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The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Radiation Control Program
174 Portland Street, 5th Floor, Boston, MA 02114
(617) 727-6214 (617) 727-2098 - Fax

TO: Hubert Miller, NRC Region I (610) 337-5241

FROM: P. Allen

DATE: August 7, 2001 **PAGES TO FOLLOW:** 4

COMMENTS: Certificate of Authorization for Work in Massachusetts
for:
Tru-Tec Services, Inc.
(c.c. to NRC Region I)

**IF THERE IS A PROBLEM WITH THIS FAX, PLEASE CALL
(617) 727-6214 AND PRESS ZERO FOR ASSISTANCE.**

MRCP-MAT-2



THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH
RADIATION CONTROL PROGRAM
CERTIFICATE OF AUTHORIZATION
FOR PROPOSED ACTIVITIES
IN MASSACHUSETTS UNDER RECIPROCITY

LICENSEE: Tru-Tec Services, Inc.
Process Diagnostic Division
31 Albe Drive, Suite 5
Newark, DE 19702

LICENSE NO. AND STATE: 07-28386-01 NRC

LICENSEE CONTACT: Linda McMullin

LICENSEE FAX NO: (302) 454-9470 LICENSEE PHONE NO: (302) 454-1109

MASSACHUSETTS CERTIFICATE NO.: 66-0108 RML DOCKET NO.: 08-2792

PURSUANT TO 105 CMR 120.190, YOU ARE HEREBY GRANTED RECIPROCAL RECOGNITION OF THE ABOVE REFERENCED LICENSE AUTHORIZING THE USE OF RADIOACTIVE MATERIALS WITHIN THE COMMONWEALTH OF MASSACHUSETTS. SUCH USE SHALL BE CONDUCTED IN ACCORDANCE WITH:

- A. THE MASSACHUSETTS REGULATIONS FOR THE CONTROL OF RADIATION 105 CMR 120.000;
- B. YOUR RADIOACTIVE MATERIALS LICENSE; AND,
- C. CONDITIONS IN ATTACHMENT A OF THIS CERTIFICATE OF AUTHORIZATION.

August 7, 2001

Date

A handwritten signature in cursive script, appearing to read "Robert A. Halling".

Signature

CC: Hubert Miller, Regional Administrator, NRC Region I

FAX: (610) 337-5241

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ATTACHMENT A

REQUIREMENTS FOR RADIOACTIVE MATERIALS LICENSEES IN MASSACHUSETTS

1. The licensee must have in their possession at all times when operating under reciprocity in Massachusetts and make available for review, upon request by the staff of the Agency, the following items:
 - A. Copy of current license/conditions.
 - B. Copy of current leak test results.
 - C. Copy of operating and emergency procedures.
 - D. Copy of Device Manual.
 - E. Copy of pertinent records (utilization log).
 - F. Dosimetry (as required by license).
 - G. Survey meter (as required by license).
 - H. Copy of applicable rules and regulations.
 - I. Copy of Massachusetts Reciprocity Certificate
2. Reciprocity is for a period of time not to exceed 180 days in any calendar year. If activity will exceed 180 days, then an application for a full Radioactive Materials License shall be required.
3. The transportation regulations that pertain, will be those as stated in Part 71 of 10 CFR, and 49 CFR and 105 CMR 120.770.
4. The licensee may be inspected at any time.
5. The licensee's attention is directed to 105 CMR 120.200, "Standards for Protection Against Radiation" and 105 CMR Part 120.750, "Notices, Instructions and Reports to Workers; Inspection".
6. You are required to notify this Agency by the filing of a MRCP Form 120.100-6 at least three (3) days prior to each entry into Massachusetts to work under this reciprocal recognition of your license. This notification can be faxed to the Director at the above address.

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ATTACHMENT B

REPORT OF PROPOSED ACTIVITIES IN MASSACHUSETTS UNDER RECIPROCITY MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, RADIATION CONTROL PROGRAM 174 Portland St., 5th Fl. Boston, MA 02114.				
1. Name of Licensee (person or firm proposing to conduct the activities described below): Phone Number: Fax Number: Contact:		2. Address of Licensee (Mailing address or other location where licensee may be located):		
3. Name(s) of person(s) authorized by Licensee to perform activity:				
4. Description of activities to be conducted in Massachusetts under the general license given 105 CMR 120.190:				
5. Description of Locations at which these activities will be conducted and dates scheduled:				
Facility Name:		Telephone Number:		
Contact:				
Street and number or other location (Give complete address)	City and State	Dates Scheduled From To		Number of days, Expected start and end times
6. List sealed sources or devices containing sealed sources which will be possessed, used, installed, serviced or tested in Massachusetts. (Include description of type of radioactive material contained in each sealed source or device.):				

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7. Number of specific license and name of state or agency issuing such specific license which authorizes the undersigned to conduct activities which are the same, except for location of use, as those specified in Item 4 above. (A copy of the specific license must accompany this report.):	
CERTIFICATE	
8. I, THE UNDERSIGNED, HEREBY CERTIFY THAT:	
a. All information in this report is true and complete.	_____ Licensee's name (type or print)
b. I have read and understand the provisions of the general license MRCP 120.190 and I understand that I am required to comply with these provisions as to all radioactive material which I possess and use in Massachusetts under the general license for which this report is filed with the Commonwealth of Massachusetts.	_____ CERTIFYING INDIVIDUAL
c. I understand that activities, including storage, conducted in Massachusetts under general license are limited to 180 days in any calendar year.	_____ Signature
	_____ Title
	Send completed form to: Radiation Control Program 174 Portland St., 5th Fl. Boston, MA 02114.