

APPLICATION FOR RADIOACTIVE MATERIAL LICENSE AUTHORIZING THE USE OF SEALED SOURCES IN FIXED GAUGE DEVICES

Department of Health Services is requesting disclosure of information. Failure to provide any information may result in denial or delay of a radioactive material license.

Instructions – Complete all items if this is an initial application or an application for renewal of a license. Refer to WISREG “Guidance for Fixed Gauge Devices.” Use supplementary sheets where necessary. Retain one copy and submit original of the entire application to the State of Wisconsin, Department of Health Services (DHS), Post Office Box 2659, Madison, WI 53701-2659.

APPLICATION TYPE

Item 1. Type Of Application (Check one box)

New License Renewal License Number _____

CONTACT INFORMATION

Item 2. Name And Mailing Address Of Applicant:

Item 3. Person To Contact Regarding Application:

Applicant's Telephone Number (Include Area Code):

Contact's Telephone Number (Include Area Code):

LOCATION OF RADIOACTIVE MATERIAL

Item 4. Address(es) Where Radioactive Material Will Be Used Or Possessed (Do not use Post Office Box)

Address	Telephone Number (Include Area Code)
Address	Telephone Number (Include Area Code)
Address	Telephone Number (Include Area Code)

RADIATION SAFETY OFFICER

Item 5. Radiation Safety Officer (RSO) (Check one box and attach evidence of training and experience)

Name: _____ Telephone Number (Include area code): _____

Before obtaining radioactive material, the proposed RSO will have successfully completed one of the training courses described in “Criteria” in the section titled “Radiation Safety Officer” in WISREG ‘Guidance For Fixed Gauge Devices’.

Or

Alternative information demonstrating that the proposed RSO is qualified by training and experience is attached.

Item 9.3 Survey Instruments (Check all that apply)

- We will have access to a survey meter that meets the Criteria in the section titled "Survey Instruments" in WISREG "Guidance for Fixed Gauge Devices." (Description attached)

Or

- We will possess a survey meter that meets the Criteria in the section titled "Survey Instruments" in WISREG "Guidance for Fixed Gauge Devices."

AND ONE OF THE FOLLOWING

- Each survey meter will be calibrated by an organization licensed by DHS, the NRC or an Agreement State to perform survey meter calibrations.

Or

- We will implement the model survey meter calibration program published in Appendix I in WISREG "Guidance for Fixed Gauge Devices."

Or

- We will submit alternative calibration procedures for DHS review. (Procedures are attached)

Item 9.4 Material Receipt And Accountability (Check one box)

- Physical inventories will be conducted at intervals not to exceed 6 months, to account for all sealed sources and devices received and possessed under the license.

Or

- We will submit a description of the frequency and procedures for ensuring that no gauge has been lost, stolen or misplaced. (Procedures are attached)

Item 9.5 Occupational Dose (Check one box)

- We will maintain, for inspection by DHS, documentation demonstrating that unmonitored individuals are not likely to receive, in one year, a radiation dose in excess of 10 percent of the allowable limits in s. DHS 157.22.

Or

- We will provide dosimetry processed and evaluated by a NVLAP-approved processor that is exchanged at a frequency recommended by the processor.

Item 9.6 Public Dose

No response is required, in this license application, however the licensee's evaluation of public dose will be examined during an inspection.

Item 9.7 Operating And Emergency Procedures (Check one box)

- We will implement and maintain the operating and emergency procedures in Appendix L of WISREG "Guidance for Fixed Gauge Devices" and provide copies of these procedures to all gauge users.

Or

- We will develop, implement and maintain operating and emergency procedures that will meet criteria in the section titled "Operating and Emergency Procedures" in WISREG "Guidance for Fixed Gauge Devices." (Procedures are attached)

Item 9.8 Leak Test (Check one box)

- Leak tests will be performed by an organization authorized by DHS, the NRC or an Agreement State to provide leak testing services to other licensees; or by using a leak test kit supplied by an organization licensed by DHS, the NRC or an Agreement State to provide leak test kits to other licensees according to kit suppliers' instructions.

List the name and license number of organization authorized to perform or analyze leak test (Specify whether DHS, NRC, or other Agreement State):

Organization Name _____ License Number _____

Note: An alternate organization may be used to perform or analyze leak test, without amending the license, provided the organization is specifically authorized by DHS, NRC or an Agreement State.

Or

- We will perform our own leak testing and sample analysis. We will follow the model procedures in Appendix M of WISREG "Guidance for Fixed Gauge Devices."

Or

- We will submit alternative procedures. (Procedures are attached)

Item 9.9 Maintenance (Check one box each for Routine Cleaning and Lubrication and for Non-Routine Maintenance)

ROUTINE CLEANING AND LUBRICATION:

- We will implement and maintain procedures for routine maintenance of our gauges according to each manufacturer's recommendations and instructions.

Or

- Alternative procedures are attached.

NON-ROUTINE MAINTENANCE:

- We will utilize the manufacturer or another person specifically licensed to perform non-routine maintenance or repair operations. Radiation surveys required by s. DHS 157.25(1) will be performed by a person specifically authorized by DHS, the NRC or an Agreement State.

Or

- We will perform non-routine maintenance in-house and will provide the information listed in Appendix N of WISREG "Guidance for Fixed Gauge Devices" to perform this work. (Information is attached)

Item 9.10 Fixed Gauge Disposal And Transfer (Check box)

- We will return the gauge to the manufacturer for disposal or transfer the device to a specific licensee authorized to receive radioactive material.

Item 9.11 Transportation

No response is needed from applicants during the licensing process; this issue will be reviewed during inspection.

Item 9.12 Fixed Gauges used at Temporary Job Sites (Check one box)

- We will submit procedures for the use of fixed gauges at temporary job sites. (Procedures are attached)

Or

- No temporary job sites used.

SPECIFIC LICENSE FEE

Item 10. License Fees (Refer to Wisconsin Administration Code s. DHS 157.10)

Category	License fee enclosed (for new applications only)
	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount Enclosed _____

CERTIFICATION (To be signed by an individual authorized to make binding commitments on behalf of the applicant.)

Item 11
 I hereby certify that this application was prepared in conformance with Wisconsin Administrative Code, Chapter DHS 157 "Radiation Protection" and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief.

SIGNATURE - Applicant or Authorized Individual	Date signed
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Print Name and Title of above signatory

OPTIONAL: CORRESPONDENCE AUTHORITY

I have delegated correspondence authority for matters pertaining to our Radioactive Materials License to _____. The designee named here has approval to submit amendment requests concerning this Radioactive Materials License. I understand that license renewal applications must be signed by a member of upper management.

SIGNATURE - Applicant Or Authorized Individual	Date signed
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