Rd, Suite 319
Las Vegas, NV 89119

uR - Macro R
mR - Mil R (in 1,000)
Box = vendor case packed with 2 units inside.

Only when we pulled the tissue holders from Case A, the reading exceeded the 5.0 mR level.

They read 6.6mR. This is because the case is shielding some of the radiation of the tissue holder.

2 ITEMS
PER BOX
TOTAL
4

NEW YORK

Memo

To: Steve Gavitt, Director

From Andrew Bass, Associate Radiological Health Specialist

Re: Investigation of metal tissue boxes suspected to be contaminated with radioactive

- Locations:
- 1) Bed, Bath and Beyond store at 340 Walt Whitman Road, Huntington Station, NY
 - 2) Bed, Bath and Beyond store at 950 Merchants Concourse, Westbury, NY

On January 11, 2011 I visited both Bed, Bath and Beyond stores indicated above.

At the Huntington Station store and met with Jim Oppedisano, Asst. Manager, telephone number 631-271-0808. He stated that he was aware of the recall and showed me the suspected Dual Ridge Metal Boutique tissue box holders, which were locked in the cash room on the second floor. These tissue box holders had a Bed, Bath & Beyond label on the inside with a SKU # 18485524 and UPC code 84768200498. I surveyed the tissue box holders in the cash room and two of them had elevated readings. One had a contact reading of 3.9 mR/hr and a one foot reading of 0.90 mR/hr. The other tissue box holder had a contact reading of 4.6 mR/hr and a one foot reading of 0.95 mR/hr. The other tissue box holders had survey readings of background. Orientation of the meter was perpendicular to the tissue holders. I performed a wipe test of these two tissue box holders and the survey reading of this wipe was background. This wipe will be sent to the Wadsworth lab for analysis. All of the other Dual Ridge Metal Boutique merchandise at this location was surveyed and readings were background. All of the tissue box holders are in the locked cash room and all other Dual Ridge Metal merchandise has been removed from the sales floor.

At the Westbury store I met with Rob Amodeo, Asst. Manager, telephone number 516-766-6480. He stated that he was aware of the recall and showed me the suspected Dual Ridge Metal Boutique tissue box holders which were locked in the elevator room on the second floor along with all of other Dual Ridge Metal merchandise. These tissue box holders had a Bed, Bath & Beyond label on the inside with a SKU # 18485524 and UPC code 84768200498. I surveyed the tissue box holders and two of them had elevated readings. One had a contact reading of 4.5 mR/hr and a one foot reading of 0.5 mR/hr. The other tissue box holder had a contact reading of .95 mR/hr and a one foot reading of 0.15 mR/hr. All of the other tissue box holders had reading indistinguishable from background. Orientation of the meter was parallel to the tissue box holders. I performed a wipe test of the two tissue box holders that were contaminated and a survey reading of this wipe was indistinguishable from background. This wipe will be sent to the Wadsworth lab for analysis. All of the other Dual Ridge Metal Boutique merchandise had survey readings which were background and are stored in the locked elevator room and are not for sale.

Survey instruments used:

- 1) Inovision model 450 P S/N 1428 Cal. Date 12/27/2011 Background readings were 11 to 15 micro R/hr
- 2) Ludlum model 14C, S/S 48922 Cal. date 8/2/11, Background readings were 100-150 cpm

OH

Product Survey Form - Bed, Bath, and Beyond Store Surveys

Date of visit 1-24-12 Time 1045

Store Name & Number Warrensville Heights #48 BBBY

Store Location 4031 Richmond Rd, Warrensville Heights

Store point of contact Craig Kerensky Phone 2165930320

State OH Zip Code 44122 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) (N) Contact Name NA

Regulator Contact Info (Phone or E-Mail) NP

Inspector NA Phone NA

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9H) metal box approx. 5" x 5" x 6" tall? (Y) (N) (Y)

Number of items present 2 - affected. Identifying numbers on item or container? yes.

Other product information _____

Radiological data: Annual Calibration date (s): _____

Instruments used: Ludlum 2241/44-A

Background Levels - (Outside of the building) 7 (Inside) 7

Confirm radioactivity - are any items above background? (Y) (N) (Y) How many? 2

(2)

Any elevated items other than the Tissue Box? (List) NO

Items located in a secure area (Y)(N) Location Back Panel area

Mark all contaminated items clearly with a black magic marker - indicate with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible.

