

# Appendix A

FORWARD

*State of Wisconsin*

*Radioactive Material  
Program*

*Forms  
2000*

*Department of Health and Family  
Services*

*Radiation Protection Section*



# NOTICE TO EMPLOYEES

The Wisconsin Department of Health and Family Services (DHFS) has established standards to protect you from hazards associated with radioactive materials and radiation emitting machines and has established certain provisions for the options of workers engaged in work under a DHFS license or registration. In particular, the following information is available for your review:

Wisconsin Administrative Code HFS 157; Subchapter III - Standards for Protection from Radiation and  
Wisconsin Administrative Code HFS 157; Subchapter X - Notices, Instructions and Reports to Workers  
Any other documents your employer must provide, as noted below in "Your Employer's Responsibility"  
These may be found at the following locations

## YOUR EMPLOYER'S RESPONSIBILITY

Your employer is required to:

1. Apply these regulations to work involving radiation sources.
2. Post or otherwise make available to you a copy of the license, conditions or documents incorporated in the license by reference and amendments, and/or registration certificate(s) and operating procedures that apply to work you are engaged in and how their provisions apply to you.
3. Post any Notice of Violation involving radiological working conditions, proposed imposition of civil penalties or orders.

## YOUR RESPONSIBILITY AS A WORKER

You should:

1. Know the provisions of the Wisconsin Administrative Code Chapter HFS 157 "Radiation Protection", the precautions, the operating procedures, and the emergency procedures that apply to the work in which you are engaged.
2. Observe the provisions for your own protection and protection of your co-workers.
3. Report unsafe working conditions or violations of the license or registration conditions or regulations to your employer or DHFS.

## WHAT IS COVERED BY THESE REGULATIONS

1. Limits on exposure to radiation and radioactive material in restricted and unrestricted areas;
2. Measures to be taken after accidental exposure;
3. Personnel monitoring, surveys, and equipment;
4. Caution signs, labels, and safety interlock equipment;
5. Exposure records and reports;
6. Options for workers regarding Department inspections; and
7. Related matters.

Direct all inquiries on matters outlined above to:

Department of Health and Family Services, Radiation Protection Section,  
1 West Wilson St., Room 150, P.O. Box 2659, Madison, WI 53701-2659  
Phone: (608) 267-4797 Fax: (608) 267-4799

## REPORTS ON YOUR OCCUPATIONAL RADIATION DOSE HISTORY

1. The DHFS regulations establish occupational limits for exposure to radiation and for concentrations of radioactive material in air and water. The regulations require your employer to give you a written report if you receive a dose in excess of any applicable limit. The limits on your occupational dose are in s. HFS 157.22(1); (7) and (8). While these are your maximum allowable limits, your employer is required to take steps to keep your radiation dose as far below limits as is reasonably achievable.
2. If the regulations require your employer to monitor your radiation exposure:
  - a. Your employer must advise you annually of your exposure to radiation.
  - b. Upon termination of employment, your employer must give you a written report of your radiation exposure if you request it.

## INSPECTIONS

All licensed or registered activities are subject to inspection by the State of Wisconsin, Department of Health and Family Services. Any worker or worker's representative who believes that violations of Wisconsin Administrative Code HFS 157 "Radiation Protection", or the terms of the employer's license or registration has occurred may request an inspection. The request must be in writing and sent to the address listed below. The request must describe the alleged violation in detail and be signed by you or your representative. During inspections, Department inspectors may confer privately with workers, and any worker may bring to the attention of the inspectors any past or present condition which he or she believes contributed to or caused a violation as described above. s. HFS 157.89(4)

## POSTING REQUIREMENTS

Copies of this notice must be posted in every establishment where employees are engaged in activities licensed or registered by the State of Wisconsin, Department of Health and Family Services. Posting must permit employees working in or frequenting any portion of a restricted area to observe a copy on the way to or from their place of employment (s. HFS 157.88).

State of Wisconsin  
Department of Health and Family Services  
Radiation Protection Section  
1 West Wilson Street, Room 150  
P.O. Box 2659  
Madison, WI 53701-2659  
Phone: (608)267-4797  
Fax: (608)267-3695

**REQUEST FOR TERMINATION OF SPECIFIC LICENSE  
AND DISPOSITION OF RADIOACTIVE MATERIAL**

**Instructions** - The State of Wisconsin, Department of Health and Family Services (DHFS) is requesting information that is necessary to complete termination of a Radioactive Material License as outlined in Chapter HFS 157.13 (11). Disclosure of this information is required. Failure to provide any information will result in this request for termination of a specific license not being processed. Retain one copy and submit original of the entire request to DHFS.

**CONTACT INFORMATION**

ITEM 1. NAME AND MAILING ADDRESS OF APPLICANT:

ITEM 2. WISCONSIN RADIOACTIVE MATERIAL LICENSE NUMBER:

ITEM 3. PERSON TO CONTACT REGARDING REQUEST

CONTACT'S PHONE NUMBER (Include Area Code)

**TERMINATION AND DISPOSITION INFORMATION**

*THE FOLLOWING INFORMATION IS PROVIDED IN ACCORDANCE WITH s. HFS 157.13 (11) "Expiration and Termination of Licenses"*  
(Check all that apply)

ITEM 4. All use of radioactive material authorized under the above referenced license has been terminated.

ITEM 5. Radioactive contamination has been removed to the level outlined in s. HFS 157.13 (11) to the extent practicable.

ITEM 6. All radioactive material previously procured and/or possessed under the authorization granted by the above referenced license has been disposed of as follows. (Check all that apply)

Transferred to (Name and Address):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who is authorized to possess such material under Licensed Number # \_\_\_\_\_

Issued by (Licensing Agency): \_\_\_\_\_

Decayed, surveyed and disposed of as non-radioactive waste.

No radioactive material has ever been procured and/or possessed by the licensee under the authorization granted by the above referenced license.

Other (Attach additional pages)

ITEM 7. Attached are radiation surveys or equivalent as specified in s. HFS 157.13 (11) (d) (5).

<input type="checkbox"/>	<p>ITEM 8. Records required to be maintained for the license termination requested are available at the following locations:</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p>
<input type="checkbox"/>	<p>Contact Person: _____</p> <p>Telephone Number (Include Area code) _____</p>
<input type="checkbox"/>	<p>ITEM 9. Additional remarks (Attach additional pages if necessary.)</p>

**CERTIFICATION (To be completed by an individual authorized to make binding commitments on behalf of the applicant)**

**ITEM 10.**  
**THE UNDERSIGNED, ON BEHALF OF THE LICENSEE, HEREBY CERTIFIES THAT LICENSABLE QUANTITIES OF RADIOACTIVE MATERIAL UNDER THE JURISDICTION OF THE STATE OF WISCONSIN, DEPARTMENT OF HEALTH AND FAMILY SERVICES ARE NOT POSSESSED BY THE LICENSEE. IT IS THEREFORE REQUESTED THAT THE ABOVE REFERENCED RADIOACTIVE MATERIAL LICENSE BE TERMINATED.**

SIGNATURE	DATE:
NAME (Printed or typed):	TITLE:

**State of Wisconsin**  
**Department of Health and Family Services**  
**Radiation Protection Section**  
**1 West Wilson Street, Room 150**  
**P.O. Box 2659**  
**Madison, WI 53701-2659**  
**Phone: (608) 267-4797**  
**Fax: (608) 267-3695**

**SUMMARY OF**  
**Chapter HFS 157**  
**Pertaining to: Reciprocity**

Instructions – The information provided by the State of Wisconsin, Department of Health and Family Services (DHFS), Radiation Protection Section is a summary of *s. HFS 157.14*, to be used by the registrant in order to understand the requirements that pertain to Reciprocity under a General License.

***s. HFS 157.14***

**Reciprocity**

- (1) **RECOGNITION OF LICENSES ISSUED BY THE NRC OR OTHER STATES.** The department shall reciprocally recognize radioactive material licenses issued by the NRC or a state agency in another state under the conditions set forth in this section.
- (2) **LICENSES OF BYPRODUCT, SOURCE AND SPECIAL NUCLEAR MATERIAL IN QUANTITIES NOT SUFFICIENT TO FORM A CRITICAL MASS.**
  - (a) Subject to this chapter, any person who holds a specific license from the NRC or another agreement state, and issued by the agency having jurisdiction where the licensee maintains an office for directing the licensed activity and at which radiation safety records are normally maintained, is hereby granted a general license to conduct the activities authorized in such licensing document within this state for a period not in excess of 180 days in any calendar year provided that all the following occur:
    1. The licensing document does not limit the activity authorized by the document to specified installations or locations.
    2. The out-of-state licensee notifies the department in writing at least 3 days prior to engaging in the activity. The notification shall indicate the location, period, and type of proposed possession and use within the state and shall be accompanied by a copy of pertinent licensing document. If, for a specific case, the 3 day period would impose an undue hardship on the out-of-state licensee, the licensee may, upon written application to the department, obtain permission to proceed sooner.
    3. The out-of-state licensee complies with this chapter and with all the terms and conditions of the licensing document, except any terms and conditions which may be inconsistent with this chapter.
    4. The out-of-state licensee supplies any other information as required by the department.
    5. The out-of-state licensee does not transfer or dispose of radioactive material possessed or used under the general license granted under this paragraph except by transfer to a person who is either specifically licensed by the department or by the NRC to receive the material, or is exempt from the requirements for a license for the material under *s. HFS 157.09 (2) (a)*.
    6. The out-of-state licensee pays the fee prescribed in *s. HFS 157.10 (3)*.
  - (b) Notwithstanding the provisions of par. (a), any person who holds a specific license issued by the NRC or another agreement state authorizing the holder to manufacture, transfer, install or service a device described in *s. HFS 157.11 (2) (b)* within areas subject to the jurisdiction of the licensing body is hereby granted a general license to install, transfer, demonstrate or service the device in this state provided that all the following occur:
    1. The person files a report with the department within 30 days after the end of each calendar quarter in which any device is transferred to or installed in this state. Each report shall identify each general licensee to whom the device is transferred by name and address, the type of device transferred and the quantity and type of radioactive material contained in the device.

2. The device has been manufactured, labeled, installed and serviced under applicable provisions of the specific license issued to the person by the NRC or an agreement state.
3. The person provides assurance that any labels required to be affixed to the device under regulations of the authority which licensed manufacture of the device bear a statement that "Removal of this label is prohibited".
4. The holder of the specific license furnishes to each general licensee to whom the device is transferred or on whose premises the device is installed a copy of the general license contained in *s. HFS 157.11 (2) (b)* or in equivalent regulations of the agency having jurisdiction over the manufacture and distribution of the device.

(c) The department may withdraw, limit or qualify its acceptance of any specific license or equivalent licensing document issued by the NRC or an agreement state or any product distributed under the licensing document upon determining that the action is necessary to prevent undue hazard to public health and safety or property.

### (3) LICENSES OF NATURALLY OCCURRING AND ACCELERATOR-PRODUCED RADIOACTIVE MATERIAL.

(a) Subject to this chapter, any person who holds a specific license for NARM from a licensing state, and issued by the agency having jurisdiction where the licensee maintains an office for directing the licensed activity and at which radiation safety records are normally maintained, is hereby granted a general license to conduct the activities authorized within this state for a period not in excess of 180 days in any calendar year provided that all the following occur:

1. The licensing document does not limit the authorized activity to specified installations or locations.
2. The out-of-state licensee notifies the department in writing at least 3 days prior to engaging in such activity. The notification shall indicate the location, period and type of proposed possession and use within the state and shall be accompanied by a copy of the pertinent licensing document. If, for a specific case, the 3 day period would impose an undue hardship on the out-of-state licensee, the licensee may, upon written application to the department, obtain permission to proceed sooner.
3. The out-of-state licensee complies with this chapter and with all the terms and conditions of the licensing document except any terms and conditions which may be inconsistent with this chapter.
4. The out-of-state licensee supplies any other information as required by the department.
5. The out-of-state licensee does not transfer or dispose of radioactive material possessed or used under the general license granted in this paragraph except by transfer to a person who is either specifically licensed by the department or by another licensing state to receive such material, or exempt from the requirements for a license for such material under *s. HFS 157.09 (1)*.
6. The out-of-state licensee pays the fee prescribed in *s. HFS 157.10 (3)*.

