Virginia Department of Health
Radioactive Materials Program
(804) 864-8150

APPLICATION FOR A NEW RADIOACTIVE MATERIAL LICENSE AUTHORIZING THE USE OF XRF DEVICES

The Virginia Department of Health (VDH) is requesting disclosure of information. Completion of this form is required to obtain a Radioactive Material License. Failure to provide all requested information may result in denial or delay of a Radioactive Material License.

Instructions – Complete all items. Refer to VAREG 'Guidance for XRF Devices' for additional information. Use supplementary sheets if necessary. Retain a copy and submit the original of the entire application to: Virginia Department of Health, Radioactive Materials Program, 109 Governor Street, Room 730, Richmond, VA 23219.

APPLICATION TYPE

Item 1 Type of Application (Check box)

☐ New License

CONTACT INFORMATION

Item 2 Applicant - Name and Mailing Address	**Item 3 Contact Person – Name**
, -	Name: E-mail:
Applicant - Telephone Number **(**Include area code) ( ) - x	Telephone Number (Include area code) ( ) - x

LOCATION OF RADIOACTIVE MATERIAL

Item 4 List all address(es) where radioactive material(s) will be used or possessed. Attach additional pages if necessary.

	Address (Do not use Post Office box)	**Telephone Number (Include area code)**
☐ Used ☐ Stored ☐ Used/Stored	, -	( ) - x
☐ Used ☐ Stored ☐ Used/Stored	, -	( ) - x
☐ Used ☐ Stored ☐ Used/Stored	, -	( ) - x

Are XRFs used at temporary jobsites?: ☐ Yes ☐ No

RADIATION SAFETY OFFICER

Item 5 Radiation Safety Officer (RSO) (check one box)

RSO Name:

Tel (Include area code): ( ) - x

E-mail:

☐ Before obtaining radioactive material, the proposed RSO will have successfully completed one of the training courses described in the Criteria section titled Radiation Safety Officer" in VAREG 'Guidance for XRF Devices'.

OR

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

AND EITHER

☐ The above named individual will perform all duties and responsibilities as listed in Appendix E in VAREG 'Guidance for XRF Devices' and ensure proper oversight of the radiation safety program, including but not limited to, performing periodic on-site evaluations

OR

☐ Alternative information is attached demonstrating how the listed individual will perform the duties and responsibilities and detailing how oversight of the radiation safety program will be conducted, including but not limited to, performing periodic on-site evaluations.

AUTHORIZED USERS

Item 6 Training for Authorized Users (check one box)

☐ Before using radioactive material, authorized users will have successfully completed one of the training courses described in the Criteria section titled "Training for Individuals Working In or Frequenting Restricted Areas" in VAREG 'Guidance for XRF Devices.'

NOTE: If using an in-house training program, submit copy of course content, sample course examination and course instructor qualifications.

OR

☐ Documentation of the training and experience for the proposed authorized user(s) is attached.

NOTE: These individuals will be listed on the license as authorized users. An amendment request is required to add new authorized users.

RADIOACTIVE MATERIAL

Item 7 Radioactive Material (Attach additional pages if necessary)

Element and mass number	Maximum activity requested
Device manufacturer and model number	Intended Use

FACILITIES AND EQUIPMENT

Item 8 Facilities And Equipment (Check box and attach diagram.)

☐ Diagrams of radioactive material storage area(s) are attached.

RADIATION SAFETY PROGRAM

Item 9 Radiation Safety Program

Item 9.1 Audit Program

The applicant is not required to submit its audit program to the agency for review during the licensing phase. This matter will be examined during an inspection.

Item 9.2 Termination Of Activities (Check box)

☐ We will notify VDH, in writing, within 60 days of the decision to permanently cease radioactive material use. (**12VAC5-481-510**)

Item 9.3 Instruments (Check one box)

☐ Not Applicable

Item 9.4 Material Receipt And Accountability (Check one box)

☐ We will conduct physical inventories, at intervals not to exceed 6 months, to account for all XRF devices received and possessed under the license. Records of inventories will be maintained for 5 years from the date of each inventory, and shall include the radionuclides, quantities, manufacturer's name and model numbers, location, individual performing inventory and the date of the inventory.

OR

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

Item 9.5 Occupational Dosimetry (Check one box)

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

OR

☐ We will maintain, for inspection by VDH, 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 **12VAC5-481-640**. (See Appendix I in VAREG 'Guidance for XRF Devices.')

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 H of VAREG 'Guidance for XRF Devices' and provide copies of these procedures to all XRF users and at each job site.

OR

☐ Operating and emergency procedures will be implemented, maintained and provided to all XRF users at each job site and will meet criteria in the section titled "Radiation Safety Program – Operating and Emergency Procedures" in VAREG 'Guidance for XRF Devices.' (Procedures are attached)

Item 9.8 Leak Tests (Check one box)

☐ Leak tests analysis will be performed by an organization authorized by VDH, the NRC or another Agreement State to provide leak testing services to other licensees; or by using a leak test kit supplied by an organization licensed by VDH, the NRC or another Agreement State to provide leak test kits to other licensees according to kit supplier's instructions.

List Name and License number of organization authorized to perform or analyze leak test. (Specify whether VDH, NRC, or another Agreement State)

Organization Name _____ License Number _____

Issuing Agency _____

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

OR

☐ We will perform leak testing and sample analysis and will follow the model procedures in Appendix J of VAREG 'Guidance for XRF Devices.'

OR

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

Item 9.9 Maintenance (Check one box for routine cleaning and lubrication and one for non-routine maintenance)

Routine cleaning and lubrication:

☐ We will implement and maintain procedures for routine maintenance of our XRF(s) according to each manufacturer's recommendations and instructions.

OR

☐ Alternative procedures are attached.

Non-routine maintenance:

☐ We will send the XRF(s) to the manufacturer or other person authorized by VDH, the NRC or another Agreement State to perform non-routine maintenance or repair operations that require the removal of the source from the XRF(s).

OR

☐ We will provide the information listed in Appendix G of VAREG 'Guidance for XRF Devices' to support a request to perform this work "in house."

Item 9.10 Transportation

No response is needed during the license process; this issue will be reviewed during inspection.

Item 9.11 Waste Management - XRF Disposal And Transfer (Check box)

☐ We will transfer the XRF(s) to the manufacturer for disposal or transfer the device to a specific licensee, authorized to receive radioactive material.

LICENSE FEE

Item 10 License Fees (Refer to **12VAC5-490**.)

Application Fee Enclosed:

☐ Yes 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 **12VAC5-481 'Virginia Radiation Protection Regulations'** 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