Notes for Shipping:

Store contact: _____

Best pick up point: _____

Other comments: _____

Shw 48 1-28-12

Meter Readings: (Show all results in uR/hr) *Cross measurements, BKG not subtracted*

Item 1 (at 1 m)	<u>42</u>	30 cm	<u>163</u>	On Contact	<u>3960</u>
Item 2 (at 1 m)	<u>57</u>	30 cm	<u>249</u>	On Contact	<u>5080</u>
Item 3 (at 1 m)		30 cm		On Contact	
Item 4 (at 1 m)		30 cm		On Contact	
Item 5 (at 1 m)		30 cm		On Contact	
Item 6 (at 1 m)		30 cm		On Contact	
Item 7 (at 1 m)		30 cm		On Contact	
Item 8 (at 1 m)		30 cm		On Contact	
Item 9 (at 1 m)		30 cm		On Contact	
Item 10 (at 1 m)		30 cm		On Contact	
Item 11 (at 1 m)		30 cm		On Contact	
Item 12 (at 1 m)		30 cm		On Contact	
Item 13 (at 1 m)		30 cm		On Contact	
Item 14 (at 1 m)		30 cm		On Contact	
Item 15 (at 1 m)		30 cm		On Contact	
Item 16 (at 1 m)		30 cm		On Contact	
Item 17 (at 1 m)		30 cm		On Contact	
Item 18 (at 1 m)		30 cm		On Contact	
Item 19 (at 1 m)		30 cm		On Contact	
Item 20 (at 1 m)		30 cm		On Contact	

(Use additional sheets as needed)

OH

Product Survey Form - Bed, Bath, and Beyond Store Surveys

Date of visit 1-24-12 Time 1240

Store Name & Number North Olmstead BBBY #458

Store Location North Olmstead OH

Store point of contact Kim Smith Phone 4140 716 8418

State OH Zip Code 44070 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name NA

Regulator Contact Info (Phone or E-Mail) NA

Inspector NA Phone _____

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9H) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 2 Identifying numbers on item or container? 47682 00079

Other product information _____

Radiological data: Annual Calibration date (s): 1-20-12

Instruments used: Ludlum 2241 / 44-A

Background Levels - (Outside of the building) 5 (Inside) 7

Confirm radioactivity - are any items above background? (Y) (N) How many? 0

Any elevated items other than the Tissue Box? (List) NO

Items located in a secure area (Y)(N) Location (NA) yes

Mark all contaminated items clearly with a black magic marker - indicate with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible.

Notes for Shipping:

Store contact: _____

Best pick up point: _____

Other comments: _____

OH

Product Survey Form - Bed, Bath, and Beyond Store Surveys

Date of visit 1-25-12 Time 1200

Store Name & Number BBBY 370

Store Location Columbus - 3708 W. Dublin Grandville Rd

Store point of contact Melissa Mansell Phone 614 766-1769

State OH Zip Code 43235 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) (N) Contact Name NA

Regulator Contact Info (Phone or E-Mail) NA

Inspector NA Phone NA

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9H) metal box approx. 5" x 5" x 6" tall? (Y) (N) (N)

Number of items present 4 ^{5 tissue} Identifying numbers on item or container? 47682 00099

Other product information _____

Radiological data: Annual Calibration date (s): 1-20-12

Instruments used: Ludlum 2241 / 44-2

Background Levels - (Outside of the building) 5 (Inside) 6

Confirm radioactivity - are any items above background? (Y) (N) (N) How many? 4

4

Any elevated items other than the Tissue Box? (List) NO

Items located in a secure area (Y) (N) (N) Location yes Electrical Room

Mark all contaminated items clearly with a black magic marker - indicate with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible.