(b) Notwithstanding the provisions of par. (a), any person who holds a specific license issued by the NRC or another agreement state authorizing the holder to manufacture, transfer, install or service a device described in *s. HFS 157.11 (2) (b)* within areas subject to the jurisdiction of the licensing body is hereby granted a general license to install, transfer, demonstrate or service the device in this state provided that all the following occur:

1. The person files a report with the department within 30 days after the end of each calendar quarter in which any device is transferred to or installed in this state. Each report shall identify each general licensee to whom the device is transferred by name and address, the type of device transferred and the quantity and type of radioactive material contained in the device.
2. The device has been manufactured, labeled, installed and serviced under applicable provisions of the specific license issued to the person by the NRC or an agreement state.
3. The person provides assurance that any labels required to be affixed to the device under regulations of the authority which licensed manufacture of the device bear a statement "Removal of this label is prohibited".
4. The holder of the specific license furnishes to each general licensee to whom the device is transferred or on whose premises the device is installed a copy of the general license contained in *s. HFS 157.11 (2) (b)* or equivalent regulations of the agency having jurisdiction over the manufacture and distribution of the device.

(c) The department may withdraw, limit or qualify its acceptance of any specific license or equivalent licensing document issued by the NRC or an agreement state or any product distributed under the licensing document upon determining that the action is necessary to prevent undue hazard to public health and safety or property.

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**CHECKLIST  
FOR RECIPROcity PRIVILEGES**

**Instructions** – This information must be received by the State of Wisconsin, Department of Health and Family Services, Radiation Protection Section, at least three days prior to work commencement along with the fee stated in *s. HFS 157.10 (3)*. *Failure to provide this information and/or fee may result in denial of reciprocity privileges.* Any person who holds a specific license from the NRC or another agreement state, and issued by the agency having jurisdiction where the licensee maintains an office for directing the licensed activity and at which radiation safety records are normally maintained, is hereby granted a general license to conduct the activities authorized in such licensing document within this state for a period not in excess of 180 days in any calendar year.  
*s. HFS 157.14 (2) (a)*

**INFORMATION REQUIRED *s. HFS 157.14***

***CHECKLIST***

1. Name of company for whom service will be performed
2. Name of individual representing that company
- Telephone number of that individual
4. Exact location where services will be performed
5. Starting date
6. Duration of service
7. Type of service to be performed
8. Name of individual(s) performing service
9. Documentation of training for individual(s) (authorized users)
10. In-state address of individual(s) (ex. Motel name and address)
11. Identification of sources of radiation to be used
12. An up-to-date copy of the pertinent license
13. A copy of the licensee's operating and emergency procedures
14. The fee for reciprocity. *s. HFS 157.10 (3)*    \$ \_\_\_\_\_

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**Summary of**  
**Chapter HFS 157**  
**General License**  
**Relating to Certain**  
**Measuring, Gauging or Controlling**  
**Devices**

**Instructions - The information provided by the State of Wisconsin, Department of Health and Family Services (DHFS), Radiation Protection Section is a summary of s. HFS 157.11 (2) (b), to be used by the registrant in order to understand the requirements that pertain to "General License Relating to Certain Measuring, Gauging or Controlling Devices."**

**s. HFS 157.11 (2) (b)**

**(b) General license relating to certain measuring, gauging or controlling devices.** A general license is hereby issued to commercial and industrial firms and to research, educational and medical institutions, individuals in the conduct of their business and state or local government agencies to own, receive, acquire, possess, use or transfer under the provisions of sections 1., 2., 3., and 4., of this summary, radioactive material, excluding special nuclear material, contained in devices designed and manufactured for the purpose of detecting, measuring, gauging or controlling thickness, density, level, interface location, radiation, leakage or qualitative or quantitative chemical composition or for producing light or an ionized atmosphere.

1. The general license issued under this paragraph applies only to radioactive material contained in devices which have been manufactured and labeled under the specifications contained in a specific license issued by the department under s. HFS 157.13 (4) (d) or under the specifications contained in a specific license issued by the NRC, an agreement state or a licensing state, which authorizes distribution of devices to persons generally licensed by the NRC, an agreement state or a licensing state.

**Note: Regulations under the Federal Food, Drug and Cosmetic Act authorizing the use of radioactive control devices in food production require certain additional labeling thereon which is found in 21 CFR 179.21.**

2. A person who owns, receives, acquires, possesses, uses or transfers radioactive material in a device under the general license under this paragraph shall do all of the following:
  - a. Assure that all labels affixed to the device at the time of receipt and bearing a statement that removal of the label is prohibited, are maintained thereon and shall comply with all instructions and precautions provided by such labels.
  - b. Assure that the device is tested for leakage of radioactive material and proper operation of the "on-off" mechanism and indicator, if any, at no longer than 6-month intervals or at such other intervals as are specified in the label, except for devices containing only krypton, tritium, not more than 3.7 mBq (100 microcuries) of other beta and/or gamma-emitting material, or 0.37 MBq (10 microcuries) of alpha-emitting material, and devices held in storage in the original shipping container prior to initial installation.
  - c. Assure that other testing, installation, servicing and removal from installation involving the radioactive material, its shielding or containment, are performed under the instructions provided by the labels, or by a person holding an applicable specific license from the department, the NRC, an agreement state or licensing state to perform such activities.

- d. Maintain records showing compliance with the requirements of paragraphs 2b. and c. of this summary. The records shall show the results of tests. The records shall also show the dates of performance of tests, and the names of persons performing testing, installation, servicing and removal from installation the radioactive material, its shielding or containment. Records of tests for leakage of radioactive material required by paragraph 2.b shall be maintained for 3 years or until the sealed source is transferred or disposed of. Records of test of the "on-off" mechanism and indicator required by paragraph 2.b shall be maintained for 3 years or until the sealed source is transferred or disposed of. Records, which are required by paragraph 2.c, shall be maintained for a period of 3 years from the date of the recorded event or until the device is transferred or disposed of.
  - e. Upon the occurrence of a failure or damage to, or any indication of a possible failure of or damage to, the shielding of the radioactive material or the "on-off" mechanism or indicator, or upon detection of 185 Bq (0.005 microcurie) or more removable radioactive material, immediately suspend operation of the device until it has been repaired by the manufacturer or other person holding an applicable specific license from the department, the NRC, an agreement state or a licensing state to repair such devices, or disposed of by transfer to a person authorized by an applicable specific license to receive the radioactive material contained in the device and, within 30 days, furnish to the department a written report containing a brief description of the event and the remedial action taken.
  - f. Not abandon the device containing radioactive material.
  - g. Except as provided in paragraph 2.h of this summary, transfer or dispose of the device containing radioactive material only by transfer to a specific licensee of the department, the NRC, an agreement state or a licensing state whose specific license authorizes that person to receive the device and within 30 days after transfer of a device to a specific licensee shall furnish to the department a written report containing identification of the device by manufacturer's name, model number and serial number and the name and address of the person receiving the device. No report is required if the device is transferred to the specific licensee to obtain a replacement device.
  - h. Transfer the device to another general licensee only where the device is held in storage in the original shipping container at its intended location of use prior to initial use by a general licensee, or where the device remains in use at a particular location. In the latter case, the transferor shall give the transferee a copy of regulations pertained in this summary, and any safety documents identified in the label on the device and within 30 days of the transfer, and report to the department the manufacturer's name and model number of device transferred, the name and address of the transferee, and the name and position of an individual who may constitute a point of contact between the department and the transferee.
  - i. Comply with the provisions of *s. HFS 15.32 (1) and (2)* for reporting radiation incidents, theft or loss of licensed material, but shall be exempt from the other requirements of *subchapters III and X of Chapter HFS 157*.
3. The general license under this paragraph does not authorize the manufacture of devices containing radioactive material.
  4. The general license under this paragraph is subject to the provisions *s. HFS 157.06 (1), (2) and (3), s. HFS 157.13 (10), (15) and (16) and subchapter XIII of Chapter HFS 157*.



**RADIOACTIVE MATERIAL s. HFS 157.12**

ITEM 6 DEVICE MANUFACTURER	ITEM 7 MODEL NUMBER	ITEM 8 NUMBER OF DEVICES	ITEM 9 SERIAL NUMBER(S)	ITEM 10. ISOTOPE (If activity does not exceed limits below, Registration is not required)	ITEM 11. ACTIVITY (Please Circle one) MBq mCi
			_____ _____ _____ _____	<input type="checkbox"/> Cesium-137 ≥370 MBq (10mCi) <input type="checkbox"/> Cobalt-60 ≥37 MBq (1mCi) <input type="checkbox"/> Strontium-90 ≥3.7 MBq(0.1mCi) <input type="checkbox"/> Americium 241 ≥37 MBq (1mCi) <input type="checkbox"/> Other _____	
			_____ _____ _____ _____	<input type="checkbox"/> Cesium-137 ≥370 MBq (10mCi) <input type="checkbox"/> Cobalt-60 ≥37 MBq (1mCi) <input type="checkbox"/> Strontium-90 ≥3.7 MBq(0.1mCi) <input type="checkbox"/> Americium 241 ≥37 MBq (1mCi) <input type="checkbox"/> Other _____	
			_____ _____ _____ _____	<input type="checkbox"/> Cesium-137 ≥370 MBq (10mCi) <input type="checkbox"/> Cobalt-60 ≥37 MBq (1mCi) <input type="checkbox"/> Strontium-90 ≥3.7 MBq(0.1mCi) <input type="checkbox"/> Americium 241 ≥37 MBq (1mCi) <input type="checkbox"/> Other _____	
			_____ _____ _____ _____	<input type="checkbox"/> Cesium-137 ≥370 MBq (10mCi) <input type="checkbox"/> Cobalt-60 ≥37 MBq (1mCi) <input type="checkbox"/> Strontium-90 ≥3.7 MBq(0.1mCi) <input type="checkbox"/> Americium 241 ≥37 MBq (1mCi) <input type="checkbox"/> Other _____	

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

**REGISTRATION FEE s. HFS 157.12 (6)**

A. TOTAL SITE FEE (\$100.00 per Site):	=	\$100.00
B. TOTAL DEVICE FEE (\$50.00 per Device).		
Number of Devices _____ X \$50.00 =		+ \$ _____
C. TOTAL FEE ENCLOSED ( Box A + Box B):		= \$ _____

**CERTIFICATION (To be completed by an individual authorized to make binding commitments on behalf of the applicant)**

I HEREBY CERTIFY THAT THIS APPLICATION WAS PREPARED IN CONFORMANCE WITH CHAPTER HFS 157 "RADIATION PROTECTION" AND THAT ALL INFORMATION CONTAINED HEREIN, INCLUDING ANY SUPPLEMENTS ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE:	DATE:
NAME (PRINT OR TYPE)	TITLE:

LEAVE THE SECTION BELOW BLANK - NUMBER TO BE ASSIGNED BY DHFS

REGISTRATION NUMBER:	EXPIRES:
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*State of Wisconsin  
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1 West Wilson Street, Room 150  
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Phone: (608)267-4797  
Fax: (608)267-3695*

**RENEWAL AND MAIL INSPECTION OF GENERAL LICENSE DEVICES CONTAINING  
RADIOACTIVE MATERIAL**

**Instructions** -Complete all items of this renewal and mail inspection Submit an original to the State of Wisconsin, Department of Health and Family Services (DHFS). Retain a copy for your files.

**RENEWAL INFORMATION**

THE STATE OF WISCONSIN, DEPARTMENT OF HEALTH AND FAMILY SERVICES, HAS THE CURRENT REGISTRATION INFORMATION ON FILE:

**IF ANY INFORMATION ABOVE IS DIFFERENT OR ADDITIONS NEED TO BE ADDED, PLEASE MAKE CORRECTIONS:  
IF NEW DEVICE HAS BEEN ADDED, COMPLETE REGISTRATION FOR A GENERAL LICENSE DEVICE  
(Attach additional sheets if necessary)**

**MAIL INSPECTION**

**ANSWER ALL QUESTIONS BELOW: s. HFS 157.11 (7)**

1. HAS THE CONTACT PERSON CHANGED?

YES  NO

NEW CONTACT PERSON AND PHONE NUMBER (INCLUDE AREA CODE)

2. HAS THE NUMBER OF DEVICES CONTAINING RADIOACTIVE  YES  NO  
MATERIAL CHANGED IN THE PAST YEAR?

If yes, indicate reason for change:

Addition (Complete Registration form)

Disposal Radioactive Material License Number of Disposal Company No. \_\_\_\_\_

Transfer Specific License No. \_\_\_\_\_

3. IF DEVICE HAS BEEN TRANSFERRED TO ANOTHER LICENSEE, HAS DHFS BEEN NOTIFIED WITHIN 30 DAYS?  
*s. HFS 157.11*  YES  NO  
If no, Date DHFS notified: \_\_\_\_\_

3. ARE ALL RADIATION WARNING SIGNS AND LABELS VISIBLE AND IN GOOD CONDITION ON THE DEVICE?  
*s. HFS 157.11 (b) (2) (a)*  YES  NO  
If no, Date Corrected: \_\_\_\_\_

