



Wir schaffen Wissen – heute für morgen

Paul Scherrer Institut

Markus Häfeli, Transportbeauftragter (TB)
NUM, SYN, GFA

Radioactive Transport / Import / Export at PSI from the perspective of the transport authority (TAG)

Transports of RADIOACTIVE MATERIALS from and to the PSI must be registered by the transport authority (TAG).

Report their transportation projects (send or receive) to be requested in advance when their area of competence Transport Officer (TB).

<https://intranet.psi.ch/ASI/Gefahrguttransporte>

Reception:

Radioactive material should be delivered to PSI, you must do so always on a Local Contact.

This is always a person of the PSI, transport authority (TAG) called. FORT11 created with all the required data and forwards it to TB

<http://ecm.psi.ch/alfresco/guestDownload/d/?path=/Company%20Home/OrgUnits/ASI/IQSoftData/FO/FORT11.pdf>

<http://ecm.psi.ch/alfresco/guestDownload/d/?path=/Company%20Home/OrgUnits/ASI/IQSoftData/FO/FORT11e.pdf>

Shipping:

For shipping the radioactive material is measured with the relevant radiation protection.

Then FORT01 created by TAG with all required data and send it to TB.

<http://ecm.psi.ch/alfresco/guestDownload/d/?path=/Company%20Home/OrgUnits/ASI/IQSoftData/FO/FORT01.pdf>

<http://ecm.psi.ch/alfresco/guestDownload/d/?path=/Company%20Home/OrgUnits/ASI/IQSoftData/FO/FORT01e.pdf>

Your local TB is always ready to assist you in case of doubt.



Reception FOSU70 (E)

PAUL SCHERRER INSTITUT 	Declaration of Radioactive Samples for experiments at SINQ and SμS	FOSU70 (E) 2012-10-25 09:16:23
Responsible for Request:	Owner of radioactive sample:	Consignee at PSI (local contact):
Address of requestor: <input style="width:100%; height: 20px;" type="text"/>	Address of owner: <input style="width:100%; height: 20px;" type="text"/>	Address (building) of PSI-local contact: <input style="width:100%; height: 20px;" type="text"/>
Name of requestor: <input style="width:100%; height: 20px;" type="text"/>	Name of owner: <input style="width:100%; height: 20px;" type="text"/>	Name of PSI local contact: <input style="width:100%; height: 20px;" type="text"/>
Phone number of requestor: <input style="width:100%; height: 20px;" type="text"/>	Phone number of owner: <input style="width:100%; height: 20px;" type="text"/>	Phone number of PSI local contact: <input style="width:100%; height: 20px;" type="text"/>
Mail address or Fax number of requestor: <input style="width:100%; height: 20px;" type="text"/>	Mail address or Fax number of owner: <input style="width:100%; height: 20px;" type="text"/>	Mail address or Fax number (PSI local contact): <input style="width:100%; height: 20px;" type="text"/>
This declaration is required for the assesment of operational radiation protection aspects.		
Date of planned use at PSI from: until: <input style="width: 50%; height: 20px;" type="text"/> <input style="width: 50%; height: 20px;" type="text"/>	DUO - Referenz No.: <input style="width: 100%; height: 20px;" type="text"/>	PSI - Location to use: Instrument: <input type="radio"/> SμS <input type="radio"/> SINQ <input style="width: 50%; height: 20px;" type="text"/>
Characterisation of Radioactive Samples		
Identification: <input style="width: 100%; height: 20px;" type="text"/>		
