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| DEPARTMENT OF HEALTH SERVICES  Division of Public Health  F-45016 (Rev. 05/11) | | STATE OF WISCONSIN | | | |
| APPLICATION FOR A RADIOACTIVE MATERIAL LICENSE  FOR ACADEMIC, RESEARCH AND DEVELOPMENT AND OTHER LICENSES OF  LIMITED SCOPE | | | | | |
| The Wisconsin Department of Health Services is requesting disclosure of information for obtaining a radioactive material license. Failure to provide any information may result in denial or delay of a radioactive material license. | | | | | |
| **Instructions** – Complete all items. Refer to WISREG ‘Guidance for Academic, Research and Development and Other Licenses of Limited Scope’. 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), P.O. 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): (   )    -     x | | Contact’s Telephone Number(Include area code):  (   )    -     x | | | |
| 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)  (   )    -     x |
| Address             ,         - | | | | | Telephone Number (Include area code)  (   )    -     x |
| Address             ,         - | | | | | Telephone Number (Include area code)  (   )    -     x |
| Is radioactive material used at locations for field studies or other off-site locations?  Yes  No  If yes, please attach an additional sheet(s) with the locations (addresses) and a list of activities to be conducted at each location. | | | | | |
| RADIATION SAFETY OFFICER | | | | | |
| Item 5 Radiation Safety Officer (RSO) (Check boxes) The name of the proposed RSO and other potential designees who will be responsible for ensuring that the licensee’s radiation safety program is implemented in accordance with approved procedures. | | | | | |
| NAME | | | | TELEPHONE NUMBER (   )    -     x  (Include area code) | |
| AND  We will provide information demonstrating that the proposed RSO is qualified by training and experience. | | | | | |

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| AUTHORIZED USERS AND TRAINING | | | | | |
| **Item 6 Authorized Users** (Check both boxes) | | | | | |
| We will attach a list of each proposed authorized user with the types and quantities of licensed material to be used. AND Information is attached demonstrating that each proposed authorized user is qualified by training and experience to use the requested licensed material. | | | | | |
| **Item 7 Training For Individuals Working In Or Frequenting Restricted Areas** (Check box)  A description of the radiation safety training program, including topics covered, groups of workers, assessment of training, qualifications of instructors and the method and frequency of training is attached. | | | | | |
| RADIOACTIVE MATERIAL | | | | | |
| **Item 8 Radioactive Material** (Attach additional pages if necessary) | | | | | |
| UNSEALED SOURCES | | | | | |
| Radioisotope |  |  | |  |  |
| Chemical/Physical Form |  |  | |  |  |
| Maximum Possession Limit |  |  | |  |  |
| Proposed Use |  |  | |  |  |
|  | | | | | |
| **SEALED SOURCES** | | | | | |
| Radioisotope |  |  | |  |  |
| Chemical/Physical Form | SEALED SOURCE | SEALED SOURCE | | SEALED SOURCE | SEALED SOURCE |
| Sealed Source Manufacturer or Distributor and Model Number |  |  | |  |  |
| Device Manufacturer or Distributor and Model Number |  |  | |  |  |
| Sealed Source & Device Registration Sheet Number |  |  | |  |  |
| Maximum Possession Limit |  |  | |  |  |
| Proposed Use |  |  | |  |  |

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| FACILITIES AND EQUIPMENT | |
| Item 9 Facilities And Equipment (Check all that apply) A description is provided of the facilities and equipment at each location where radioactive material will be used. Diagrams should be drawn to a specified scale, or dimensions should be indicated. For facilities where it is anticipated that more than one laboratory or room may be used, a generic laboratory or room diagram may be submitted. (Diagrams are attached)  NOTE: See Appendix K of WISREG ‘Guidance for Academic, Research and Development and Other Licenses of Limited Scope’.  AND  A description showing the locations of shielding, the proximity of radiation sources to unrestricted areas, and other items related to radiation safety is provided. And If Applicable For animal use, a description is provided of the facilities and equipment at each location where radioactive material will be used. Diagrams should be drawn to a specified scale, or dimensions should be indicated. For facilities where it is anticipated that more than one laboratory or room may be used, a generic laboratory or room diagram may be submitted. (Diagrams are attached)  NOTE: See Appendices K and H of WISREG ‘Guidance For Academic, Research and Development and Other Licenses of Limited Scope’. AND IF APPLICABLE For radioactive materials that may become airborne, diagrams contain schematic descriptions of the ventilation systems, with pertinent airflow rates, pressures, filtration equipment, and monitoring systems. (Diagrams are attached) | |
| RADIATION SAFETY PROGRAM | |
| Item 10.1 Audit Program The applicant is not required to submit its audit program to DHS for review during the licensing process. This matter will be  examined during an inspection. | |
| **Item 10.2 Radiation Monitoring Instruments** (Check one box)  We will use instruments that meet the radiation monitoring instruments specifications published in Appendix M of WISREG ‘Guidance for Academic, Research and Development and Other Licenses of Limited Scope’. We reserve the right to upgrade our survey instruments as necessary. OR We will use instruments that meet the radiation monitoring instrument specifications published in Appendix M of WISREG ‘Guidance for Academic, Research and Development and Other License of Limited Scope’. Additionally we will implement the survey meter calibration program published in Appendix M of WISREG ‘Guidance for Academic, Research and Development and Other License of Limited Scope’. We reserve the right to upgrade our survey instruments as necessary. OR We will provide a description of alternative equipment and/or procedures for ensuring that appropriate radiation monitoring equipment will be used during licensed activities and that proper calibration and calibration frequency of survey equipment will be performed. We reserve the right to upgrade our survey instruments as necessary. (Procedures are attached) | |
| Item 10.3 Material Receipt And Accountability (Check all that apply)UNSEALED SOURCES We will submit procedure(s) for ensuring radioactive material accountability. SEALED SOURCES We will conduct physical inventories 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 sealed sources have been lost, stolen or misplaced. (Description is attached) | |