Notes for Shipping:

Store contact: _____

Best pick up point: _____

Other comments: _____

BBB 370 1/25/12

Meter Readings: (Show all results in uR/hr) *Gross measurements, BKG not subtracted*

Item 1 (at 1 m)	<u>27</u>	30 cm	<u>149</u>	On Contact	<u>3740</u>
Item 2 (at 1 m)	<u>29</u>	30 cm	<u>162</u>	On Contact	<u>3730</u>
Item 3 (at 1 m)	<u>17</u>	30 cm	<u>74</u>	On Contact	<u>2270</u>
Item 4 (at 1 m)	<u>60</u>	30 cm	<u>283</u>	On Contact	<u>5100</u>
Item 5 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 6 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 7 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 8 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 9 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 10 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 11 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 12 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 13 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 14 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 15 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 16 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 17 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 18 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 19 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 20 (at 1 m)	_____	30 cm	_____	On Contact	_____

(Use additional sheets as needed)

OH

Product Survey Form - Bed, Bath, and Beyond Store Surveys

Date of visit 1-25-2 Time _____

Store Name & Number N. Canton #119

Store Location 6725 Strip Avenue NW

Store point of contact MIKE Brown Phone 330 305 1544

State OH Zip Code 44720 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) (N) Contact Name NA

Regulator Contact Info (Phone or E-Mail) NA

Inspector NA Phone NA

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9H) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 4 Identifying numbers on item or container? 47682 00049

Other product information _____

Radiological data:

Annual Calibration date (s): _____

Instruments used: Ludlum 2241 / 44-2

Background Levels - (Outside of the building) 6 (Inside) 5

Confirm radioactivity - are any items above background? (Y) (N) (N) How many? 0

Any elevated items other than the Tissue Box? (List) NO

Items located in a secure area (Y) (N) (N) Location Electrical Room

Mark all contaminated items clearly with a black magic marker - indicate with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible.

Notes for Shipping:

Store contact: _____

Best pick up point: _____

Other comments: _____

OH

Product Survey Form - Bed, Bath, and Beyond Store Surveys

Date of visit 1-24-12 Time 0930

Store Name & Number BBBY 204

Store Location Solon

Store point of contact Paul Herman Phone 440 542 9146

State OH Zip Code 44139 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name _____

Regulator Contact Info (Phone or E-Mail) NA

Inspector NA Phone NA

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9H) metal box approx. 5" x 5" x 6" tall? (Y) (N) 4768200044

Number of items present 2 affected Identifying numbers on item or container? yes

Other product information X(1) and X(2)

Radiological data: Annual Calibration date (s): 1/20/12

Instruments used: Ludlum 2211 / 44-A

Background Levels - (Outside of the building) 7 (Inside) 7

Confirm radioactivity - are any items above background? (Y) (N) How many? 2

Any elevated items other than the Tissue Box? (List) None

Items located in a secure area (Y) (N) Location Electrical Room

Mark all contaminated items clearly with a black magic marker - indicate with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible.

Notes for Shipping:

Store contact: _____

Best pick up point: _____

Other comments: _____

333Y 204 1/24/12

Meter Readings: (Show all results in uR/hr) *Gross measurements, BKGD not subtracted*

Item 1 (at 1 m)	<u>50</u>	30 cm	<u>232</u>	On Contact	<u>4400</u>
Item 2 (at 1 m)	<u>43</u>	30 cm	<u>197</u>	On Contact	<u>4330</u>
Item 3 (at 1 m)		30 cm		On Contact	
Item 4 (at 1 m)		30 cm		On Contact	
Item 5 (at 1 m)		30 cm		On Contact	
Item 6 (at 1 m)		30 cm		On Contact	
Item 7 (at 1 m)		30 cm		On Contact	
Item 8 (at 1 m)		30 cm		On Contact	
Item 9 (at 1 m)		30 cm		On Contact	
Item 10 (at 1 m)		30 cm		On Contact	
Item 11 (at 1 m)		30 cm		On Contact	
Item 12 (at 1 m)		30 cm		On Contact	
Item 13 (at 1 m)		30 cm		On Contact	
Item 14 (at 1 m)		30 cm		On Contact	
Item 15 (at 1 m)		30 cm		On Contact	
Item 16 (at 1 m)		30 cm		On Contact	
Item 17 (at 1 m)		30 cm		On Contact	
Item 18 (at 1 m)		30 cm		On Contact	
Item 19 (at 1 m)		30 cm		On Contact	
Item 20 (at 1 m)		30 cm		On Contact	

(Use additional sheets as needed)

OK

Product Survey Form - Bed, Bath, and Beyond Store Surveys

Date of visit 24 Jan 2012 Time 11:38 - 13:00

Store Name & Number 2848 NW 63rd St, OKC, OK #164

Store Location OKC, OK

Store point of contact April Wanzel, John Boyd Phone _____

State OK Zip Code 73116 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y)(N) (N) Contact Name _____