Radionuclides, their corresponding activities and weights: <input type="checkbox"/> further nuclides given in attachment		
1. nuclide <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> Bq <input style="width: 100%; height: 20px;" type="text"/> g	2. nuclide <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> Bq <input style="width: 100%; height: 20px;" type="text"/> g	3. nuclide <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> Bq <input style="width: 100%; height: 20px;" type="text"/> g
4. nuclide <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> Bq <input style="width: 100%; height: 20px;" type="text"/> g	5. nuclide <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> Bq <input style="width: 100%; height: 20px;" type="text"/> g	6. nuclide <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> Bq <input style="width: 100%; height: 20px;" type="text"/> g
7. nuclide <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> Bq <input style="width: 100%; height: 20px;" type="text"/> g		
Physical state: <input type="radio"/> solid <input type="radio"/> liquid <input type="radio"/> gaseous		Chemical state: <input type="radio"/> acid <input type="radio"/> alkaline <input type="radio"/> neutral
Additional dangers (apart of radioactivity): <input type="checkbox"/> none <input type="checkbox"/> fissile <input type="checkbox"/> explosive <input type="checkbox"/> flammable <input type="checkbox"/> pyrophoric <input type="checkbox"/> oxidizing <input type="checkbox"/> toxic <input type="checkbox"/> corrosive <input type="checkbox"/> organic peroxide <input type="checkbox"/> infectious		
Please attach Material Safety Data Sheet (MSDS) for other hazards of goods.		
Other Information: <input type="checkbox"/> radioactive material in special form Certificate No. of source: _____ <input type="checkbox"/> sealed radioactive sample <input type="checkbox"/> powder <input type="checkbox"/> radioactive instruments or articles <input type="checkbox"/> technical drawing / picture of radioactive sample attached <input type="checkbox"/> metal <input type="checkbox"/> non - sealed radioactive sample <input type="checkbox"/> Gamma Spectroscopy measurement report attached <input type="checkbox"/> ceramics		
Please provide previous history of radioactive sample (if radioactive sample was activated in previous experiments or measurements). Your history file should include following data: When? / Where was it activated? Which kind of radiation (particle type, energy, intensity)?		
Remarks: <input style="width: 100%; height: 20px;" type="text"/>		
After the experiment with the radioactive sample is finished, <input type="checkbox"/> you schedule the return of the radioactive sample back to _____ please fill-in _____ <input type="checkbox"/> the radioactive sample could be disposed off by the usual PSI channels. Disposal costs will be charged to the requestor.		
Comments: <input style="width: 100%; height: 20px;" type="text"/>		
I hereby declare the accuray of statements and that the radioactive sample is fully and accurately described above and that it does not contain any other dangerous substances and / or materials. Changes I will immediately report. _____ date _____ name and signature (oderer)		