4. ARE ALL DEVICES CONTAINING RADIOACTIVE MATERIAL IN WORKING ORDER ( For example damage to shielding, On/off mechanism or indicator failure, Leak test exceeds 0.005mCi)?  
*s. HFS 157.11 (2) (b)*  YES  NO  
If no, Date operation suspended: \_\_\_\_\_  
Date repaired or scheduled: \_\_\_\_\_

5. HAS THE DEVICE BEEN LEAK TESTED WITHIN THE LAST SIX MONTHS?  
*s. HFS 157.11 (b) (2) (b)*  YES  NO  
If no, Date completed: \_\_\_\_\_

**REGISTRATION FEE - HFS 157.12 (6)**

A. TOTAL SITE FEE (\$100.00 per Site):	=	\$100.00
B. TOTAL DEVICE FEE (\$50.00 per Device): Number of Devices _____ X \$50.00 =	+ \$	_____
C. TOTAL FEE ENCLOSED ( Box A + Box B):	= \$	_____

**CERTIFICATION (To be completed by an individual authorized to make binding commitments on behalf of the applicant)**

I HEREBY CERTIFY THAT THIS FORM WAS PREPARED IN CONFORMANCE WITH CHAPTER HFS 157 "RADIATION PROTECTION" AND THAT ALL INFORMATION CONTAINED HEREIN, INCLUDING ANY SUPPLEMENTS ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE:	DATE:
NAME (PRINT OR TYPE):	TITLE:

**State of Wisconsin**

**Department of Health and Family Services**

**Radiation Protection Section**

**1 West Wilson Street, Room 150**

**P.O. Box 2659**

**Madison, WI 53701-2659**

**Phone: (608) 267-4797**

**Fax: (608) 267-3695**

**Summary of Chapter HFS 157  
Pertaining to: General License for  
Use of Radioactive Material For Certain  
In Vitro Clinical or Laboratory Testing.**

**Instructions** – The information provided by the State of Wisconsin, Department of Health and Family Services (DHFS), Radiation Protection Section is a summary of *s. HFS 157.11 (2) (f)*, to be used by the registrant in order to understand the requirements that pertain to a Certificate for In Vitro Testing with Radioactive Material under general license. *Note: The New Drug provisions of the Federal Food, Drug and Cosmetic Act also govern the availability and use of any specific diagnostic drugs in interstate commerce.*

**s. HFS 157.11 (2) (f)**

**(f) General License for Use of Radioactive Material for Certain In Vitro Clinical or Laboratory Testing.**

1. A general license is hereby issued to any physician, veterinarian, clinical laboratory or hospital to receive, acquire, possess, transfer or use, for any of the following stated tests, under the sections 2., 3., 4., 5., and 6 in this summary, the following radioactive materials in prepackaged units for use as in vitro clinical or laboratory test not involving internal or external administration of radioactive material, or the radiation therefrom, to human beings or animals.
  - a. Carbon-14, in units not exceeding 370 kBq (10 microcuries) each.
  - b. Cobalt-57, in units not exceeding 370 kBq (10 microcuries) each.
  - c. Hydrogen-3 (tritium), in units not exceeding 1.85 MBq (50 microcuries) each.
  - d. Iodine-125, in units not exceeding 370 kBq (10 microcuries) each.
  - e. Mock Iodine-125 reference or calibration sources, in units not exceeding 1.85 kBq (0.05 microcurie) of Iodine-129 and 185 Bq (0.005 microcurie) of Americium-241 each.
  - f. Iodine-131, in units not exceeding 370 kBq (10 microcuries) each.
  - g. Iron-59, in units not exceeding 740 kBq (20 microcuries) each.
  - h. Selenium-75, in units not exceeding 370 kBq (10 microcuries) each.
2. No person may receive, acquire, possess, use or transfer radioactive material under the general license established under this paragraph until the person has filed a "Certificate – In Vitro Testing with Radioactive Material Under General License" form with the department and received from the department a validated copy of the form with certification number assigned. A physician, veterinarian, clinical laboratory or hospital shall furnish on the "Certificate – In Vitro Testing with Radioactive Material Under General License" all the following information and such other information as may be required by that form:
  - a. Name and address of the physician, veterinarian, clinical laboratory, or hospital.
  - b. The location of use.
  - c. A statement that the physician, veterinarian, clinical laboratory or hospital has appropriate radiation measuring instruments to carry out In Vitro clinical or laboratory tests with radioactive material as authorized by the general license under this paragraph and that the tests will be performed only by personnel competent in the use of such instruments and in the handling of the radioactive material.

3. A person who receives, acquires, possesses or uses radioactive material under the general license under this paragraph shall comply with all the following.
  - a. The general licensee shall not possess at any one time, under the general license under this paragraph, at any one location of storage or use, a total amount of Iodine-125, Iodine-131, Selenium-75, Iron-59 and/or Cobalt-57 in excess of 7.4 MBq (200 microcuries).
  - b. The general licensee shall store the radioactive material, until used, in the original shipping container or in a container providing equivalent radiation protection.
  - c. The general licensee shall use the radioactive material only for the uses authorized by paragraph number 1 of this summary.
  - d. The general licensee shall not transfer the radioactive material to a person who is not authorized to receive it under a license issued by the department, the NRC, any agreement state or a licensing state, nor transfer the radioactive material in any manner other than in the unopened, labeled shipping container as received from the supplier.
  - e. The general licensee shall dispose of the Mock Iodine-125 reference or calibration sources described in *section 1.e.* of this summary as required by *s. HFS 157.30 "Waste Management"*.
4. The general licensee shall not receive, acquire, possess, or use radioactive material under *s. HFS 157.11(1)* except in prepackaged units which are labeled under the provisions of an applicable specific license issued under *s. HFS 157.13 (4) (g)* or under the provisions of a specific license issued by the NRC, any agreement state or a licensing state which authorizes the manufacture and distribution of Iodine-125, Iodine-131, Carbon-14, Hydrogen-3 (tritium), Iron-59, Selenium-75, Cobalt-57 or Mock Iodine-125 to persons generally licensed under *s. HFS 157.11 (1)* or its equivalent; or if one of the following statements, as appropriate or a substantially similar statement which contains the information called for in one of the following statements, appears on a label affixed to each prepackaged unit or appears in a leaflet or brochure which accompanies the package:
  - a. This radioactive material shall be received, acquired, possessed and used only by physicians, veterinarians, clinical laboratories or hospitals and only for in vitro clinical or laboratory test not involving internal or external administration of the material, or the radiation therefrom, to human beings or animals. Its receipt, acquisition, possession, use and transfer are subject to the regulations and a general license of the NRC or of a state with which commission has entered into an agreement for the exercise of regulatory authority.
  - b. This radioactive material shall be received, acquired, possessed and used only by physicians, veterinarians, clinical laboratories or hospitals and only for in vitro clinical or laboratory tests not involving internal or external administration of the material, or the radiation therefrom, to human beings or animals. Its receipt, acquisition, possession, use and transfer are subject to the regulations and a general license of a licensing state.
5. The physician, veterinarian, clinical laboratory or hospital possessing or using radioactive material under the general license under this paragraph shall report in writing to the department any changes in the information furnished by that person in the "Certificate – In Vitro Testing with Radioactive Material Under General License". The report shall be furnished within 30 days after the effective date of such change.
6. Any person using radioactive material under the general license under this paragraph is exempt from the requirements of *s. HFS 157 subchs. III and X* with respect to radioactive material covered by that general license, except that such persons using the Mock Iodine-125 described in *s. HFS 157.11 (1) (e)* shall comply with the provisions of *s. HFS 157.23(1) and s. HFS 157.32 (1) and (2)*.

State of Wisconsin  
Department of Health and Family Services  
Radiation Protection Section  
1 West Wilson Street, Room 150  
P.O. Box 2659  
Madison, WI 53701-2659  
Phone: (608)267-4797  
Fax: (608)267-3695

**CERTIFICATE – IN VITRO TESTING WITH RADIOACTIVE MATERIAL  
UNDER GENERAL LICENSE**

**Instructions** – Complete all items of the application. Submit original to the State of Wisconsin, Department of Health and Family Services (DHFS). Retain a copy for your files. *Possession of Radioactive Material is not authorized under s. HFS 157.11(2)(f) until the physician, veterinarian, clinical laboratory, or hospital has filed under this Chapter HFS 157 "Radiation Protection" this form with DHFS and received from DHFS a validated copy of this certificate with a certificate number. s. HFS 157.11 (2) (f)*

**REQUESTOR**

**ITEM 1. NAME AND MAILING ADDRESS OF APPLICANT:**

**ITEM 2. PHYSICAL ADDRESS WHERE RADIOACTIVE MATERIAL WILL BE USED (Do Not Use P.O. Box):**

**TELEPHONE NUMBER (Include area code)**

**APPLICANT**

**ITEM 3. I, the applicant, hereby apply for a certification for use of radioactive material for (please check one):**

- Myself, a duly licensed physician (authorized to dispense drugs) in the practice of medicine.
- Myself, a veterinarian in the practice of veterinary medicine.
- The above named clinical laboratory.
- The above named hospital.

**RADIOACTIVE MATERIAL**

**ITEM 4. Please check all that apply s. HFS 157.11 (2) (f) (1) (Attach additional pages if necessary):**

- Carbon-14, in units not exceeding 370 kBq (10 microcuries) each.
- Cobalt-57, in units not exceeding 370 kBq (10 microcuries) each.
- Hydrogen-3 (tritium), in units not exceeding 1.85 MBq (50 microcuries) each.
- Iodine-125, in units not exceeding 370 kBq (10 microcuries) each.
- Mock Iodine-125 reference or calibration sources, in units not exceeding 1.85 kBq (0.05 microcurie) of Iodine-129 and 185 Bq (0.005 microcurie) of Americium-241 each.
- Iodine-131, in units not exceeding 370 kBq (10 microcuries) each.
- Iron-59, in units not exceeding 740 kBq (20 microcuries) each.
- Selenium-75, in units not exceeding 370 kBq (10 microcuries) each.

**CERTIFICATION (To be completed by an individual authorized to make binding commitments on behalf of the applicant.)**

**ITEM 4. I HEREBY CERTIFY THAT:**

- A. ALL INFORMATION IN THIS CERTIFICATION IS TRUE AND COMPLETE.**
  
- B. APPROPRIATE RADIATION MEASURING INSTRUMENTS ARE AVAILABLE TO CARRY OUT THE TESTS FOR WHICH RADIOACTIVE MATERIAL WILL BE USED UNDER THE GENERAL LICENSE FOR IN VITRO TESTING. THE TEST WILL BE PERFORMED ONLY BY PERSONEL COMPETENT IN THE USE OF THE INSTRUMENTS AND IN THE HANDLING OF THE RADIOACTIVE MATERIAL.**
  
- C. I UNDERSTAND THAT THE DEPARTMENT REQUIRES THAT ANY CHANGE IN THE INFORMATION FURNISHED ON THIS CERTIFICATE BE REPORTED TO DHFS WITHIN 30 DAYS FROM THE EFFECTIVE DATE OF SUCH CHANGE. s. HFS. 157.11 (2) (f)**
  
- D. I HAVE READ AND UNDERSTAND THE PROVISIONS OF THE GENERAL LICENSE FOR IN VITRO CLINICAL OR LABORATORY TESTING, AND I UNDERSTAND THAT COMPLIANCE WITH THOSE PROVISIONS IS REQUIRED AS TO ALL RADIOACTIVE MATERIAL WHICH IS RECEIVED, ACQUIRED, POSSESSED, USED, OR TRANSFERRED UNDER THE GENERAL LICENSE FOR WHICH THIS CERTIFICATE IS FILED WITH THE STATE OF WISCONSIN, DEPARTMENT OF HEALTH AND FAMILY SERVICES.**

NAME OF APPLICANT:	DATE:
SIGNATURE OF APPLICANT:	TITLE:
<b>LEAVE THE SECTION BELOW BLANK - NUMBER TO BE ASSIGNED BY DHFS</b>	
CERTIFICATE NUMBER:	EXPIRES:

**State of Wisconsin**  
**Department of Health and Family Services**  
**Radiation Protection Section**  
**1 West Wilson, Room 150**  
**P.O. Box 2659**  
**Madison, WI 53701-2659**  
**Phone: (608) 267-4797**  
**Fax: (608) 267-3695**

**Summary of Chapter HFS 157**  
**Pertaining to Use of Depleted Uranium**  
**Under General License**

Instructions – The information provided by the State of Wisconsin, Department of Health and Family Services (DHFS), Radiation Protection Section is a summary of *s. HFS 157.11 (1) (2) (c)*. *General License relating to depleted uranium in industrial products and devices*, to be used by the registrant in order to understand the requirements that pertain to a Certificate for Use of Depleted Uranium under General License

**s. HFS 157.11 (1) 2. (c)**

- (c) **General License relating to depleted uranium in industrial products and devices.** A general license is hereby issued to receive, acquire, possess, use or transfer, under the provisions of 2., 3., 4., 5., and 6. in this summary depleted uranium contained in industrial products or devices for the purpose of providing a concentrated mass in a small volume of the product or device.
1. The general license issued under this paragraph applies only to industrial products or devices that have been manufactured either under a specific license issued to the manufacturer of the products or devices under *s. HFS 157.13 (4) (1)* or under a specific license issued to the manufacturer by the NRC or an agreement state which authorizes manufacture of the products or devices for distribution to persons generally licensed by the NRC or the agreement state.
  2. A person who receives, acquires, possesses or uses depleted uranium under the general license under this paragraph shall file a "Certificate – Use of Depleted Uranium Under General License" form with the department. The form shall be submitted within 30 days after the first receipt or acquisition of depleted uranium. The general license shall furnish on the "Certificate – use of Depleted Uranium Under the General License" all of the following information and any other information required by that form:
    - a. Name and address of the general licensee.
    - b. A statement that the general licensee has developed and will maintain procedures designed to establish physical control over the depleted uranium described in this paragraph and designed to prevent transfer of the depleted uranium in any form, including metal scrap, to persons not authorized to receive the depleted uranium.
    - c. Name and title, address and telephone number of the individual duly authorized to act for and on behalf of the general licensee in supervising the procedures identified in part 2. b of this summary.
  3. The general licensee possessing or using depleted uranium under the general license established under this paragraph shall report in writing to the department any changes in information furnished by that person in the "Certificate – Use of Depleted Uranium Under General License". The report shall be submitted within 30 days after the effective date of the change.
  4. A person who receives, acquires, possesses or uses depleted uranium under the general license established under this paragraph shall comply with the following:
    - a. Not introduce the depleted uranium, in any form, into a chemical, physical or metallurgical treatment or process, except a treatment or process for repair or restoration of any plating or other covering of the depleted uranium.
    - b. Not abandon the depleted uranium.