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| Item 10.4 Occupational Dose (Check all that apply) For external dosimetry,  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.  IF UNSEALED SOURCES ARE USED  For internal dosimetry,  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 submit procedures for performing bioassays of individuals who are likely to receive, in one year, a radiation dose in excess of 10 percent of the allowable limits in s. DHS 157.22. | | | | |
| Item 10.5 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 10.6 Safe Use of Radionuclides and Emergency Procedures (Check all that apply) We will develop, implement and maintain safe use of radionuclides and emergency procedures that will meet the criteria in the section titled ‘Safe Use of Radionuclides and Emergency Procedures’ in WISREG ‘Guidance for Academic, Research and Development and Other Licenses of Limited Scope’. (Procedures are attached)  AND IF APPLICABLE  For Gas Chromatographs, we will submit the information requested in Appendix D of WISREG ‘Guidance for Academic, Research and Development and Other Licenses of Limited Scope’. (Information is attached)  AND IF APPLICABLE  For use of radionuclides in animals, we will develop, implement and maintain safe use of radionuclides and emergency procedures that will meet the criteria in the section titled ‘Safe Use of Radionuclides and Emergency Procedures’ in WISREG ‘Guidance for Academic, Research and Development and Other Licenses of Limited Scope’. (Procedures are attached)  Note: See Appendix H ‘Considerations for Lab Animals and Veterinary Medical Use’ of WISREG ‘Guidance for Academic, Research and Development and Other Licenses of Limited Scope’ for additional information. | | | | |
| **Item 10.7 Surveys** (Check all that apply)  We will survey our facility and maintain contamination levels in accordance with the survey frequencies and contamination levels published in Appendix Q of WISREG ‘Guidance for Academic, Research and Development and Other Licenses of Limited Scope’. If Sealed Sources Are Used 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 supplier’s 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 | | | Issuing Agency |
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| **Note:** An alternate organization may be used to perform or analyze leak tests, without amending the license, provided the organization is specifically authorized by DHS, NRC or an Agreement State. OR We will perform leak testing and sample analysis and will follow the procedures published in Appendix R of WISREG ‘Guidance for Academic, Research and Development and Other Licenses of Limited Scope’. OR We will submit alternative procedures. (Procedures are attached) | | | | |
| Item 10.8 Transportation No response is needed during the license process; this issue will be reviewed during inspection. | | | | |
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| Item 10.9 Minimization of Contamination No response is required if applicant meets the criteria in the following sections: ‘Unsealed and/or Sealed Sources’, ‘Facilities and Equipment’, ‘Safe use of Radioisotopes and Emergency Procedures’, ‘Surveys’, and ‘Waste Management’. | | | | |
| **Item 10.10 Termination Of Activities**  No response is required from the applicant during the application process. Refer to section titled ‘Termination of Activities’ in WISREG ‘Guidance for Academic Research and Development and Other License of Limited Scope’. | | | | |
| WASTE MANAGEMENT | | | | |
| Item 11 Waste Management (Check all that apply) We will follow the model waste procedures published in Appendix T of WISREG ‘Guidance for Academic, Research and  Development and Other Licenses of Limited Scope.’  OR  We will follow:  Decay-In-Storage or  Disposal of Liquids Into Sanitary Sewerage waste procedures that  are published in Appendix T of WISREG ‘Guidance for Academic, Research and Development and Other Licenses of Limited  Scope’. OR We will develop, implement and maintain procedures for waste collection, storage and disposal by any of the authorized methods described in Item 11 ‘Waste Management’ of WISREG ‘Guidance for Academic, Research and Development and Other Licenses of Limited Scope’. We will contact DHS for guidance to obtain approval of any method(s) of waste disposal other than those discussed in Item 11 ‘Waste Management’ of WISREG ‘Guidance for Academic, Research and Development and Other Licenses of Limited Scope’. (Procedures are attached) AND IF APPLICABLE If access to a radioactive waste burial site is unavailable, we will request authorization for extended interim storage of waste. We  will refer to NRC Regulatory Issue Summary 2008-12 ‘Considerations for Extended Interim Storage of Low-Level Radioactive Waste by Fuel Cycle and Materials Licensees’ dated May 2008, for guidance and submit the required information with this application.  NOTE: Applicants do not need to provide information to DHS if they plan to dispose of LLW via transfer to another authorized recipient or to dispose of liquid scintillation media or animals containing low levels of H-3 or C-14 as authorized by  s. DHS 157.30(5)*.*  **If Sealed Sources are used**  We will return sealed sources/devices to the manufacturer, distributor or an organization licensed by DHS, the NRC or another Agreement State. | | | | |
| SPECIFIC LICENSE FEE | | | | |
| **Item 12 License Fees** (Refer to Wisconsin Administration Code s. DHS 157.10) | | | | |
| Category: | | Application fee enclosed (For new applications only):  Yes  No Amount Enclosed | | |
| CERTIFICATION (To be signed by an individual authorized to make binding commitments on behalf of the applicant.) | | | | |
| Item 13  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 | |
| 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 | |