Regulator Contact Info (Phone or E-Mail) _____

Inspector Dele Thomas Phone 210 275 5737

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9H) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 6 Identifying numbers on item or container? N/A

Other product information _____

Radiological data: Annual Calibration date (s): 17 Jan 2012

Instruments used: Ludlum 2221, #147494, Probe 6-1 C3766

Background Levels - (Outside of the building) 7 uR/hr (Inside) 5 uR/hr

Confirm radioactivity - are any items above background? (Y) (N) How many? 2

Any elevated items other than the Tissue Box? (List) NO

Items located in a secure area (Y)(N) Location Yes

Mark all contaminated items clearly with a black magic marker - indicate with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible.

Notes for Shipping:

Store contact: April Wanzel

Best pick up point: Receiving Area

Other comments: 7- Trash Cans, 8-small cups, 7-soap dispenser

7- soap dish 7 toothbrush holders

2

OKC, DK
0164

Meter Readings: (Show all results in uR/hr)

Item 1 (at 1 m)	<u>8</u>	30 cm	<u>8</u>	On Contact	<u>8</u>
Item 2 (at 1 m)	<u>47</u>	30 cm	<u>286</u>	On Contact	<u>6300</u>
Item 3 (at 1 m)	<u>8</u>	30 cm	<u>8</u>	On Contact	<u>8</u>
Item 4 (at 1 m)	<u>8</u>	30 cm	<u>8</u>	On Contact	<u>8</u>
Item 5 (at 1 m)	<u>8</u>	30 cm	<u>8</u>	On Contact	<u>8</u>
Item 6 (at 1 m)	<u>34</u>	30 cm	<u>236</u>	On Contact	<u>6200</u>
Item 7 (at 1 m)		30 cm		On Contact	
Item 8 (at 1 m)		30 cm		On Contact	
Item 9 (at 1 m)		30 cm		On Contact	
Item 10 (at 1 m)		30 cm		On Contact	
Item 11 (at 1 m)		30 cm		On Contact	
Item 12 (at 1 m)		30 cm		On Contact	
Item 13 (at 1 m)		30 cm		On Contact	
Item 14 (at 1 m)		30 cm		On Contact	
Item 15 (at 1 m)		30 cm		On Contact	
Item 16 (at 1 m)		30 cm		On Contact	
Item 17 (at 1 m)		30 cm		On Contact	
Item 18 (at 1 m)		30 cm		On Contact	
Item 19 (at 1 m)		30 cm		On Contact	
Item 20 (at 1 m)		30 cm		On Contact	

(Use additional sheets as needed)

TX

Product Survey Form – Bed, Bath, and Beyond Store Surveys

Date of visit 20 Jan 2012 Time 1045

Store Name & Number Huebner Oaks #0134

Store Location I H 10 West San Antonio, TX

Store point of contact Tony / Ressie Phone _____

State Tx Zip Code 78230 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name _____

Regulator Contact Info (Phone or E-Mail) _____

Inspector Dale Thomas Phone 210 275 5737

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9H) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 6 Identifying numbers on item or container? None

Other product information _____

Radiological data: Annual Calibration date (s): 17 Jan 2012

Instruments used: Ludlum 2221 #147494 Probe G-1 # ~~made~~ C3766

Background Levels – (Outside of the building) 4.7 uR/hr (Inside) 5.3 uR/hr

Confirm radioactivity - are any items above background? (Y) (N) How many? 2

Any elevated items other than the Tissue Box? (List) None

Items located in a secure area (Y)(N) Location Electrical Breaker Room

Mark all contaminated items clearly with a black magic marker - indicate with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible.

Notes for Shipping:

Store contact: Tony

Best pick up point: Loading Dock

Other comments: 3 - Toothbrush, 2 - Small Cups, 7 - Soap Dispensers
6 - Trash cans 5 - Soap Holder / Dish

Huebner Oaks, SA
0134

Meter Readings: (Show all results in uR/hr)