- c. Transfer or dispose of the depleted uranium only under the provisions of *s. HFS 157.13 (15)*. In the case where the transferee receives the depleted uranium under the general license established under this paragraph, the party making the transfer shall furnish the transferee a copy of *s. HFS 157.11* and a copy of the "Certificate – Use of Depleted Uranium Under General License". In the case where the transferee receives the depleted uranium under a general license contained in the NRC or agreement state regulations equivalent to this paragraph, the party making the transfer shall furnish the transferee a copy of *s. HFS 157.11* and a copy of "Certificate – Use of Depleted Uranium Under General License" accompanied by a note explaining that use of the product or device is regulated by the NRC or an agreement state under requirements substantially the same as those in *s. HFS 157.11*
  - d. Within 30 days following a transfer, report in writing to the department the name and address of the person receiving the depleted uranium under the transfer.
  - e. Not export the depleted uranium except under a license issued by the NRC under *10 CFR 110*.
5. A person receiving, acquiring, possessing, using or transferring depleted uranium under the general license established under this paragraph is exempt from the requirements of *HFS 157 subchapters III and X* with respect to the depleted uranium covered by that general license.

*State of Wisconsin  
Department of Health and Family Services  
Radiation Protection Section  
1 West Wilson Street, Room 150  
P.O. Box 2659  
Madison, WI 53701-2659  
Phone: (608)267-4797  
Fax: (608)267-3695*

**CERTIFICATE – USE OF DEPLETED URANIUM UNDER GENERAL LICENSE**

**Instructions –** Complete all items of this application. Submit an original to the State of Wisconsin, Department of Health and Family Services (DHFS). Retain a copy for your files. *No person may possess, receive, use or transfer radioactive material until the person has filed this application with DHFS and received a certificate with a certificate number. s. HFS 157.11 (1) (2) (C)*

**REQUESTOR INFORMATION**

ITEM 1. NAME AND MAILING ADDRESS OF APPLICANT:

ITEM 2. PERSON TO CONTACT REGARDING APPLICATION:

ITEM 3. CONTACT'S PHONE NUMBER: (Include Area Code)

**LOCATION OF RADIOACTIVE MATERIAL**

ITEM 4. ADDRESS(ES) WHERE RADIOACTIVE MATERIAL WILL BE USED (Do Not Use P O Box):

**RADIOACTIVE MATERIAL**

ITEM 5. Please provide a description of the radioisotopes that will be used and a description of their use.

RADIOISOTOPE	DESCRIPTION OF USE

**(ATTACH ADDITIONAL SHEETS IF NECESSARY)**

**CERTIFICATION (To be completed by an individual authorized to make binding commitments on behalf of the applicant.)**

**ITEM 6. I HEREBY CERTIFY THAT:**

- A. ALL INFORMATION IN THIS CERTIFICATION APPLICATION IS TRUE AND COMPLETE.**
- B. APPROPRIATE RADIATION SAFETY PROCEDURES HAVE BEEN DEVELOPED AND IMPLEMENTED TO ESTABLISH PHYSICAL CONTROL OVER THE DEPLETED URANIUM DESCRIBED IN s. HFS 157.11 (1) (2) (C).**
- C. I UNDERSTAND THAT THE DEPARTMENT REQUIRES THAT ANY CHANGES IN THE INFORMATION FURNISHED ON THIS APPLICATION FOR A CERTIFICATE BE REPORTED TO DHFS WITHIN 30 DAYS FROM THE EFFECTIVE DATE OF SUCH CHANGE s. HFS 157.11 (1) (2) (C).**
- D. I HAVE READ AND UNDERSTAND THE PROVISIONS OF THE GENERAL LICENSE FOR USE OF DEPLETED URANIUM AND I UNDERSTAND THAT COMPLIANCE WITH THOSE PROVISIONS IS REQUIRED AS TO ALL RADIOACTIVE MATERIAL WHICH IS RECEIVED, ACQUIRED, POSSESSED, USED, OR TRANSFERRED UNDER THE GENERAL LICENSE FOR WHICH THIS APPLICATION IS FILED WITH THE STATE OF WISCONSIN, DEPARTMENT OF HEALTH AND FAMILY SERVICES.**

SIGNATURE:

DATE:

NAME (PRINT OR TYPE):

TITLE:

~~LEAVE THE SECTION BELOW BLANK - NUMBER TO BE ASSIGNED BY DHFS~~

CERTIFICATE NUMBER:

EXPIRES:

**STATE OF WISCONSIN**  
*Department of Health and Family Services*  
**Radiation Protection Section**  
 1 West Wilson Street, Room 150  
 P.O. Box 2659  
 Madison, WI 53701-2659  
 Phone: (608) 267-4797  
 Fax: (608) 267-4799

**CUMULATIVE  
 OCCUPATIONAL  
 EXPOSURE  
 HISTORY**

*(Attach Additional Pages if Necessary)*

1. NAME (Last, First, Middle Initial)		2. IDENTIFICATION NUMBER		3. ID TYPE		4. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		5. DATE OF BIRTH	
6. MONITORING PERIOD		7. LICENSEE OR REGISTRANT NAME		8. LICENSE OR REGISTRATION NUMBER		9. <input type="checkbox"/> Record <input type="checkbox"/> Estimate <input type="checkbox"/> No Record		10. <input type="checkbox"/> Routine <input type="checkbox"/> PSE	
11. DDE	12. LDE	13. SDE, WB	14. SDE, ME	15. CEDE	16. CDE	17. TEDE	18. TODE		
6. MONITORING PERIOD		7. LICENSEE OR REGISTRANT NAME		8. LICENSE OR REGISTRATION NUMBER		9. <input type="checkbox"/> Record <input type="checkbox"/> Estimate <input type="checkbox"/> No Record		10. <input type="checkbox"/> Routine <input type="checkbox"/> PSE	
11. DDE	12. LDE	13. SDE, WB	14. SDE, ME	15. CEDE	16. CDE	17. TEDE	18. TODE		
6. MONITORING PERIOD		7. LICENSEE OR REGISTRANT NAME		8. LICENSE OR REGISTRATION NUMBER		9. <input type="checkbox"/> Record <input type="checkbox"/> Estimate <input type="checkbox"/> No Record		10. <input type="checkbox"/> Routine <input type="checkbox"/> PSE	
11. DDE	12. LDE	13. SDE, WB	14. SDE, ME	15. CEDE	16. CDE	17. TEDE	18. TODE		
6. MONITORING PERIOD		7. LICENSEE OR REGISTRANT NAME		8. LICENSE OR REGISTRATION NUMBER		9. <input type="checkbox"/> Record <input type="checkbox"/> Estimate <input type="checkbox"/> No Record		10. <input type="checkbox"/> Routine <input type="checkbox"/> PSE	
11. DDE	12. LDE	13. SDE, WB	14. SDE, ME	15. CEDE	16. CDE	17. TEDE	18. TODE		
6. MONITORING PERIOD		7. LICENSEE OR REGISTRANT NAME		8. LICENSE OR REGISTRATION NUMBER		9. <input type="checkbox"/> Record <input type="checkbox"/> Estimate <input type="checkbox"/> No Record		10. <input type="checkbox"/> Routine <input type="checkbox"/> PSE	
11. DDE	12. LDE	13. SDE, WB	14. SDE, ME	15. CEDE	16. CDE	17. TEDE	18. TODE		
19. SIGNATURE OF MONITORED INDIVIDUAL		20. DATE SIGNED		21. CERTIFYING ORGANIZATION		22. SIGNATURE OF DESIGNEE		23. DATE SIGNED	

**INSTRUCTIONS AND ADDITIONAL INFORMATION PERTINENT  
 TO THE COMPLETION OF THE CUMULATIVE OCCUPATIONAL EXPOSURE HISTORY**  
*( All doses should be state in milli-Sieverts or Rem)*

<p>1. Type or Print the full name of the monitored individual in the order of last name (include "Jr.," "Sr.," "III," etc.), first name, middle initial (if applicable).</p> <p>2. Enter the individual's identification number, including punctuation. This number should be the 9-digit social security number if at all possible. If the individual has no social security number, enter the number from another official identification such as a passport or work permit.</p> <p>3. Enter the code for the type of identification used as shown below:</p> <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;"><u>CODE</u></th> <th style="text-align: left;"><u>ID TYPE</u></th> </tr> </thead> <tbody> <tr> <td>SSN</td> <td>U.S. Social Security Number</td> </tr> <tr> <td>PPN</td> <td>Passport Number</td> </tr> <tr> <td>CSI</td> <td>Canadian Social Insurance Number</td> </tr> <tr> <td>WPN</td> <td>Work Permit Number</td> </tr> <tr> <td>IND</td> <td>INDEX Identification Number</td> </tr> <tr> <td>OTH</td> <td>Other</td> </tr> </tbody> </table> <p>4. Check the box that denotes the sex of the individual being monitored.</p> <p>5. Enter the date of birth of the individual being monitored in the format MM/DD/YY.</p> <p>6. Enter the monitoring period for which this report is filed. The format should be MM/DD/YY-MM/DD/YY.</p> <p>7. Enter the name of the licensee, registrant, or facility not licensed by the Agency that provided monitoring.</p>	<u>CODE</u>	<u>ID TYPE</u>	SSN	U.S. Social Security Number	PPN	Passport Number	CSI	Canadian Social Insurance Number	WPN	Work Permit Number	IND	INDEX Identification Number	OTH	Other	<p>8. Enter the Agency license or registration number or numbers.</p> <p>9. Place an "X" in Record, Estimate, or No Record. Choose "Record" if the dose data listed represent a final determination of the dose received to the best of the licensee's or registrant's knowledge. Choose "Estimate" only if the listed dose data are preliminary and will be superseded by a final determination resulting in a subsequent report. An example of such an instance would be dose data based on self-reading dosimeter results and the licensee or registrant intends to assign the record dose on the basis of TLD results that are not yet available.</p> <p>10. Place an "X" in either Routine or PSE. Choose "Routine" if the data represent the results of monitoring for routine exposures. Choose "PSE" if the listed dose data represents the results of monitoring of planned special exposures received during the monitoring period. If more than one PSE was received in a single year, the licensee should sum them and report the total of all PSEs.</p> <p>11. Enter the deep dose equivalent (DDE) to the whole body.</p> <p>12. Enter the eye dose equivalent (LDE) recorded for the lens of the eye.</p> <p>13. Enter the shallow dose equivalent recorded for the skin of the whole body (SDE, WB).</p> <p>14. Enter the shallow dose equivalent recorded for the skin of the extremity receiving the maximum dose (SDE, ME).</p>	<p>15. Enter the committed effective dose equivalent (CEDE).</p> <p>16. Enter the committed dose equivalent (CDE) recorded for the maximally exposed organ.</p> <p>17. Enter the total effective dose equivalent (TEDE). The TEDE is the sum of items 11 and 15.</p> <p>18. Enter the total organ dose equivalent (TODE) for the maximally exposed organ. The TODE is the sum of items 11 and 16.</p> <p>19. Signature of the monitored individual. The signature of the monitored individual on this form indicates that the information contained on the form is complete and correct to the best of his or her knowledge.</p> <p>20. Enter the date this form was signed by the monitored individual.</p> <p>21. [OPTIONAL] Enter the name of the licensee, registrant or facility (such as a DOE facility) providing monitoring for exposure to radiation, or the employer if the individual is not employed by the licensee or registrant and the employer chooses to maintain exposure records for its employees.</p> <p>22. [OPTIONAL] Signature of the person designated to represent the licensee, registrant or employer entered in item 21. The licensee, registrant or employer who chooses to countersign the form should have on file documentation of all the information on this form.</p> <p>23. [OPTIONAL] Enter the date this form was signed by the designated representative.</p>
<u>CODE</u>	<u>ID TYPE</u>															
SSN	U.S. Social Security Number															
PPN	Passport Number															
CSI	Canadian Social Insurance Number															
WPN	Work Permit Number															
IND	INDEX Identification Number															
OTH	Other															

