

KSC Radiation Protection Program Radiography Notification Record

If completed by other than Environmental Health, prepare in duplicate. Original copy MUST be sent to BOC Health Physics Branch.

Notification Given By _____ Name DAN DUPUY Organization SGS 536/eng
 Date 3/1/00 Time 1530
 Taken By DOUGLAS KRAUSS

Job Location KSC CCAFS Area/Building MRTB 2
 Organization Wyle LABORATORIES Radiographers AVOOR
 Phone Number 321-861-5131 R. WINTERFIELD
 Operation Date 2/29, 3/1 AND 3/2
 Time (From/To) 0800-1530
 Operation * MARCH 2 ADDED

Machine Manufacturer/Model _____ Material Isotope IRIDIUM 192
 KV _____ Activity 69 Ci
 mA _____

Number of Exposures 2 Exposure Time TBD

Completion/Cancellation Notification

Given By _____ Time _____ Date _____
 Taken By _____

Pocket Dosimeter Exposure Data

Name	Net Total (mR)
_____	_____
_____	_____
_____	_____
_____	_____

HP Support Yes No Supervisor _____ Technician _____
 Date _____ Time (From/To) _____
 Comments _____

LRN # 000005
D. M. Heim 3/1/00

D. M. Heim
 LA/DNMS

Re: 3/1/00

cc R X

cc R

cc R

Recd

REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS

(Please read the instructions before completing this form)

1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) Space Science Services, Inc.		2. TYPE OF REPORT <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input checked="" type="checkbox"/> CLARIFICATION	
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) 140 Southgate Road Dothan, AL 36303		4. LICENSEE CONTACT AND TITLE Nina Wakekr	
		5. TELEPHONE NUMBER (Include Area Code) 334-677-8565	6. FACSIMILE NUMBER (Include Area Code) 334-677-9505

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20

WELL LOGGING LEAK TESTING AND/OR CALIBRATIONS TELETHERAPY/IRRADIATOR SERVICE

PORTABLE GAUGES OTHER (Specify) => _____

RADIOGRAPHY => REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE Bell Company, Inc. 11223 Phillips Parkway Dr. E. Rochester, New York 14606		9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.) Navy Fuel Depot Jacksonville, FL	
10. CLIENT TELEPHONE NUMBER (Include Area Code) 904-757-2191		11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 334-757-2191	

12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM March 2, 200	TO March 3, 2000	2 Days			NUMBER TO BE ASSIGNED BY NRC 000484

LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 8-16 ABOVE.

17. LIST RADIOACTIVE MATERIAL WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED (Include description of type and quantity of radioactive material, sealed sources, or devices to be used.)
Iridium 192, 50-100 Curies Sealed Source
IR-100 Projector, Industrial Nuclear Company

18. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEM 8 ABOVE. (Four copies of the specific license must accompany the initial NRC Form 241.)	LICENSE NUMBER 217	STATE AL	EXPIRATION DATE May 31, 2004
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19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)

I, THE UNDERSIGNED, HEREBY CERTIFY THAT:

- All information in this report is true and complete.
- I have read and understand the provision of the general license 10 CFR 150.20 reprinted on the instructions of this form; and I understand that I am required to comply with these provisions as to all byproduct, source, or special nuclear material which I possess and use in non-Agreement States or offshore waters under the general license for which this report is filed with the U.S. Nuclear Regulatory Commission.
- I understand that activities, including storage, conducted in non-Agreement States under general license 10 CFR 150.20 are limited to a total of 180 days in calendar year. With the exception of work conducted in off-shore waters, which is authorized for an unlimited period of time in the calendar year.
- I understand that I may be inspected by NRC at the above listed work site locations and at the Licensee home office address for activities performed in non-Agreement States or offshore waters.
- I understand that conduct of any activities not described above, including conduct of activities on dates or locations different from those described above or without NRC authorization, may subject me to enforcement action, including civil or criminal penalties.

CERTIFYING OFFICER - RSO or Management Representative (Name and Title) Donald A. Geiger, P.E. President	SIGNATURE <i>Donald A. Geiger</i>	DATE March 2, 2000
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WARNING: False statements in this certificate may be subject to civil and/or criminal penalties. NRC regulations require that submissions to the NRC be complete and accurate in all material respects. 18 U.S.C. Section 1001 makes it a criminal offense to make a willfully false statement or rep.

FOR NRC USE ONLY	D. M. Heim LAVDNMS	DATE 3/2/00	TOTAL USAGE - DAYS TO DATE 9
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USNRC Region II - Atlanta GA FAX (404) 562-4955 / VERIFY (404) 562-4723

Received in Region II NE 5
3/2/00 cc R X

APPROVED BY OMB: NO. 3150-0013 EXPIRES: 07/31/2002
 Estimated burden per response to comply with this mandatory collection request: 15 minutes. This notification is required so that NRC may schedule inspection of the activities to ensure that they are conducted in accordance with requirements for protection of the public health and safety. Send comments regarding burden estimate to the Records Management Branch (7-6 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20535-0001, or by internet e-mail to bj-1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0013), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

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 PORTABLE GAUGES OTHER (Specify) ⇒ _____
 RADIOGRAPHY ⇒ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

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12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM March 6, 2000	TO March 10, 2000	5 Days			NUMBER TO BE ASSIGNED BY NRC 000484

LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.

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CERTIFYING OFFICER - ASO or Management Representative (Name and Title) Donald A. Geiger, P.E. President	SIGNATURE <i>Donald A. Geiger</i>	DATE March 2, 2000
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FOR NRC USE ONLY	REVIEWER D. M. Heim LAD/NMS	SIGNATURE <i>D. M. Heim</i>	DATE 3/2/00	TOTAL USAGE - DAYS TO DATE 9
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Received in Region II NE 3

3/2/00

cc R

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