Item 1 (at 1 m)	<u>33 uR/m</u>	30 cm	<u>133 uR/m</u>	On Contact	<u>1130 uR/hr</u>
Item 2 (at 1 m)	<u>67</u>	30 cm	<u>250</u>	On Contact	<u>2900</u>
Item 3 (at 1 m)	<u>5.3</u>	30 cm	<u>5.3</u>	On Contact	<u>5.3</u>
Item 4 (at 1 m)	<u>5.3</u>	30 cm	<u>5.3</u>	On Contact	<u>5.3</u>
Item 5 (at 1 m)	<u>5.3</u>	30 cm	<u>5.3</u>	On Contact	<u>5.3</u>
Item 6 (at 1 m)	<u>5.3</u>	30 cm	<u>5.3</u>	On Contact	<u>5.3</u>
Item 7 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 8 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 9 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 10 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 11 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 12 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 13 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 14 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 15 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 16 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 17 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 18 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 19 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 20 (at 1 m)	_____	30 cm	_____	On Contact	_____

(Use additional sheets as needed)

TX

Product Survey Form - Bed, Bath, and Beyond Store Surveys

Date of visit 20 Jan 2012 Time 1200
Store Name & Number Store 0141, Basse Rd
Store Location Quarry, San Antonio, TX
Store point of contact Billy Phone _____
State TX Zip Code 78209 NRC lead or Agreement State? (Y) (N) Circle One
Regulator contacted? (Y) (N) Contact Name _____

Regulator Contact Info (Phone or E-Mail) _____
Inspector ~~Dale Thomas~~ Phone 210 275 5787

Product Information: Dale Thomas

Confirm item is a Dual Ridge Tissue Box (DR9H) metal box approx. 5" x 5" x 6" tall? (Y) (N)
Number of items present 3 Identifying numbers on item or container? NO
Other product information See comments

Radiological data: Annual Calibration date (s): 17 Jan 2012

Instruments used: Ludlum 2221 # 147494 Probe: G-1 C3766

Background Levels - (Outside of the building) 5.3 uR/hr (Inside) 5.3 uR/hr

Confirm radioactivity - are any items above background? (Y) (N) How many? 0

Any elevated items other than the Tissue Box? (List) None

Items located in a secure area (Y)(N) Location Electrical Breaker Room

Mark all contaminated items clearly with a black magic marker - indicate with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible.

Notes for Shipping:
Store contact: Billy

Best pick up point: Receiving Area, Loading Dock

Other comments: 6 Tooth brushes, 6 Soap Dispensers, 2 Cops

~~6~~ 6 Trash Cans, 4 Soap Dish

Basse Rd, SA
0141

Meter Readings: (Show all results in uR/hr)

Item 1 (at 1 m)	<u>5.3</u>	30 cm	<u>5.3</u>	On Contact	<u>5.3</u>
Item 2 (at 1 m)	<u>5.3</u>	30 cm	<u>5.3</u>	On Contact	<u>5.3</u>
Item 3 (at 1 m)	<u>5.3</u>	30 cm	<u>5.3</u>	On Contact	<u>5.3</u>
Item 4 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 5 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 6 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 7 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 8 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 9 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 10 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 11 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 12 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 13 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 14 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 15 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 16 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 17 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 18 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 19 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 20 (at 1 m)	_____	30 cm	_____	On Contact	_____

(Use additional sheets as needed)

TX

Product Survey Form - Bed, Bath, and Beyond Store Surveys

Date of visit 25 Jan 2012 Time 1033

Store Name & Number # 330, Fort Worth, TX

Store Location Ft. Worth

Store point of contact Scott Fargo Phone _____

State TX Zip Code 76132 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name _____

Regulator Contact Info (Phone or E-Mail) _____

Inspector Dale Thomas Phone 210 275 5737

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9H) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 4 Identifying numbers on item or container? N/A

Other product information _____

Radiological data: Annual Calibration date (s): 17 Jan 2012

Instruments used: Ludlum 2221 #147494, Probe G-1 C3766

Background Levels - (Outside of the building) 5 (Inside) 2

Confirm radioactivity - are any items above background? (Y) (N) How many? 4 ✓

Any elevated items other than the Tissue Box? (List) None

Items located in a secure area (Y) (N) Location Per Electrical Closet

Mark all contaminated items clearly with a black magic marker - indicate with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible.