*State of Wisconsin*  
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**OCCUPATIONAL EXPOSURE RECORD FOR A MONITORING PERIOD**

**MONITORED INDIVIDUAL INFORMATION**

1. INDIVIDUAL'S NAME <small>(Last, First and Middle Initial)</small>	2. IDENTIFICATION NUMBER	3. ID TYPE	4. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
			5. DATE OF BIRTH / /

**LICENSEE INFORMATION**

6. LICENSEE OR REGISTRANT NAME	7. LICENSE OR REGISTRATION NUMBER(S)
--------------------------------	--------------------------------------

**MONITORING INFORMATION**

8. MONITORING PERIOD / / --- / /	9. <input type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	10. <input type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
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**INTAKES**

**DOSES (IN REM)**

11a. Radionuclide	11b. Class	11c. Mode	11d. Intake in uCi		
				DEEP DOSE EQUIVALENT (DDE)	12
				EYE DOSE EQUIVALENT TO THE LENS OF THE EYE (LDE)	13
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	14
				COMMITTED DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	15
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	16
				COMMITTED DOSE EQUIVALENT MAXIMALLY EXPOSED ORGAN (CDE)	17.
				TOTAL EFFECTIVE DOSE EQUIVALENT (BLOCKS 12 + 16) (TEDE)	18.
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (BLOCKS 11 + 16) (TODE)	19.
				20. COMMENTS (Attach additional pages of necessary)	

**CERTIFICATION**

20. SIGNATURE:	21. DATE:
----------------	-----------

**REPORTING INSTRUCTIONS**

1. Type or print the full name of the monitored individual in the order of last name (include "Jr.", "Sr.", "III, etc.), first name, middle name, middle initial (if applicable).
2. Enter the individuals identification number, including punctuation. This number should be the 9-digit social security number if at all possible. If the individual has no social security number, enter the number from other official identification such as passport or work permit.
3. Enter the code for the type of identification used as shown below:

Code	ID TYPE
SSN	U.S. Social Security Number
PPN	Passport Number
CSI	Canadian Social Insurance Number
WPN	Work Permit Number
IND	INDEX Identification Number
OTH	Other

4. Check the box that denotes the sex of the individual being monitored.
5. Enter the date of birth of the individual being monitored in the format MM/DD/YY.
6. Enter the name of the licensee or registrant
7. Enter the Agency license or registration number or numbers.
8. Enter the monitoring period for which this report is filed. The format should be MM/DD/YY – MM/DD/YY.
9. Place an "X" in Record or Estimate. Choose "Record" if the dose data listed represents a final determination of the dose received to the best of the licensee's or registrants knowledge. Choose "Estimate" only if the listed dose data are preliminary and will be superseded by a final determination resulting in a subsequent report. An example of such an instance would be dose data based on self-reading dosimeter results and the licensee intends to assign the record dose on the basis of the TLD results that are yet available.
10. Place an "X" in either Routine or PSE. Choose "Routine" if the data represents the results of monitoring for routine exposures. Choose "PSE" if the dose data represents the results of monitoring of planned special exposures received during the monitoring period. If more than one PSE was received in a single year, the licensee or registrant should sum them and report the total of all PSEs.

- 11a. Enter the symbol for each radionuclide that resulted in an inter exposure recorded for the individual in the format "Xx###x," for instance Cs-139 or Tc-99m..
- 11b. Enter the lung clearance class.
- 11c. Enter the mode of intake. For inhalation, enter "H." For absorption through the skin, enter "B." For oral ingestion, enter "G." For injection, enter "J."
- 11d. Enter the intake of each radionuclide in uCi.
12. Enter the deep dose equivalent (DDE) to the whole body.
13. Enter the eye dose equivalent (LDE) recorded for the lens of the eye.
14. Enter the shallow dose equivalent record for the skin of the whole body (SDE, WB).
15. Enter the shallow dose equivalent record for the skin of the extremity receiving the maximum dose (SDE, ME).
16. Enter the committed effective dose equivalent (CEDE) or "NR" for "Not Required" or "NC" for "Not Calculated".
17. Enter the committed dose equivalent (CDE) recorded for the maximally exposed organ or "NR" for "Not Required" or "NC" for "Not Calculated".
18. Enter the total effective dose equivalent (TEDE). The TEDE is the sum of items 12 and 16.
19. Enter the total organ dose equivalent (TODE) for maximally exposed organ. The TODE is the sum of items 12 and 17.
20. In the space provided, or on attached sheets, enter additional information that might be needed to determine compliance with limits. An example might be to indicate that an overexposed report has been sent to the Agency in reference to the exposure report.
21. Signature of the person designated to represent the licensee or registrant.
22. Enter the date this form was prepared.

*State of Wisconsin*  
**Department of Health and Family Services**  
**Radiation Protection Section**  
 1 West Wilson Street  
 P.O. Box 2659  
 Madison, WI 53701-2659  
 Phone: (608)267-4797



**DIAGNOSTIC MISADMINISTRATION REPORT**

**Instructions** – Complete all items of this report Use supplementary sheets where necessary. Retain one copy and submit original and one copy of the entire report to the State of Wisconsin, Department of Health and Family Services

**EVENT INFORMATION**

<b>LICENSE NAME:</b>	<b>SPECIFIC LICENSE NUMBER:</b>	<b>PHONE NUMBER:</b>
<b>ADDRESS (number, street):</b>		<b>EVENT DATE:</b>
<b>City</b>	<b>ZIP CODE:</b>	<b>REPORT DATE:</b>

**TYPE OF MISADMINISTRATION**

<p><b>TYPE OF MISADMINISTRATION</b></p> <p><input type="checkbox"/> Wrong radiopharmaceutical    <input type="checkbox"/> Dosage differing from prescribed by 50%</p> <p><input checked="" type="checkbox"/> Wrong patient                            <input type="checkbox"/> Wrong route</p>	<p>Did the misadministration involve an isotope of iodine?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p>Number of patients who received a misadministration under this report.</p>
--	---	---

**MISADMINISTRATION**

INTENDED	INTENDED Column A				GIVEN Column B			
<input type="checkbox"/> No Clinical procedure <input type="checkbox"/> Ultrasound <input type="checkbox"/> Nuclear medicine study (complete columns A and B) <input type="checkbox"/> CT study <input type="checkbox"/> X-ray study <input type="checkbox"/> NMR study <input type="checkbox"/> Other	Millicuries	Isotope	Chemical Form	Study	Millicuries	Isotope	Chemical Form	Study

**PRECIPITATOR**

<p><input type="checkbox"/> Referring physician</p> <p><input type="checkbox"/> Ward nurse</p> <p><input type="checkbox"/> Ward clerk</p> <p><input type="checkbox"/> Nuclear pharmacy</p>	<p><input type="checkbox"/> Authorized User</p> <p><input type="checkbox"/> Imaging technologist</p> <p><input type="checkbox"/> Clinical receptionist</p> <p><input type="checkbox"/> Scheduling technologist</p> <p><input type="checkbox"/> Patient</p> <p><input type="checkbox"/> Other</p>	
Name of nuclear pharmacy:	City:	State:

**ERROR**

HOT LAB		REFERRAL	ADMINISTRATION	OTHER
<input type="checkbox"/> Mislabeled a syringe	<input type="checkbox"/> Selected wrong vial when drawing dosage	<input type="checkbox"/> Misunderstood referring physician's request	<input type="checkbox"/> Selected wrong patient	<input type="checkbox"/> Specify
<input type="checkbox"/> Mislabeled a vial or vial shield	<input type="checkbox"/> Set dose calibrator improperly	<input type="checkbox"/> Requested wrong study	<input type="checkbox"/> Answered waiting room page intended for other patient	_____
<input type="checkbox"/> Reconstituted wrong reagent kit	<input type="checkbox"/> Misread dose calibrator	<input type="checkbox"/> Requested study for wrong patient	<input type="checkbox"/> Brought wrong patient to clinic	_____
<input type="checkbox"/> Placed reconstituted vial in wrong shield	<input type="checkbox"/> Misunderstood radiopharmaceutical or dosage order		<input type="checkbox"/> Selected wrong syringe from dosage cart	_____
				(attach additional pages if necessary)

**CONTRIBUTING FACTORS**

<input type="checkbox"/> Student technologist	<input type="checkbox"/> Requisition not checked
<input type="checkbox"/> New employee	<input type="checkbox"/> Patient chart not checked
<input type="checkbox"/> Foreign language	<input type="checkbox"/> New procedure
<input type="checkbox"/> Patient incoherent or unconscious	<input type="checkbox"/> Heavy workload
<input type="checkbox"/> ID bracelet not checked	<input type="checkbox"/> Other (please explain) _____

**PREVENTIVE ACTIONS**

<input type="checkbox"/> Implement new procedures for:	<input type="checkbox"/> Improve supervision of personnel
<input type="checkbox"/> Verification of request	<input type="checkbox"/> No action
<input type="checkbox"/> Radiopharmaceutical labeling and handling	<input type="checkbox"/> Other (please explain) _____
<input type="checkbox"/> Verification of patient identification	_____
<input type="checkbox"/> Retrain personnel	_____
<input type="checkbox"/> Reprimand personnel	_____

**EFFECTS ON PATIENT**

EFFECTS ON PATIENT:  None apparent  See abstract

ABSTRACT ( If more space is required, attach additional sheets):

**CERTIFICATION**

**CERTIFICATION**  
 I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED IN THIS EVENT REPORT, INCLUDING ANY SUPPLEMENTS ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

RADIATION SAFETY OFFICER	DATE:
--------------------------	-------

NAME (PRINT OR TYPE)	PHONE NUMBER:
----------------------	---------------

*State of Wisconsin*  
**Department of Health and Family Services**  
**Radiation Protection Section**  
 1 West Wilson Street, Room 150  
 P.O. Box 2659  
 Madison, WI 53701-2659  
 Phone: (608)267-4797  
 Fax: (608) 267-3695

**PRECEPTOR STATEMENT FORM**

**Instructions** – Complete all items of this form. Use supplementary sheets where necessary. Retain one copy and submit original of the entire form to the State of Wisconsin, Department of Health and Family Services(DHFS) *This form must be completed by the applicant's physician's preceptor.* If more than one preceptor, obtain a separate statement from each. (Note. Physicians who have obtained their Diagnostic Radiology, Nuclear Medicine, or Oncology board certification with in the last five years need not submit the preceptor statement.) DHFS is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Chapter HFS 157 "Radiation Protection." Disclosure of this information is required

**CLINICAL TRAINING AND EXPERIENCE**

**KEY TO COLUMN C** – Personal participation consists of:

1. Supervised examination of patients to determine the suitability for radionuclide diagnosis and/or treatment and recommendation for prescribed dosage
2. Dose calibration and actual administration of dose to the patient including calculation of radiation dose and related measurements
3. Supervised interpretation of results of diagnostic studies
4. Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and therapy.