Please fill in this form, sign and send it as scan via email to corresponding radiation safety officer: radiation.safety@psi.ch. Thank you.
 FOSU70 9672 / ZU96 1 / 1 16.03.2009

Please print form for signatures



Reception FORT11 (E)

PAUL SCHERRER INSTITUT 	Declaration Receipt of Radioactive Materials Transport in acc. with ADR/SDR	FORT11 (E) 2012-10-25 08:59:56				
Consignor	Carrier / Forwarder	Consignee at PSI (orderer)				
Address of consignor: <input style="width:100%; height: 30px;" type="text"/>	Address of carrier/forwarder company: <input style="width:100%; height: 30px;" type="text"/>	Name of PSI - consignee responsible: <input style="width:100%; height: 30px;" type="text"/>				
Name of consignor: <input style="width:100%; height: 20px;" type="text"/>	responsible contact (name) of carrier: <input style="width:100%; height: 20px;" type="text"/>	Organizational Unit <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>				
Phone number of consignor: <input style="width:100%; height: 20px;" type="text"/>	Phone number of contact (carrier / forwarder): <input style="width:100%; height: 20px;" type="text"/>	Phone number of responsible PSI - consignee: <input style="width:100%; height: 20px;" type="text"/>				
Mails address or Fax number of consignor: <input style="width:100%; height: 20px;" type="text"/>	Mails address or Fax number of contact (carrier): <input style="width:100%; height: 20px;" type="text"/>	Mail address or Fax number (PSI - consignee): <input style="width:100%; height: 20px;" type="text"/>				
Date of planned delivery: <input type="checkbox"/> estimated <input type="checkbox"/> definitely	Responsible Transport Officer at PSI: <input style="width:100%; height: 20px;" type="text"/>	PSI location of intended use (building): <input style="width:100%; height: 20px;" type="text"/>				
Characterisation of Dangerous Goods						
Identification: <input style="width:100%; height: 20px;" type="text"/>						
Radionuclides, their corresponding activities and weights: <input type="checkbox"/> further nuclides given in attachment						
1. nuclide	2. nuclide	3. nuclide	4. nuclide	5. nuclide	6. nuclide	7. nuclide
<input style="width: 40px; height: 20px;" type="text"/> Bq	<input style="width: 40px; height: 20px;" type="text"/> Bq	<input style="width: 40px; height: 20px;" type="text"/> Bq	<input style="width: 40px; height: 20px;" type="text"/> Bq	<input style="width: 40px; height: 20px;" type="text"/> Bq	<input style="width: 40px; height: 20px;" type="text"/> Bq	<input style="width: 40px; height: 20px;" type="text"/> Bq
<input style="width: 40px; height: 20px;" type="text"/> g	<input style="width: 40px; height: 20px;" type="text"/> g	<input style="width: 40px; height: 20px;" type="text"/> g	<input style="width: 40px; height: 20px;" type="text"/> g	<input style="width: 40px; height: 20px;" type="text"/> g	<input style="width: 40px; height: 20px;" type="text"/> g	<input style="width: 40px; height: 20px;" type="text"/> g
Physical state: <input type="radio"/> solid <input type="radio"/> liquid <input type="radio"/> gaseous			Chemical state: <input type="radio"/> acid <input type="radio"/> alkaline <input type="radio"/> neutral			
Additional dangers (apart of radioactivity): <input type="checkbox"/> none <input type="checkbox"/> fissile <input type="checkbox"/> explosive <input type="checkbox"/> flammable						
<input type="checkbox"/> pyrophoric <input type="checkbox"/> oxidizing <input type="checkbox"/> toxic <input type="checkbox"/> corrosive <input type="checkbox"/> organic peroxide <input type="checkbox"/> infectious						
Please attach Material Safety Data Sheet (MSDS) for other hazards of goods.						
Other information: <input type="checkbox"/> radioactive material in special form see attached special form certificate <input style="width: 100px;" type="text"/>						
<input type="checkbox"/> radioactive instruments or articles						
radioactive material: <input type="checkbox"/> powder <input type="checkbox"/> metal <input type="checkbox"/> ceramics						
Comments: <input style="width:100%; height: 20px;" type="text"/>						
Information about used package(s): <input style="width:100%; height: 20px;" type="text"/>						
I hereby declare the accuracy of statements and that the goods presented for shipping are fully and accurately described above and that they do not contain any other dangerous substances and / or materials. Above datas are based on information received from known consignors and / or supplier. Changes I will immediately report.						
				for internal accounting in SAP CATS:		
				PSP element <input style="width: 100px;" type="text"/>		
				Accordance (PSI cost unit officer):		
_____ name and signature (orderer)		_____ date		_____ name and signature		_____ date

Please fill in this form, sign it and send it (on paper) to corresponding transport officer of the facility. Thank you.

Filled out by Transport Officer (TO) and Transport Coordinator (TC) - Dept. ASI:			
date / signature TO:	date of release - TC:	signature TC:	Transport number:
<input style="width:100%; height: 20px;" type="text"/>	<input style="width:100%; height: 20px;" type="text"/>	<input style="width:100%; height: 20px;" type="text"/>	<input style="width:100%; height: 20px;" type="text"/>

Please print form for signatures

Group Hazardous Goods shipments

Information: Acceptance general



Prerequisites for the acceptance of radioactive material

Each intended consignment of radioactive materials or packages to PSI has to be announced in advance to PSI, please contact via mail: gefahrquttransporte@psi.ch.

Please send your declaration with the demanded information as listed below at least three days in advance to gefahrquttransporte@psi.ch.