Notes for Shipping:

Store contact: Scott Fargo

Best pick up point: _____

Other comments: 4 Trash Cans, 3 toothbrush holders, 4 small cups

5 soap dispensers, 2 soap dishes

Ft. Worth
0330

Meter Readings: (Show all results in uR/hr)

Item 1 (at 1 m)	<u>33</u>	30 cm	<u>146</u>	On Contact	<u>1600</u>
Item 2 (at 1 m)	33 <u>73</u>	30 cm	<u>360</u>	On Contact	<u>6700</u>
Item 3 (at 1 m)	<u>67</u>	30 cm	<u>286</u>	On Contact	<u>2900</u>
Item 4 (at 1 m)	<u>67</u>	30 cm	<u>340</u>	On Contact	<u>6700</u>
Item 5 (at 1 m)		30 cm		On Contact	
Item 6 (at 1 m)		30 cm		On Contact	
Item 7 (at 1 m)		30 cm		On Contact	
Item 8 (at 1 m)		30 cm		On Contact	
Item 9 (at 1 m)		30 cm		On Contact	
Item 10 (at 1 m)		30 cm		On Contact	
Item 11 (at 1 m)		30 cm		On Contact	
Item 12 (at 1 m)		30 cm		On Contact	
Item 13 (at 1 m)		30 cm		On Contact	
Item 14 (at 1 m)		30 cm		On Contact	
Item 15 (at 1 m)		30 cm		On Contact	
Item 16 (at 1 m)		30 cm		On Contact	
Item 17 (at 1 m)		30 cm		On Contact	
Item 18 (at 1 m)		30 cm		On Contact	
Item 19 (at 1 m)		30 cm		On Contact	
Item 20 (at 1 m)		30 cm		On Contact	

(Use additional sheets as needed)

TX

Product Survey Form - Bed, Bath, and Beyond Store Surveys

Date of visit 25 Jan 2012 Time 1200

Store Name & Number Northeast Mall, Hurst, TX #0226

Store Location Hurst Texas

Store point of contact Tracey and Mandi Phone _____

State TX Zip Code 76053 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name _____

Regulator Contact Info (Phone or E-Mail) _____

Inspector Dale Thomas Phone 210 275 5737

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9H) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 6 Identifying numbers on item or container? N/A

Other product information _____

Radiological data: Annual Calibration date (s): 17 Jan 2012

Instruments used: Ludlum 2221 #147494; Probe G-1 C3764

Background Levels - (Outside of the building) 5.3 (Inside) 6.7

Confirm radioactivity - are any items above background? (Y) (N) How many? 4

Any elevated items other than the Tissue Box? (List) None

Items located in a secure area (Y) (N) Location Electrical Closet

Mark all contaminated items clearly with a black magic marker - indicate with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible.

Notes for Shipping:

Store contact: Tracey and/or Mandi

Best pick up point: Receiving Area

Other comments: 5 - Trash Cans, 7 soap dispensers, 6 soap dishes

~~4~~ 5 small cups, 7 toothbrush holders,

4

Hurst, TX
0226

Meter Readings: (Show all results in uR/hr)

Item 1 (at 1 m)	<u>6.7</u>	30 cm	<u>6.7</u>	On Contact	<u>6.7</u>
Item 2 (at 1 m)	<u>6.7</u>	30 cm	<u>6.7</u>	On Contact	<u>6.7</u>
Item 3 (at 1 m)	<u>50</u>	30 cm	<u>333</u>	On Contact	<u>6300</u>
Item 4 (at 1 m)	<u>83</u>	30 cm	<u>480</u>	On Contact	<u>7450</u>
Item 5 (at 1 m)	<u>18</u>	30 cm	<u>110</u>	On Contact	<u>813</u>
Item 6 (at 1 m)	<u>42</u>	30 cm	<u>267</u>	On Contact	<u>2000</u>
Item 7 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 8 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 9 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 10 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 11 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 12 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 13 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 14 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 15 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 16 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 17 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 18 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 19 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 20 (at 1 m)	_____	30 cm	_____	On Contact	_____

(Use additional sheets as needed)

TX

Product Survey Form - Bed, Bath, and Beyond Store Surveys

Date of visit 25 Jan Time 1400
 Store Name & Number Store 0482
 Store Location Park Lane, Dallas
 Store point of contact Ron Wood Phone _____
 State TX Zip Code 75231 NRC lead or Agreement State? (Y) (N) Circle One
 Regulator contacted? (Y) (N) Contact Name _____
 Regulator Contact Info (Phone or E-Mail) _____
 Inspector Dale Thomas Phone 210 275 5737

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9H) metal box approx. 5" x 5" x 6" tall? (Y) (N)
 Number of items present 10 Identifying numbers on item or container? N/A
 Other product information _____

Radiological data: Annual Calibration date (s): 17 Jan 2012

Instruments used: Ludlum 2221 #147494 Probe G-1 C3766

Background Levels - (Outside of the building) 6.5 (Inside) 6.5

Confirm radioactivity - are any items above background? (Y) (N) How many? _____

Any elevated items other than the Tissue Box? (List) None

Items located in a secure area (Y) (N) Location Hazardous Waste Storage Shelf

Mark all contaminated items clearly with a black magic marker - indicate with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible.