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted on separate sheets) D
	Thyroid scan		
	Thyroid uptake		
	Lung perfusion scan		
	Xenon ventilation study		
	Aerosol ventilation scan		
	Renal flow scan		
	Brain scan		
	Liver/spleen scan		
	Bone scan		
	Gastroesophageal study		
	LeVeen shunt study		
	Cystogram		
	Dacryocystogram		
	Cardiac perfusion scan		
	Cardiac stress ventriculogram		
	Cardiac rest ventriculogram		
	Gallium scan		
P-32 (soluble)	Treatment of polycythemia vera, leukemia and bone metastases		
P-32 (soluble)	Intracavitary treatment		
I-131	Treatment of thyroid carcinoma Treatment of hyperthyroidism		
Au-196	Intracavitary treatment		
Co-60 or Ca-137	Interstitial treatment Intracavitary treatment		
I-125 or Ir-192	Interstitial treatment		
Co-60 or Ca-137	Teletherapy treatment		
Sr-90	Treatment of eye disease Radiopharmaceutical preparation		

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS  (Additional information or comments may be submitted on separate sheets) D
Mo-99/Tc-99m	Generator		
Sn-113/In-113m	Generator		
Tc-99m	Reagent kits		
Ir-192	HDR		
	LDR		
Co-60	Gamma knife		
Other			

**DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING.**

LOCATION	DATES		CLOCK HOURS OF TRAINING
	FROM	TO	

**CERTIFICATION**

I HEREBY CERTIFY THAT THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:

NAME OF PRECEPTOR:		NAME OF INSTITUTION:	
MAILING ADDRESS (Number, street)	CITY:	STATE:	ZIP CODE:

RADIOACTIVE MATERIALS LICENSE NUMBER(S):

PRECEPTOR'S SIGNATURE:	DATE:
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13(5)3.6.

*State of Wisconsin*  
 Department of Health and Family Services  
 Radiation Protection Section  
 1 West Wilson Street  
 P.O. Box 2659  
 Madison, WI 53701-2659  
 Phone: (608)267-4797



**Training and Experience Form for  
 Medical Authorized User or Radiation Safety Officer**

**Instructions** – Complete all items of this form. Use supplementary sheets where necessary. Retain one copy and submit original and one copy of the entire form to the State of Wisconsin, Department of Health and Family Services. *DHFS is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Chapter HFS 157 "Radiation Protection." Disclosure of this information is required.*

**AUTHORIZED USER OR RADIATION SAFETY OFFICER**

**NAME OF PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER:**

**CERTIFICATION – PLEASE ATTACH A COPY OF CERTIFICATE**

SPECIALITY BOARD	CATEGORY	MONTH AND YEAR CERTIFIED

**TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES**

FIELD OF TRAINING	LOCATION AND DATES OF TRAINING	TYPE AND LENGTH OF TRAINING	
		LECTURE / LABORATORY COURSES (HOURS)	SUPERVISED LABORATORY EXPERIENCE (HOURS)
A	B	C	D
A. Radiation Physics and instrumentation			
B. Radiation Protection			
C. Mathematics pertaining to use and measurement of radioactivity.			
D. Radiation Biology			
E. Radiopharmaceutical chemistry			

13(5)B6

**EXPERIENCE WITH RADIATION**  
 (Actual use of radioisotopes or equivalent experience, attach additional sheets if necessary)

Isotope	Maximum amount per procedure	Duration of experience: From: To:	Type of Use <input type="checkbox"/> Diagnostic <input type="checkbox"/> Therapeutic
Institution		Phone Number	
Address	City	State	Zip Code

Duties and responsibilities if Radiation Safety Officer (RSO)

Isotope	Maximum amount per procedure	Duration of experience: From: To:	Type of Use <input type="checkbox"/> Diagnostic <input type="checkbox"/> Therapeutic
Institution		Phone Number	
Address	City	State	Zip Code

Duties and responsibilities if Radiation Safety Officer (RSO)

Isotope	Maximum amount per procedure	Duration of experience: From: To:	Type of Use <input type="checkbox"/> Diagnostic <input type="checkbox"/> Therapeutic
Institution		Phone Number	
Address	City	State	Zip Code

Duties and responsibilities if Radiation Safety Officer (RSO)

**CERTIFICATION**

**CERTIFICATION**

I HEREBY CERTIFY THAT THIS FORM WAS PREPARED IN CONFORMANCE WITH CHAPTER HFS 157 "RADIATION PROTECTION" AND THAT ALL INFORMATION CONTAINED HEREIN, INCLUDING ANY SUPPLEMENTS ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF PROPOSED USER:	DATE:
NAME (PRINT OR TYPE)	TITLE:

*State of Wisconsin  
Department of Health and Family Services  
Radiation Protection Section  
1 West Wilson Street, Room 150  
P.O. Box 2659  
Madison, WI 53701-2659  
Phone: (608)267-4797  
Fax: (608)267-3695*

**APPLICATION FOR RADIOACTIVE MATERIAL LICENSE  
AUTHORIZING THE USE OF SEALED SOURCES IN PORTABLE GAUGE DEVICES AND  
PORTABLE XRFs**

**Instructions** – Complete all items if this is an initial application or an application for renewal of a license. Refer to WISREG “Guidance for Portable Gauge Devices or XRFs.” Use supplementary sheets where necessary. Retain one copy and submit original of the entire application to the State of Wisconsin, Department of Health and Family Services (DHFS). *DHFS is requesting disclosure of information. Failure to provide any information may result in denial or delay of a radioactive material license.*

**APPLICATION TYPE**

**ITEM 1. TYPE OF APPLICATION (Check All That Apply)**

- NEW LICENSE  
 RENEWAL License # \_\_\_\_\_  
 AMENDMENT License # \_\_\_\_\_  
 PORTABLE GAUGE(S)       PORTABLE X-RAY FLUORESCENCE ANALYZER(S)

**CONTACT INFORMATION**

**ITEM 2. NAME AND MAILING ADDRESS OF APPLICANT:**

**ITEM 3. PERSON TO CONTACT REGARDING APPLICATION:**

**APPLICANT'S PHONE NUMBER (Including Area Code)**

**CONTACT'S PHONE NUMBER (Including Area Code)**

**LOCATION OF RADIOACTIVE MATERIAL**

**ITEM 4. ADDRESS(ES) WHERE RADIOACTIVE MATERIAL WILL BE (Do Not Use P.O. Box):**

- USED       STORED       USED/STORED

*(ATTACH ADDITIONAL PAGES IF NECESSARY)*

**ADDRESS**

**PHONE NUMBER**

**ARE PORTABLE GAUGE DEVICES AND/OR PORTABLE XRFs USED AT TEMPORARY JOBSITES?:**     YES     NO

**RADIATION SAFETY OFFICER**

**ITEM 5. RADIATION SAFETY OFFICER (RSO) (Attach evidence of training and experience and check one box)**

NAME: \_\_\_\_\_ TELEPHONE (Include Area Code): \_\_\_\_\_

Before obtaining radioactive material, the proposed RSO will have successfully completed one of the training courses described in Criteria in the section entitled "Individual(s) Responsible for Radiation Safety Program and Their Training and Experience- Radiation Safety Officer" in WISREG "Guidance for Portable Gauge Devices or Portable XRFs."

AND

Before being named as the RSO, future RSOs will have successfully completed one of the training courses described in Criteria in the section entitled " Individual(s) Responsible for Radiation Safety Program and Their Training and Experience- Radiation Safety Officer" in WISREG "Guidance for Portable Gauge Devices or Portable XRFs."

OR

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

**AUTHORIZED USERS**

**ITEM 6. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS**

(Check one box)

Before using radioactive material, authorized users will have successfully completed one of the training courses described in Criteria in the section entitled " Training for Individuals Working In or Frequenting Restricted Areas" in WISREG " Guidance for Portable Gauge Devices or Portable XRFs."

**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 gauge user(s) is attached.

**RADIOACTIVE MATERIAL**

**ITEM 7. RADIOACTIVE MATERIAL (Attach additional pages if necessary)**

ELEMENT AND MASS NUMBER	
CHEMICAL AND PHYSICAL FORM	<i>SEALED SOURCE</i>
SOURCE MANUFACTURER AND MODEL NUMBER	
MAXIMUM ACTIVITY PER SOURCE	
SEALED SOURCE AND DEVICE REGISTRATION SHEET NUMBER	
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 RADIATION SAFETY AUDIT PROGRAM**

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

**ITEM 9.2 RADIATION SAFETY PROGRAM – TERMINATION OF ACTIVITIES (Check box)**

- We will notify DHFS, on a departmental form, within 30 days of the decision to permanently cease radioactive material use. s. *HFS 157.13 (11) (c)*

**ITEM 9.3. SURVEY EQUIPMENT (Check one box)**

- We will either possess and use, or have access to and use, a radiation survey meter that meets the Criteria in the section entitled "Radiation Safety Program – Instruments" in WISREG "Guidance for Portable Gauge Devices or Portable XRFs."  
*OR*  
 We will submit an alternative procedure for determining source integrity after an incident involving the portable gauge device or portable XRF.

**ITEM 9.4 MATERIAL RECEIPT AND ACCOUNTABILITY (Check one box)**

- Physical inventories will be conducted at intervals not to exceed 6 months, to account for all sealed sources and devices received and possessed under the license.  
*OR*  
 We will submit a description of the frequency and procedures for ensuring that no gauge has been lost, stolen, or misplaced.

**ITEM 9.5 OCCUPATIONAL DOSIMETRY (Check one box)**

- We will maintain, for inspection by DHFS, 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 s. *HFS 157.22*.  
*OR*  
 We will provide dosimetry processed and evaluated by a NVLAP-approved processor that is exchanged at a frequency recommended by the processor. (Note: Individuals operating portable moisture/density measuring devices under any operating conditions must be monitored for occupational exposure to radiation.) s. *HFS 157.25 (2) (a) 6*.

**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 WISREG "Guidance for Portable Gauge Devices or Portable XRFs" and provide copies of these procedures to all gauge users and at each job site.  
*OR*  
 Operating and emergency procedures will be developed, implemented, and maintained, and will meet criteria in the section entitled 'Radiation Safety Program – Operating and Emergency Procedures' in WISREG "Guidance for Portable Gauge Devices or XRFs." (Procedures are attached)

**ITEM 9.8 LEAK TEST (Check one box)**

- Leak tests will be performed by an organization authorized by DHFS, the NRC or an Agreement State to provide leak testing services to other licensees; or by using a leak test kit supplied by an organization licensed by DHFS, the NRC or an Agreement State to provide leak test kits to other licensees according to kit suppliers instructions.

License number of organization authorized to perform or analyze leak test ( Specify whether Department, NRC, or other Agreement State)

\_\_\_\_\_

Or

- We will perform our own leak testing and sample analysis. We will follow the model procedures in Appendix K of WISREG "Guidance for Portable Gauge Devices or XRFs." (Procedures are attached)

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 gauges according to each manufacturer's recommendations and instructions.

OR

- Alternative procedures are attached.

**NON-ROUTINE MAINTENANCE:**

- We will send the gauge to the manufacturer or other person authorized by DHFS, the NRC or an Agreement State to perform non-routine maintenance or repair operations that require the removal of the source or source rod from the gauge.

OR

- We will provide the information listed in Appendix G of WISREG "Guidance for Portable Gauge Devices or XRFs" 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 GAUGE DISPOSAL AND TRANSFER**

- We will return the gauge to the manufacturer for disposal or transfer the device to a specific licensee, authorized to receive radioactive material.

**SPECIFIC LICENSE FEE**

**ITEM 10. LICENSE FEES (REFER TO s. HFS 157.10)**

CATEGORY:

LICENSE FEE 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 CHAPTER HFS 157 "RADIATION PROTECTION" AND THAT ALL INFORMATION CONTAINED HEREIN, INCLUDING ANY SUPPLEMENTS ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE:

DATE:

NAME (PRINT OR TYPE):

TITLE:

*State of Wisconsin  
Department of Health and Family Services  
Radiation Protection Section  
1 West Wilson Street, Room 150  
P.O. Box 2659  
Madison, WI 53701-2659  
Phone: (608)267-4797  
Fax: (608)267-3695*

**EXPEDITED RENEWAL FORM FOR A RADIOACTIVE MATERIAL SPECIFIC LICENSE  
AUTHORIZING THE USE OF SEALED SOURCES IN PORTABLE GAUGE DEVICES AND  
PORTABLE XRFs**

**Instructions** – Complete all items for renewal of a license. Use supplementary sheets where necessary. Retain one copy and submit original of the entire application to the State of Wisconsin, Department of Health and Family Services (DHFS). *DHFS is requesting disclosure of information. Department rules require that an application for renewal of a specific license be filed with the Department at least 30 days prior to expiration date. Failure to provide information may result in escalated enforcement.*

**APPLICATION RENEWAL TYPE**

ITEM 1. TYPE OF RENEWAL APPLICATION (CHECK ALL THAT APPLY):

LICENSE NUMBER: \_\_\_\_\_

PORTABLE GAUGE

PORTABLE X-RAY FLUORESCENCE ANALYZER (XRF)

**CONTACT INFORMATION**

ITEM 2. NAME AND MAILING ADDRESS OF APPLICANT:

ITEM 3. PERSON TO CONTACT REGARDING APPLICATION:

APPLICANT'S PHONE NUMBER (Include Area Code):

CONTACT'S PHONE NUMBER (Including Area Code)

**LOCATION OF RADIOACTIVE MATERIAL**

ITEM 4. ADDRESS(ES) WHERE RADIOACTIVE MATERIAL WILL BE (Do Not Use P.O. Box):

USED

STORED

USED AND STORED

ADDRESS(ES)

PHONE NUMBER

ARE PORTABLE GAUGE DEVICES AND/OR PORTABLE XRFs USED AT TEMPORARY JOBSITES?:  Yes  No

**CONDITIONAL ITEMS**

**ITEMS 5. THROUGH 9.11**

FOR ITEMS 5 THROUGH 9.11 BELOW, REVIEW YOUR RADIATION PROTECTION PROGRAM AGAINST REGULATIONS, THE LICENSE AND YOUR OPERATING PROCEDURES AND ALARA PROGRAM.