The declaration of the intended transport shall comprise:

- Consignor with responsible contact information
- Shipper with responsible contact information
- Consignee at PSI and responsible contact at PSI
- Date of delivery
- Type of radioactive material
 - nuclide(s)
 - corresponding activity per nuclide(s)
 - additional dangers
- Amount of packages including package type information and the corresponding UN – Classification of each package
- PSI transport number (if known)

If applicable the following information has to be provided in addition at least with the consignment (not required for "excepted" packages):

- qualification and / or license approval certificate of the packaging
- license approval certificate of radioactive materials in special form
- technical regulations (instructions) for loading and packing / handling if required

Additional requirements to import deliveries from abroad:

- Sent in advance the proforma or shipping invoice of the deliveries to: import@psi.ch
 - To be in fully compliance with Swiss customs import regulations, we kindly ask every forwarder to contact us in advance to receive our instructions
- Mail: import@psi.ch, Phone: +41 (0) 56 310 29 13, Fax: +41 (0) 56 310 29 14.

The shipment of radioactive goods to PSI is not allowed, unless a written ready-to-receive approval by a PSI transport officer is given.

For further information, please contact the officer concerned with dangerous goods at PSI:

Ulrich Zimmermann Division of Radiation Safety and Security Group Hazardous Goods Shipments Paul Scherrer Institut 5232 Villigen PSI - Switzerland	Phone: +41 (0) 56 310 42 62 Fax: +41 (0) 56 310 23 09 Mail: u.zimmermann@psi.ch
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PAUL SCHERRER INSTITUT PSI		Declaration Consignment of Radioactive Materials Transport in acc. with ADR/SDR		FORT01 (E) 2013-01-18 11:09:27		
PSI-Consignor (orderer)		Carrier / Forwarder		Consignee		
Name of PSI-consignor: <input type="text"/>		Address of carrier/forwarder company: <input type="text"/>		Address of consignee: <input type="text"/>		
Organizational Unit: <input type="text"/>		responsible contact (name) of carrier: <input type="text"/>		Name of consignee responsible: <input type="text"/>		
Phone number of PSI-consignor: <input type="text"/>		Phone number of contact (carrier / forwarder): <input type="text"/>		Phone number of responsible contact (consignee): <input type="text"/>		
Mail address or Fax number of PSI-consignor: <input type="text"/>		Mail address or Fax number of contact (carrier): <input type="text"/>		Mail address or Fax number (consignee): <input type="text"/>		
PSI place of dispatch (building): <input type="text"/>						
Date of planned dispatch: <input type="text"/>		Responsible Transport Officer at PSI: <input type="text"/>		No. of license (for handling rad. materials): <input type="text"/>		
<input type="checkbox"/> estimated						
<input type="checkbox"/> definitely						
Characterisation of Dangerous Goods						
Identification: <input type="text"/>						
Radionuclides, their corresponding activities and weights: <input type="checkbox"/> further nuclides given in attachment						
1. nuclide	2. nuclide	3. nuclide	4. nuclide	5. nuclide	6. nuclide	7. nuclide
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> Bq	<input type="text"/> Bq	<input type="text"/> Bq	<input type="text"/> Bq	<input type="text"/> Bq	<input type="text"/> Bq	<input type="text"/> Bq
<input type="text"/> g	<input type="text"/> g	<input type="text"/> g	<input type="text"/> g	<input type="text"/> g	<input type="text"/> g	<input type="text"/> g
Physical state: <input type="radio"/> solid <input type="radio"/> liquid <input type="radio"/> gaseous			Chemical state: <input type="radio"/> acid <input type="radio"/> alkaline <input type="radio"/> neutral			
Additional dangers (apart of radioactivity): <input type="checkbox"/> none <input type="checkbox"/> fissile <input type="checkbox"/> explosive <input type="checkbox"/> flammable						
<input type="checkbox"/> pyrophoric <input type="checkbox"/> oxidizing <input type="checkbox"/> toxic <input type="checkbox"/> corrosive <input type="checkbox"/> organic peroxide <input type="checkbox"/> infectious						
Please attach Material Safety Data Sheet (MSDS) for other hazards of goods.						
Other Information: <input type="checkbox"/> radioactive material in special form see attached special form certificate <input type="text"/>						
<input type="checkbox"/> radioactive instruments or articles						
radioactive material: <input type="checkbox"/> powder <input type="checkbox"/> metal <input type="checkbox"/> ceramics						
Comments: <input type="text"/>						
Information about used package(s): <input type="text"/>						
<div style="border: 2px dashed red; padding: 5px;"> <p>I hereby declare the accuracy of statements and that the goods presented for shipping are fully and accurately described above and that they do not contain any other dangerous substances and / or materials. Changes I will immediately report.</p> </div>						
			for internal accounting in SAP CATS:			
			PSP element <input type="text"/>			
			Accordance (PSI cost unit officer):			
<input type="text"/>		<input type="text"/>		<input type="text"/>		
name and signature (orderer)		date		name and signature		
Please fill in this form, sign it and send it (on paper) to corresponding transport officer of the facility. Thank you.						
Filled out by Transport Officer (TO) and Transport Coordinator (TC) - Dept. ASI:						
date / signature TO:		date of release - TC:		signature TC:		
<input type="text"/>		<input type="text"/>		<input type="text"/>		
				Transport number:		
				<input type="text"/>		

