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

APPLICATION FOR RENEWAL OF A RADIOACTIVE MATERIAL LICENSE AUTHORIZING THE USE OF SEALED SOURCES

The Virginia Department of Health (VDH) is requesting disclosure of all information on this application for the purpose of renewing a radioactive material license. Failure to provide any information may result in denial or delay.

Instructions – Complete all items. Refer to VAREG "Guidance for The Use of Sealed Sources" 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)

☐ Renewal License Number

CONTACT INFORMATION

Item 2. Name and Mailing Address of Applicant

, -

Applicant's Telephone Number (Include Area Code)

( ) -

Item 3. Person to contact regarding this application

Name:

E-mail:

Telephone Number (Include area code)

( ) - x

LOCATION OF RADIOACTIVE MATERIAL

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

☐ as listed on current license

OR

☐ as listed on current license and please add the listed additional locations

OR

☐ see provided information for current information

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

Are sealed sources used at temporary jobsites?: ☐ Yes ☐ No

RADIATION SAFETY OFFICER

Item 5 Radiation Safety Officer (RSO) (Check both boxes)

☐ As listed on current license: OR

RSO Name –

Tel (Include area code): ( ) - x

E-mail:

☐ New Proposed RSO(attach Training and experience)

RSO Name –

Tel (Include area code): ( ) - x

E-mail:

☐ The above named individual will perform all duties and responsibilities as detailed in the attached procedure and ensure proper oversight of the radiation safety program, including but not limited to, performing periodic on-site evaluations.

AUTHORIZED USERS

Item 6 Authorized Users (Check all that apply)

☐ As listed on current license.

OR

☐ As listed on license and see attached for the name and qualifications of each proposed authorized users.

OR

☐ See attached for the name and qualifications of each proposed authorized users

Note: If requesting authorization to perform non-routine maintenance, submit outline of the instruction and training for individuals performing non-routine maintenance.

RADIOACTIVE MATERIAL

Item 7 Radioactive Material (Attach additional pages if necessary)

☐ As listed on current license.

OR

☐ As listed on current license and see attached for requested materials.

OR

☐ See attached for requested materials including type, maximum quantity, and 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 Radiation Monitoring Instruments (Check all that apply)

☐ We will have access to a survey meter that meets the Criteria in the section titled 'Radiation Monitoring Instruments' in VAREG 'Guidance for Uses of Sealed Sources'. (Description attached)

OR

☐ We will possess a survey meter that meets the Criteria in the section titled 'Radiation Monitoring Instruments' in VAREG 'Guidance for Uses of Sealed Sources'.

AND ONE OF THE FOLLOWING

☐ Each survey meter will be calibrated by an organization licensed by VDH, NRC or another Agreement State to perform survey meter calibrations.

OR

☐ We will implement the model survey meter calibration program published in Appendix E in VAREG 'Guidance for Uses of Sealed Sources'.

OR

☐ We will submit alternative calibration procedures for agency review. (Procedures are attached)

Item 9.3 Material Receipt And Accountability (Check one box)

☐ 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. 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 sealed sources have been lost, stolen, or misplaced. (Procedures are attached)

Item 9.4 Occupational Dosimetry (Check one)

☐ We will maintain, for inspection by the agency, 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**.

OR

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

Item 9.5 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 9.6 Operating And Emergency Procedures (Check box)

☐ Operating and emergency procedures will be developed, implemented, and maintained, and will meet Criteria in the section titled 'Operating and Emergency Procedures' in VAREG 'Guidance for Uses of Sealed Sources'. (Procedures are attached)

Item 9.7 Leak Tests (Check one box)

☐ Leak tests analysis will be performed by an organization authorized by VDH, 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, 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: _____

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, NRC, or another Agreement State.

OR

☐ We will perform leak testing and sample analysis and will follow the procedures in Appendix J of VAREG 'Guidance for Uses of Sealed Sources'. (Procedures are attached)

OR

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

Item 9.8 Maintenance and Repair (Check one box)

☐ We will send the device to the manufacturer or other person authorized by VDH, NRC or another Agreement State to perform maintenance or repair operations.

OR

☐ We will implement and maintain procedures for maintenance of devices containing sealed sources according to each manufacturer's recommendations and instructions.

OR

☐ We will develop, implement, and maintain procedures for maintenance of devices containing sealed sources. (Procedures are attached)

OR

☐ We will only possess sealed sources not in devices. No maintenance or repair is required.

Item 9.9 Transportation

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

Item 9.10 Waste Management (Check box)

☐ We will transfer the sealed source or device containing the sealed source to the manufacturer or a specifically licensed recipient for disposal.

Item 9.11 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**).

LICENSE FEE

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

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