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| DEPARTMENT OF HEALTH SERVICES  Division of Public Health  F-45021 (03/10) | | STATE OF WISCONSIN  Bureau of Environmental and Occupational Health  Radiation Protection Section 608-267-4797 | | |
| GENERALLY LICENSED DEVICE INSPECTION BY MAIL | | | | |
| Department of Health Services (DHS) is requesting disclosure of information. Completion of this form is required to comply with s. DHS 157.12(7). Failure to provide all requested information may result in a site inspection. | | | | |
| **Instructions** – Complete all items. Use supplementary sheets if necessary. Retain a copy and submit the original to: DHS, Radiation Protection Section, P.O. Box 2659, Madison, WI 53701-2659. | | | | |
| CONTACT INFORMATION | | | |
| **1. Licensee - Name and Mailing Address** | Contact Person – Name and Telephone Number (Include area code) (   )    -     x | | |
| 2. General License Number | 3. Has the contact person changed?  Yes  No | | |
| INSPECTION BY MAIL | | | |
| 4. Has the number of devices containing radioactive material changed in the past year?  Yes  No  If Yes, indicate reason for change and give the name and Radioactive Materials License number of supplier/disposal company:  Addition  Disposal  Transfer Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_License No.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| 5. If a device has been tranferred to another licensee, was the Department of Health Services notified within 30 days in accordance with s. DHS 157.12(4)?  Yes  No If No, date DHS notified \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 6. Are all radiation warning signs and labels visible and in good condition on each device?  Yes  No If No, date corrected \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 7. Are all devices containing radioactive material in working order (for example, no damage to shielding, on/off mechanism or indicator, leak test shows less than 0.005 microcurie of removable contamination)?  Yes  No If No, date operation suspended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date repaired \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 8. Has each device been leak tested every six months or at the frequency required by its Sealed Source and Device Registration sheet?  Yes  No If No, date completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| REGISTRATION FEE | | | |
| A. Site Fee $100.00 per site = $  B. Device Fee $50.00 per device  Number of devices       x $50.00 = $  C. Total fee enclosed (A+B) = $  **Note: No person may possess, receive, use, own or transfer a device purchased under a general license that contains at least 370 MBq (10 millicuries) of cesium-137, 3.7 MBq (0.1 millicurie) of strontium-90, 37 MBq (1 millicurie) of cobalt-60, 3.7 MBq (0.1 millicurie) of radium-226, or 37 MBq (1 millicurie) of americium-241 or any other transuranic unless that person registers annually with the Department and pays a fee as prescribed in s. DHS 157.12(6).** | | | |
| CERTIFICATION | | | |
| I hereby certify that this renewal and mail inspection 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 | | | |