Notes for Shipping:

Store contact: Ron Wood

Best pick up point: Receiving Area

Other comments: 5 soap dispensers, 4 small cups, 6 toothbrush holders, 8 soap dishes, 4 trash cans

Parkline, Dallas, TX

0082

Meter Readings: (Show all results in uR/hr)

Item 1 (at 1 m)	<u>6.5</u>	30 cm	<u>6.5</u>	On Contact	<u>6.5</u>
Item 2 (at 1 m)	<u>6.5</u>	30 cm	<u>6.5</u>	On Contact	<u>6.5</u>
Item 3 (at 1 m)	<u>6.5</u>	30 cm	<u>6.5</u>	On Contact	<u>6.5</u>
Item 4 (at 1 m)	<u>6.5</u>	30 cm	<u>6.5</u>	On Contact	<u>6.5</u>
Item 5 (at 1 m)	<u>6.5</u>	30 cm	<u>6.5</u>	On Contact	<u>6.5</u>
Item 6 (at 1 m)	<u>6.5</u>	30 cm	<u>6.5</u>	On Contact	<u>6.5</u>
Item 7 (at 1 m)	<u>6.5</u>	30 cm	<u>6.5</u>	On Contact	<u>6.5</u>
Item 8 (at 1 m)	<u>6.5</u>	30 cm	<u>6.5</u>	On Contact	<u>6.5</u>
Item 9 (at 1 m)	<u>6.5</u>	30 cm	<u>6.5</u>	On Contact	<u>6.5</u>
Item 10 (at 1 m)	<u>6.5</u>	30 cm	<u>6.5</u>	On Contact	<u>6.5</u>
Item 11 (at 1 m)		30 cm		On Contact	
Item 12 (at 1 m)		30 cm		On Contact	
Item 13 (at 1 m)		30 cm		On Contact	
Item 14 (at 1 m)		30 cm		On Contact	
Item 15 (at 1 m)		30 cm		On Contact	
Item 16 (at 1 m)		30 cm		On Contact	
Item 17 (at 1 m)		30 cm		On Contact	
Item 18 (at 1 m)		30 cm		On Contact	
Item 19 (at 1 m)		30 cm		On Contact	
Item 20 (at 1 m)		30 cm		On Contact	

(Use additional sheets as needed)

VA

Product Survey Form - Bed, Bath, and Beyond Store Surveys

Date of visit 1/18/2012 Time 1:45

Store Name & Number ~~Beth's~~ Bed Bath & Beyond Store # 106

Store Location 1324 Greenbriar Parkway, Chesapeake

Store point of contact Keith Stringer Phone 757-436-0683

State VA Zip Code 23320 NRC lead or Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name by Shaw

Regulator Contact Info (Phone or E-Mail) _____

Inspector Alan Fellman Phone 301-990-6006

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9H) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 5 Identifying numbers on item or container? _____

Other product information _____

Radiological data: Annual Calibration date (s): April 4, 2011

Instruments used: CR-135 Plus Identifier

Background Levels - (Outside of the building) 0.92 R/h (Inside) 0.9 R/h

Confirm radioactivity - are any items above background? (Y) (N) How many? 4 metal boxes

Any elevated items other than the Tissue Box? (List) NA

Items located in a secure area (Y) (N) Location Electrical Room (locked)

Mark all contaminated items clearly with a black magic marker - indicate with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible.