- |   |  |
|---|--|
| 5. Radiation Safety Officer (RSO)                                       | 9.5 Occupational Dosimetry             |
| 6. Training for Individuals Working In or Frequenting Restricted Areas. | 9.6 Public Dose                        |
| 7. Radioactive Material   | 9.7 Operating and Emergency Procedures |
| 8. Facilities and Equipment   | 9.8 Leak Test                          |
| 9.1 Radiation Safety Audit Program                                      | 9.9 Maintenance                        |
| 9.2 Radiation Safety Program – Termination of Activities                | 9.10 Transportation                    |
| 9.3 Survey Equipment  | 9.11 Gauge Disposal and Transfer       |
| 9.4 Material Receipt and Accountability                                 |  |

(CHECK ONE BOX)

NO CHANGES TO ABOVE ITEMS.

NO CHANGES TO ABOVE ITEMS EXCEPT AS NOTED IN ATTACHMENTS.

(LIST ITEMS ABOVE THAT ARE ATTACHED \_\_\_\_, \_\_\_\_, \_\_\_\_) NOTE Substantial changes will result in a request for a complete renewal application

**SPECIFIC LICENSE FEE**

**ITEM 10. FEES**

FOR RENEWALS, THE LICENSEE WILL BE BILLED ANNUALLY BY THE DEPARTMENT FOR THE APPROPRIATE FEE CATEGORY.

**CERTIFICATION (To be signed by an individual authorized to make binding commitments on behalf of the applicant.)**

**ITEM 11. CERTIFICATION**

I HEREBY CERTIFY THAT THIS APPLICATION WAS PREPARED IN CONFORMANCE WITH CHAPTER HFS 157 "RADIATION PROTECTION" AND THAT ALL INFORMATION CONTAIN HEREIN, INCLUDING ANY SUPPLEMENTS ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE:

DATE:

NAME (PRINT OR TYPE)

TITLE:

*State of Wisconsin  
Department of Health and Family Services  
Radiation Protection Section  
1 West Wilson Street, Room 150  
P.O. Box 2659  
Madison, WI 53701-2659  
Phone: (608)267-4797  
Fax: (608)267-3695*

**APPLICATION FOR RADIOACTIVE MATERIAL LICENSE  
FOR INDUSTRIAL RADIOGRAPHY**

**Instructions** – Complete all items if this is an initial application or an application for renewal of a license. Refer to WISREG “Guidance for Industrial Radiography.” Use supplementary sheets where necessary. Retain one copy and submit original of the entire application to the State of Wisconsin, Department of Health and Family Services (DHFS). *DHFS is requesting disclosure of information. Failure to provide any information may result in denial or delay of a radioactive material license.*

**APPLICATION TYPE**

**ITEM 1. TYPE OF APPLICATION (Check All That Apply)**

- NEW LICENSE  
 RENEWAL License # \_\_\_\_\_  
 AMENDMENT License # \_\_\_\_\_

**CONTACT INFORMATION**

**ITEM 2. NAME AND MAILING ADDRESS OF APPLICANT:**

**ITEM 3. PERSON TO CONTACT REGARDING APPLICATION:**

**APPLICANT'S PHONE NUMBER (Including Area Code)**

**CONTACT'S PHONE NUMBER (Including Area Code)**

**LOCATION OF RADIOACTIVE MATERIAL**

**ITEM 4. ADDRESS(ES) WHERE RADIOACTIVE MATERIAL WILL BE (Do Not Use P.O. Box):**

- USED  STORED  USED/STORED

(ATTACH ADDITIONAL PAGES IF NECESSARY)

**ADDRESS**

**PHONE NUMBER**

**IS THERE A PERMANENT CELL AT THIS LOCATION?**

YES  NO

**IS INDUSTRIAL RADIOGRAPHY PERFORMED AT TEMPORARY JOB SITES?:**

YES  NO

**RADIATION SAFETY OFFICER**

**ITEM 5. RADIATION SAFETY OFFICER (RSO) (Check all that apply)**

- The name of the proposed RSO and other potential designees who will be responsible for ensuring that the licensee's radiation safety program is implemented in accordance with approved procedures.

NAME: \_\_\_\_\_ TELEPHONE (Include Area Code): \_\_\_\_\_

*And*

- We will demonstrate that the RSO has sufficient independence and direct communication with responsible management officials by providing a copy of an organizational chart by position and will confirm that the RSO has day-to-day oversight of the radiation safety activities.

*And Either/Or*

- We will provide the specific training and experience of the RSO.  
 Including the:
1. Specific dates of certification and/or training in radiation safety.
  2. Documentation to show that the RSO has a minimum of 2,000 hours of hands-on experience as a qualified radiographer in industrial radiographic operations.
  3. Documentation to show that the RSO has obtained formal training (40 hr) in the establishment and maintenance of a radiation protection program.

- We will provide alternative information demonstrating that the proposed RSO is qualified by training and experience (e.g. Board Certification by the American Board of Health Physicists, completion of a bachelor's and/or master's degree in the sciences with at least one year of experience in the conduct of a radiation safety program of comparable size and scope) documentation to show that the RSO has obtained formal training in the establishment and maintenance of a radiation protection program.

**AUTHORIZED USERS**

**ITEM 6. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS**

(Check one box)

- Before using radioactive material, authorized users will be certified through a radiographer certification program administered by a certifying entity.

**RADIOACTIVE MATERIAL**

**ITEM 7. SEALED SOURCE RADIOACTIVE MATERIAL (Attach additional pages if necessary)**

ELEMENT AND MASS NUMBER	
SEALED SOURCE MANUFACTURER AND MODEL NUMBER	
MAXIMUM ACTIVITY PER SOURCE	
EXPOSURE DEVICE MANUFACTURER AND MODEL NUMBER	
SOURCE CHANGER MANUFACTURER AND MODEL NUMBER	
SEALED SOURCE AND DEVICE REGISTRATION SHEET NUMBER	

Is depleted Uranium used as a shielding material?  Yes  No

Only radiographic exposure devices, source assemblies or sealed sources, and associated equipment which meets the requirements specified in s. *HFS 157.36* will be used in radiographic operations.  Yes  No

**FINANCIAL ASSURANCE AND RECORDKEEPING FOR DECOMMISSIONING**

**ITEM 8. FINANCIAL ASSURANCE AND RECORDKEEPING FOR DECOMMISSIONING (Check all that apply)**

We shall maintain drawings and records important to decommissioning and will transfer these records to a new licensee before licensed activities are transferred in accordance with *s. HFS 157.13 (9) (b) and (10)*, or assign the records to the State of Wisconsin, Department of Health and Family Services (DHFS) before the license is terminated.

And

If financial assurance is required, submit evidence *s. HFS 157.15 "Financial Assurance and records for decommissioning"*

**FACILITIES AND EQUIPMENT**

**ITEM 9. FACILITIES AND EQUIPMENT (Check box and attach requested information.)**

We will submit information in the section entitled 'Facilities and Equipment' of WISREG "Guidance for Industrial Radiography."

**RADIATION SAFETY PROGRAM**

**ITEM 10. RADIATION SAFETY PROGRAM**

**ITEM 10.1 RADIATION SAFETY AUDIT PROGRAM**

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

**ITEM 10.2 INSTRUMENTS (Check all the boxes that apply)**

We will possess and use a radiation survey meter that meets the Criteria in the section entitled "Instruments" in WISREG "Guidance for Industrial Radiography".

And

If calibration is performed by a person or firm outside the applicant's organization, the calibration will be performed by a DHFS, NRC or Agreement State licensee specifically authorized to perform instrument calibration.

Or

If the calibration is to be performed in-house we will follow the model procedures in Appendix J in WISREG "Guidance for Industrial Radiography".

Or

We will submit alternate procedures. (Procedures are attached)

**NOTE: IDENTIFY THE QUALIFICATIONS OF THE INDIVIDUALS WHO WILL PERFORM THE CALIBRATIONS.**

**ITEM 10.3 MATERIAL RECEIPT AND ACCOUNTABILITY (Check one box)**

Quarterly physical inventories (not to exceed 3 months) will be conducted of all sealed sources and/or devices containing radioactive material (including depleted uranium) and the information contained in the discussion section entitled "Material Receipt and Accountability" in WISREG "Guidance for Industrial Radiography" will be documented.

**ITEM 10.4 LEAK TEST (Check one box)**

Leak tests will be performed by an organization authorized by DHFS, the NRC or an Agreement State to provide leak testing services to other licensees; or by using a leak test kit supplied by an organization licensed by DHFS, the NRC or an Agreement State to provide leak test kits to other licensees according to kit suppliers instructions.

License number of organization authorized to perform or analyze leak test ( Specify whether Department, NRC, or other Agreement State): \_\_\_\_\_

Or

We will perform our own leak testing and sample analysis. We will follow the model procedures in Appendix K of WISREG "Guidance for Industrial Radiography."

Or

We will submit alternative procedures. (Procedures are attached)

**ITEM 10.5 OCCUPATIONAL DOSIMETRY (Check all that apply)**

- We will provide dosimetry processed and evaluated by a NVLAP-approved processor that is exchanged at a frequency recommended by the processor.
- The required personnel monitoring equipment, including 0 to 2 mSv (200 mrem) dosimeters or electronic personal dosimeters, will be worn by radiographic personnel.
- Alarming ratemeters set to alarm at plus or minus 20% of 500 mrem/hour will be worn by all radiography personnel.

**NOTE: RADIOGRAPHY PERSONNEL AT PERMANENT RADIOGRAPHY INSTALLATIONS WHERE OTHER APPROPRIATE ALARMING OR WARNING DEVICES ARE IN USE NEED NOT HAVE AN ALARMING RATEMETER.**

- Pocket dosimeters and alarm ratemeters will be checked for correct response at intervals not to exceed 12 months.
  - If adjustment is necessary, the devices will be returned to the manufacturer.
  - If adjustment is necessary, in-house procedures for adjustments are described.

**ITEM 10.6 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 10.7 QUARTERLY MAINTENANCE (Check all the boxes that apply)**

- We will submit procedures to DHFS for review and approval as part of the Operating and Emergency Procedures.

**NOTE: THE APPLICANT SHOULD USE WISREG "GUIDANCE FOR INDUSTRIAL RADIOGRAPHY" TO CRAFT ITS PROCEDURES TO SUIT ITS EQUIPMENT AND PROGRAM.**

- Procedure Attached

*And*

- Before using a new sealed source/device combination, we will have written inspection and maintenance procedures that address the use of new equipment as a Type B transport package. In addition, we will provide training to radiographic personnel before using a new sealed source/device combination.

**ITEM 10.8 OPERATING AND EMERGENCY PROCEDURES (Check one box)**

- We will develop, implement, and maintain operating and emergency procedures containing the following elements that meets the Criteria in the section entitled "Operating and Emergency Procedures" in WISREG "Guidance for Industrial Radiography". (Procedures are attached)

**ITEM 10.9 WASTE MANAGEMENT**

- We will return the radiography sealed source(s) to the manufacturer for disposal or transfer the radiography sealed source(s) to a specific licensee, authorized to receive radioactive material.