Proforma Invoice will be completed by TAG with PSI export



5232 Villigen PSI
 Switzerland

Telefon Exchange 056 / 310 21 11
 Direct 056 / 310
 Telefax Central 056 / 310 21 99
 Local 056 / 310

E-Mail

Warenempfänger

Adresse

Ort

Land

Kontaktperson: (zwingend)

Telefonnummer

Your ref.

Our ref.

Villigen, 25 October 2012

PROFORMA-Rechnung (Lieferschein) Nr (Angabe durch Export)

Warenbeschreibung (genaue Bezeichnung wie zum Beispiel Muster/Proben),

Gefahrgut, radioaktiv

Versendungsgrund/Verwendungszweck: (z.B. Experimentiermaterial)

Gemäss nachfolgender Liste und beiliegenden Begleitpapieren:

Pos.	Menge	Aktivität/Nuklide/Isotope	Wert in CHF
1			
2			
3			

Herkunftsland:

(UN- Nummer & offizielle Bezeichnung gemäss ADR)

Export-Bewilligungsnummer Paul Scherrer Institut:

Import- Bewilligungsnummer Warenempfänger:

Anzahl Versandstücke, Abmessungen, Gewicht netto, Gewicht brutto

Total Warenwert (nur für Zollzwecke, ohne Verrechnung):

CHF 0.0000

Mit freundlichen Grüssen

PAUL SCHERRER INSTITUT

Vorname, Nachname (5fach ausdrucken, alle Exemplare unterschreiben)

RESEARCH AREA FESTKÖRPERFORSCHUNG MIT NEUTRONEN UND MYONEN (NUM) - 3000:

Commissioner of Transport Markus Haefeli WBBA/104

Tel. 4106 markus.haefeli@psi.ch

Deputy Sonia Reber WSLA/220

Tel. 3759 sonia.reber@psi.ch

Deputy Rouven Philipp WBGA/C37

Tel. 5987 rouven.philipp@psi.ch

RESEARCH AREA SYNCHROTRONSTRAHLUNG (SYN) - 6000:

Commissioner of Transport Sonia Reber WSLA/220

Tel. 3759 sonia.reber@psi.ch

Deputy Markus Haefeli WBBA/104

Tel. 4106 markus.haefeli@psi.ch

Deputy Rouven Philipp WBGA/C37

Tel. 5987 rouven.philipp@psi.ch

RESEARCH AREA GROSSFORSCHUNGSANLAGEN (GFA) - 8000:

Commissioner of Transport Markus Haefeli WBBA/104

Tel. 4106 markus.haefeli@psi.ch

Deputy Sonia Reber WSLA/220

Tel. 3759 sonia.reber@psi.ch

Deputy Rouven Philipp WBGA/C37

Tel. 5987 rouven.philipp@psi.ch