Notes for Shipping:

Store contact: any store mgr

Best pick up point: Electrical Room

Other comments: _____

4

Chesapeake Store # 106

Meter Readings: (Show all results in uR/hr)

Item 1 (at 1 m)	<u>60</u>	30 cm	<u>650</u>	On Contact	<u>5,500</u>	spectrum 10
Item 2 (at 1 m)	<u>6-9</u>	30 cm	<u>6-9</u>	On Contact	<u>6-9</u>	no spectrum acquired
Item 3 (at 1 m)	<u>95</u>	30 cm	<u>900</u>	On Contact	<u>10,500</u>	spectrum 11
Item 4 (at 1 m)	<u>50</u>	30 cm	<u>500</u>	On Contact	<u>4,600</u>	spectrum 12
Item 5 (at 1 m)	<u>100</u>	30 cm	<u>1,200</u>	On Contact	<u>11,000</u>	spectrum 13
Item 6 (at 1 m)	_____	30 cm	_____	On Contact	_____	
Item 7 (at 1 m)	_____	30 cm	_____	On Contact	_____	
Item 8 (at 1 m)	_____	30 cm	_____	On Contact	_____	
Item 9 (at 1 m)	_____	30 cm	_____	On Contact	_____	
Item 10 (at 1 m)	_____	30 cm	_____	On Contact	_____	
Item 11 (at 1 m)	_____	30 cm	_____	On Contact	_____	
Item 12 (at 1 m)	_____	30 cm	_____	On Contact	_____	
Item 13 (at 1 m)	_____	30 cm	_____	On Contact	_____	
Item 14 (at 1 m)	_____	30 cm	_____	On Contact	_____	
Item 15 (at 1 m)	_____	30 cm	_____	On Contact	_____	
Item 16 (at 1 m)	_____	30 cm	_____	On Contact	_____	
Item 17 (at 1 m)	_____	30 cm	_____	On Contact	_____	
Item 18 (at 1 m)	_____	30 cm	_____	On Contact	_____	
Item 19 (at 1 m)	_____	30 cm	_____	On Contact	_____	
Item 20 (at 1 m)	_____	30 cm	_____	On Contact	_____	

(Use additional sheets as needed)

VA

Product Survey Form - Bed, Bath, and Beyond Store Surveys

Date of visit 1/18/2012 Time 3:45

Store Name & Number BDB #172

Store Location 12132A Jefferson Ave Newport News, VA 23602

Store point of contact Cara Swinden ^{Underwood} Bathing Phone 757-249-1670

State VA Zip Code 23602 NRC lead on Agreement State? (Y) (N) Circle One

Regulator contacted? (Y) (N) Contact Name by Shaw

Regulator Contact Info (Phone or E-Mail) _____

Inspector Alan Fellman Phone 301-990-6006

Product Information:

Confirm item is a Dual Ridge Tissue Box (DR9H) metal box approx. 5" x 5" x 6" tall? (Y) (N)

Number of items present 4 Identifying numbers on item or container? NA

Other product information _____

Radiological data: Annual Calibration date (s): April 4, 2011

Instruments used: GR-135 Plus Identifier

Background Levels - (Outside of the building) 8-10 uR/h (inside) 4-6 uR/h

Confirm radioactivity - are any items above background? (Y) (N) How many? 2 boxes

Any elevated items other than the Tissue Box? (List) No

Items located in a secure area (Y) (N) Location electrical room (locked)

Mark all contaminated items clearly with a black magic marker - indicate with a bold "X". If all items are in a box, leave box intact and mark outside of the container. Segregate obviously contaminated from uncontaminated items, where possible.

Notes for Shipping:

Store contact: any store mgr

Best pick up point: Electrical Room

Other comments: _____

Newport News Store 172

Meter Readings: (Show all results in uR/hr)

Item 1 (at 1 m)	<u>4-6</u>	30 cm	<u>4-6</u>	On Contact	<u>4-6 no spectrum</u>
Item 2 (at 1 m)	<u>40 43</u>	30 cm	<u>440</u>	On Contact	<u>4,500 spectrum 14</u>
Item 3 (at 1 m)	<u>4-6</u>	30 cm	<u>4-6</u>	On Contact	<u>4-6 no spectrum</u>
Item 4 (at 1 m)	<u>33</u>	30 cm	<u>370</u>	On Contact	<u>4,300 spectrum 15</u>
Item 5 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 6 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 7 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 8 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 9 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 10 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 11 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 12 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 13 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 14 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 15 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 16 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 17 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 18 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 19 (at 1 m)	_____	30 cm	_____	On Contact	_____
Item 20 (at 1 m)	_____	30 cm	_____	On Contact	_____

(Use additional sheets as needed)