

J. R. Madh  
Signature

5/15/95  
Date

certification that the SRP was followed during the review of this licensing action.

LABORATORY AND INDUSTRIAL USE OF SMALL QUANTITIES  
CHECK LIST  
(REGULATORY GUIDE 10.7)

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\_\_\_\_ ✓ } unchanged  
\_\_\_\_ ✓ }

\_\_\_\_ ✓ } Same RSO -  
\_\_\_\_ ✓ } materials use  
by or under his  
supervisor

\_\_\_\_ ✓

\_\_\_\_ ✓

\_\_\_\_ N/A

\_\_\_\_ ✓

\_\_\_\_ N/A

ITEMS 2. AND 4.

1. Name and address?  
(principal location)

ITEM 5. PLACE OF USE

1. Place of use . . . other than principal address in ITEM 4?

ITEM 6., ITEM 7. USERS AND RSO  
ITEMS 16 AND 17

1. Individual users trained with materials they wish to work?
2. RSO-Designated? Properly trained? DUTIES? (Should be trained as in App. A Medical Guide 10.8; authorize in categories - Low  $\beta$ 's, high  $\beta$ 's,  $\alpha$ 's, Iodines).

ITEM 8. MATERIAL

1. List of radionuclides . . . chemical/physical forms, activity desired?
2. Sealed sources? manufacturer? model number?
3. If gauges or G.C. - model no./ manufacturer of device
4. Intended use of each radionuclide or source listed?

ITEMS 10. AND 11.

1. List of RS Instruments?  
a. manufacturer's name, model No. number of each type, type radiation detected . . . proper window?

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\_\_\_\_\_

N/A

2. Proper calibration? (Require same as in Reg. Guide 10.8)

- a. Frequency - annually?
- b. Two points on each scale?
- c. Action levels:  $\pm 10\%$ ,  $\pm 20\%$ ?
- d. Daily check?

\_\_\_\_\_

N/A

3. If calibration by manufacturer or consultant . . . name, location, procedures, frequency as in App. D, Reg. Guide 10.8

4. If calibration by licensee,

- a. Proper source - activity high enough?
- b. Traceable to NBS?
- c. manufacturer's name, model number, accuracy?
- d. step-by-step procedures?

ITEM 12. - PERSONNEL MONITORING

\_\_\_\_\_

N/A

1. If required - name and frequency of service?

- a. Appropriate badges - ring, whole-body?

\_\_\_\_\_

N/A

2. If pocket dosimeters,

- a. manufacturer's name and model number?
- b. range?
- c. frequency and method of calibration?
- d. frequency of recording or reading?

✓

\_\_\_\_\_ *Name the Lab that will analyze urine, etc. Also, describe procedures*

3. Bioassays - proper? If not - description of considerations?

ITEM 13. FACILITIES AND EQUIPMENT

✓

\_\_\_\_\_ *provide diagram of your production area, receipt & pkg, opening area, waste/storage area*

1. If small - diagram of each lab? If large - diagram of typical lab?

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—

See item 13.1.2.

Does diagram show proper shielding, etc.?

- a. adjacent areas?
- b. receipt areas?
- c. waste?
- d. ventilation systems, if air-borne materials?
- e. fumehood, glove boxes, etc. if required?
- f. storage areas?

ITEM 14. WASTE-DISPOSAL

— ✓

1. Are name and license number of commercial waste disposal service listed? (not mandatory)

— N/A

2. Liquid waste in accordance with 20.303?

— N/A

3. Air release in accordance with 20.106?

— N/A

4. If approved, proper incineration?

— ✓

5. Solid waste - by decay? proper disposal?

✓ — Describe Waste Area, etc.

6. Transfer from users to disposal area?

ITEM 15. RADIATION SAFETY PROGRAM

✓ — Need a more formal program:

1. Proper area surveys?

Who performs wipe  
How & Where. - Provide grid map.  
Showing where wipes are taken. all areas - work; waste/store; receiving package opening, etc.

- a. wipe
- b. GM
- c. air sampling
- d. effluent sampling

2. Area surveys of all areas? e.g. waste disposal, where air-borne, etc.?

Describe action level and action taken,

3. Proper action levels for areas surveys?

How quickly will you get results back? What action taken if you suspect a rupture.  
Need name of lab & NRC or Agreement State license which auth. service.

• Need to describe decon procedure, etc.

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• In case of an accident - urinalysis will be taken.

\_\_\_\_ ✓

4. Proper frequency of area surveys? (Individual - RSO should do one specifically at least quarterly).

✓

• Records must be maintained of 1/4ly wipe surveys.

5. Proper records of area surveys maintained?

\_\_\_\_ N/A H-3 Gas

6. Sealed source leak tests?

a. If by commercial leak test kit, is name of supplier and model number of kit supplied?

b. If performing their own:  
(1) Name and qualifications of individual performing

(2) Type, name of manufacturer, and model number of measuring instrument used to analyze samples?

(3) Procedures for calibration of measuring instrument Stds. listed? Method including sample calculation showing how results converted to activity units (e.g. Ci?)

\_\_\_\_ ✓

7. Personnel training - as minimum equivalent to 19.12? Frequency? Include lab rules (see Guide 10.7 for topics that should be covered)

✓

RSO should review all RAM orders before going to purchase info.

8. Proper ordering procedures? (should only have one person ordering).

a. check possession limits

✓

9. Proper receipt procedures?

- a. during regular hours?
- b. during off-duty hours?
- c. if damages - notify RSO?
- d. one receiving area?

Damage pkg. must Notify RSO. No pkg. received during off-duty hrs. make statement.

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10. Package opening; proper procedures?

- a. minimum - equivalent to App. F, Reg. Guide 10.8.
- b. leakage . . . contamination
- c. monitoring - surface. . 3 feet.
- d. monitor - packing materials
- e. wear gloves
- f. transferring to users.

✓ \_\_\_\_\_ *Need copy of Gen. Safety instructions - procedures manual.*

*NEED a Copy of Procedures Manual.*

11. General lab safety instructions

- a. copy posted
- b. procedures for users obtaining and using materials.
- c. supervision
- d. lab coats
- ✓ e. instructions wearing monitoring equipment
- ✓ f. surveys
- g. waste disposal
- h mouth pipetting
- i smoking, eating, drinking in areas of use or storage

\_\_\_\_ N/A  
 \_\_\_\_  
 \_\_\_\_  
 \_\_\_\_  
 \_\_\_\_ ✓

ITEM 15. ANIMAL USE?

- 1. Is there a description of facilities?
- 2. Is copy of instructions to caretakers?
- 3. Is there a description of handling of animals, waste, and cages?
- 4. Is there a procedure for insuring that cages and rooms are secure?

ITEM 18. CERTIFICATION

- 1. Proper signature and date?

~~ITEM 15. P-32 (OR OTHER HIGH ENERGY B'S) STD. PARAGRAPH L-40)~~

- 2. Finger badge?
- 3. Appropriate shielding; (10 mCi) eye protection?
- 4. Survey?

\_\_\_\_ ✓  
 \_\_\_\_ N/A  
 \_\_\_\_ ✓  
 \_\_\_\_ ✓  
 \_\_\_\_ ✓  
 \_\_\_\_ ✓

- 1. ALARA Program (Do licensee procedures incorporate ALARA principles?)
- 2. Sealed Sources/Devices Registered?