**SPECIFIC LICENSE FEE**

**ITEM 11. LICENSE FEES (REFER TO s. HFS 157.10)**

CATEGORY:

LICENSE FEE ENCLOSED:

**CERTIFICATION (To be signed by an individual authorized to make binding commitments on behalf of the applicant)**

**ITEM 12.**

**I HEREBY CERTIFY THAT THIS APPLICATION WAS PREPARED IN CONFORMANCE WITH CHAPTER HFS 157 "RADIATION PROTECTION" AND THAT ALL INFORMATION CONTAINED HEREIN, INCLUDING ANY SUPPLEMENTS ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

SIGNATURE

DATE:

NAME (PRINT OR TYPE):

TITLE:

*State of Wisconsin  
Department of Health and Family Services  
Radiation Protection Section  
1 West Wilson Street, Room 150  
P.O. Box 2659  
Madison, WI 53701-2659  
Phone: (608)267-4797  
Fax: (608)267-3695*

**EXPEDITED RENEWAL FORM FOR A RADIOACTIVE MATERIAL SPECIFIC LICENSE  
FOR INDUSTRIAL RADIOGRAPHY**

**Instructions** – Complete all items for renewal of a license. Use supplementary sheets where necessary. Retain one copy and submit original of the entire application to the State of Wisconsin, Department of Health and Family Services (DHFS). *DHFS is requesting disclosure of information. Department rules require that an application for renewal of a specific license be filed with the Department at least 30 days prior to expiration date. Failure to provide information may result in escalated enforcement.*

**APPLICATION RENEWAL TYPE**

ITEM 1. TYPE OF RENEWAL APPLICATION (CHECK ALL THAT APPLY):

LICENSE NUMBER: \_\_\_\_\_

**CONTACT INFORMATION**

ITEM 2. NAME AND MAILING ADDRESS OF APPLICANT:

ITEM 3. PERSON TO CONTACT REGARDING APPLICATION:

APPLICANT'S PHONE NUMBER (Include Area Code):

CONTACT'S PHONE NUMBER (Including Area Code)

**LOCATION OF RADIOACTIVE MATERIAL**

ITEM 4. ADDRESS(ES) WHERE RADIOACTIVE MATERIAL WILL BE (Do Not Use P.O. Box):

USED

STORED

USED AND STORED

ADDRESS(ES)

PHONE NUMBER

IS THERE A PERMANENT RADIOGRAPHY CELL AT THIS LOCATION?

YES  NO

IS INDUSTRIAL RADIOGRAPHY EQUIPMENT USED AT TEMPORARY JOB SITES?:

YES  NO

**CONDITIONAL ITEMS**

**ITEMS 5. THROUGH 10.9**

FOR ITEMS 5 THROUGH 10.9 BELOW, REVIEW YOUR RADIATION PROTECTION PROGRAM AGAINST REGULATIONS, THE LICENSE AND YOUR OPERATING PROCEDURES AND ALARA PROGRAM.

- |   |  |
|---|--|
| 5. Radiation Safety Officer (RSO)                                       | 10.3 Material Receipt and Accountability |
| 6. Training for Individuals Working In or Frequenting Restricted Areas. | 10.4 Leak Test                           |
| 7. Radioactive Material   | 10.5 Occupational Dosimetry              |
| 8. Financial Assurance and Record Keeping for Decommissioning.          | 10.6 Public Dose                         |
| 9. Facilities and Equipment   | 10.7 Quarterly Maintenance               |
| 10.1 Radiation Safety Audit Program                                     | 10.8 Operating and Emergency Procedures  |
| 10.2 Instruments  | 10.9 Waste Management                    |

(CHECK ONE BOX)

- NO CHANGES TO ABOVE ITEMS.
- NO CHANGES TO ABOVE ITEMS EXCEPT AS NOTED IN ATTACHMENTS.
- (LIST ITEMS ABOVE THAT ARE ATTACHED: \_\_\_\_, \_\_\_\_, \_\_\_\_) NOTE: Substantial changes will result in a request for a complete renewal application.

**SPECIFIC LICENSE FEE**

**ITEM 11. FEES**

FOR RENEWALS, THE LICENSEE WILL BE BILLED ANNUALLY BY THE DEPARTMENT FOR THE APPROPRIATE FEE CATEGORY.

**CERTIFICATION (To be signed by an individual authorized to make binding commitments on behalf of the applicant.)**

**ITEM 12. CERTIFICATION**

I HEREBY CERTIFY THAT THIS APPLICATION WAS PREPARED IN CONFORMANCE WITH CHAPTER HFS 157 "RADIATION PROTECTION" AND THAT ALL INFORMATION CONTAIN HEREIN, INCLUDING ANY SUPPLEMENTS ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE:

DATE:

NAME (PRINT OR TYPE)

TITLE:

*State of Wisconsin  
Department of Health and Family Services  
Radiation Protection Section  
1 West Wilson Street, Room 150  
P.O. Box 2659  
Madison, WI 53701-2659  
Phone: (608)267-4797  
Fax: (608)267-3695*

**APPLICATION FOR RADIOACTIVE MATERIAL LICENSE  
AUTHORIZING THE USE OF SEALED SOURCES IN FIXED GAUGE DEVICES**

**Instructions** – Complete all items if this is an initial application or an application for renewal of a license. Refer to WISREG “Guidance for Fixed Gauge Devices” Use supplementary sheets where necessary. Retain one copy and submit original of the entire application to the State of Wisconsin, Department of Health and Family Services (DHFS). DHFS is requesting disclosure of information. Failure to provide any information may result in denial or delay of a radioactive material license.

**APPLICATION TYPE**

**ITEM 1. TYPE OF APPLICATION (Check All That Apply)**

- NEW LICENSE  
 RENEWAL      License # \_\_\_\_\_  
 AMENDMENT      License # \_\_\_\_\_

**CONTACT INFORMATION**

**ITEM 2. NAME AND MAILING ADDRESS OF APPLICANT:**

**ITEM 3. PERSON TO CONTACT REGARDING APPLICATION:**

APPLICANT'S PHONE NUMBER (Including Area Code)

CONTACT'S PHONE NUMBER (Including Area Code)

**LOCATION OF RADIOACTIVE MATERIAL**

**ITEM 4. ADDRESS(ES) WHERE RADIOACTIVE MATERIAL WILL BE (Do Not Use P.O. Box):**

- USED                                       STORED                                       USED AND STORED

(ATTACH ADDITIONAL PAGES IF NECESSARY)

ADDRESS

PHONE NUMBER

**RADIATION SAFETY OFFICER**

**ITEM 5. RADIATION SAFETY OFFICER (RSO) (Attach evidence of training and experience and check one box)**

NAME: \_\_\_\_\_ TELEPHONE (Include Area Code): \_\_\_\_\_

- Before obtaining radioactive material, the proposed RSO will have successfully completed one of the training courses described in Criteria in the section entitled "Individual(s) Responsible for Radiation Safety Program and Their Training and Experience- Radiation Safety Officer" in WISREG "Guidance for Fixed Gauge Devices."

AND

Before being named as the RSO, future RSOs will have successfully completed one of the training courses described in Criteria in the section entitled "Individual(s) Responsible for Radiation Safety Program and Their Training and Experience- Radiation Safety Officer" in WISREG "Guidance for Fixed Gauge Devices."

OR

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

**AUTHORIZED USERS**

**ITEM 6. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS (Check one box)**

- Before using radioactive material, authorized users will have successfully completed one of the training courses described in Criteria in the section entitled "Training for Individuals Working In or Frequenting Restricted Areas" in WISREG "Guidance for Fixed Gauge Devices."

**NOTE: IF USING 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 gauge user(s) is/are attached.

**RADIOACTIVE MATERIALS**

**ITEM 7. RADIOACTIVE MATERIAL (ATTACH ADDITIONAL PAGES IF NECESSARY)**

ELEMENT AND MASS NUMBER	<input type="checkbox"/> Cobalt-60	<input type="checkbox"/> Krypton-85	<input type="checkbox"/> Americium-241
	<input type="checkbox"/> Cesium-137	<input type="checkbox"/> Strontium-90	<input type="checkbox"/> Ra-226
	<input type="checkbox"/> Other Isotope (please specify): _____		

**ITEM 8. CHEMICAL AND PHYSICAL FORM**

**SEALED SOURCES**

SEALED SOURCE MANUFACTURER OR DISTRIBUTOR AND MODEL NUMBER

DEVICE MANUFACTURER OR DISTRIBUTOR AND MODEL NUMBER

MAXIMUM QUANTITY (Not to exceed either the maximum activity per source or device as specified in the Sealed Source and Device Registration Certificate)

SEALED SOURCE AND DEVICE REGISTRATION SHEET NUMBER

INTENDED USE

**FACILITIES AND EQUIPMENT**

**ITEM 9. FACILITIES AND EQUIPMENT (Check boxes and attach diagram.)**

- Diagrams of radioactive material area(s) of use are attached.
- The fixed gauge is secured to prevent unauthorized removal or access and these security features will not impact the safety or integrity of the source or device.

**RADIATION SAFETY PROGRAM**

**ITEM 10. RADIATION SAFETY PROGRAM**

**ITEM 10.1 RADIATION SAFETY PROGRAM -AUDIT**

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

**ITEM 10.2 RADIATION SAFETY PROGRAM-TERMINATION OF ACTIVITIES (Check Box)**

- We will notify DHFS, on a departmental form, within 30 days of the decision to permanently cease radioactive material use. *s. HFS 157.13 (11) (c)*

**ITEM 10.3 SURVEY EQUIPMENT (Check one box)**

- We will either possess and use, or have access to and use, a radiation survey meter that meets the Criteria in the section entitled "Radiation Safety Program – Instruments" in WISREG "Guidance for Fixed Gauge Devices."  

*OR*
- We will submit an alternative procedure for determining source integrity after an incident involving the fixed gauge device. (Procedure attached)

**ITEM 10.4 INSTRUMENT CALIBRATION (Check one box)**

- Surveys according to *s. HFS 157.25 (1)* will be performed by a person specifically authorized by DHFS, the NRC or an Agreement State to perform these surveys.  

*OR*
- We will use survey instruments that meet the Criteria in the section entitled 'Radiation Safety Program – Instruments' in WISREG "Guidance for Fixed Gauge Devices".  

*AND ONE OF THE FOLLOWING*

  - Each survey meter will be calibrated by the manufacturer or other person authorized by DHFS, the NRC or an Agreement State to perform survey meter calibrations.
  - We will implement the model survey meter calibration program published in Appendix I entitled 'Survey Instrument Calibration' in WISREG "Guidance for Fixed Gauge Devices."
  - We will submit alternative calibration procedures for DHFS review.

**ITEM 10.5 MATERIAL RECEIPT AND ACCOUNTABILITY (Check one box)**

- Physical inventories will be conducted at intervals not to exceed 6 months, to account for all sealed sources and devices received and possessed under the license.  

*OR*
- We will submit a description of the frequency and procedures for ensuring that no gauge has been lost, stolen or misplaced. *s. HFS 157.15*

**ITEM 10.6 OCCUPATIONAL DOSIMETRY (Check one box)**

- We will maintain, for inspection by DHFS, 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 *s. HFS 157.22*.  

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

**ITEM 10.7 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 10.8 OPERATING AND EMERGENCY PROCEDURES (Check one box)**

We will implement and maintain the operating and emergency procedures in Appendix Z of WISREG "Guidance for Fixed Gauge Devices" and provide copies of these procedures to all gauge users.

OR

We will develop, implement and maintain operating and emergency procedures that will meet criteria in the section entitled 'Radiation Safety Program - Operating and Emergency Procedures' in WISREG "Guidance for Fixed Gauge Devices."  
(Attach Procedures)

**ITEM 10.9 LEAK TEST (Check one box)**

Leak tests will be performed by an organization authorized by DHFS, the NRC or an Agreement State to provide leak testing services to other licensees; or by using a leak test kit supplied by an organization licensed by DHFS, the NRC or an Agreement State to provide leak test kits to other licensees according to kit suppliers instructions.

License number of organization authorized to perform or analyze leak test (Specify whether Department, NRC, or other Agreement State): \_\_\_\_\_

Or

We will perform our own leak testing and sample analysis. We will follow the model procedures in Appendix K of WISREG "Guidance for Fixed Gauge Devices."

OR

We will submit alternative procedures. (Procedures are attached)

**ITEM 10.10 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 gauges according to each manufacturer's recommendations and instructions.

OR

Alternative procedures are attached.

**NON-ROUTINE MAINTENANCE:**

We will utilize the manufacturer or another person specifically licensed to perform non-routine maintenance or repair operations that require the removal of the source from the device.

OR

We have provided the information listed in Appendix Z of WISREG "Guidance for Fixed Gauge Devices" to support a request to perform this work "in house." (Procedure Attached)

**ITEM 10.11 FIXED GAUGE DISPOSAL AND TRANSFER**

We will return the gauge to the manufacturer for disposal or transfer the device to a specific licensee authorized to receive radioactive material.

**SPECIFIC LICENSE FEE**

**ITEM 11. LICENSE FEES (REFER TO s. HFS 157.10)**

CATEGORY:

**CERTIFICATION (To be signed by an individual authorized to make binding commitments on behalf of the applicant.)**

**ITEM 12**

I HEREBY CERTIFY THAT THIS APPLICATION WAS PREPARED IN CONFORMANCE WITH CHAPTER HFS 157 "RADIATION PROTECTION" AND THAT ALL INFORMATION CONTAINED HEREIN, INCLUDING ANY SUPPLEMENTS ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE:

DATE:

NAME (Print or Type):

TITLE:

*State of Wisconsin  
Department of Health and Family Services  
Radiation Protection Section  
1 West Wilson Street, Room 150  
P.O. Box 2659  
Madison, WI 53701-2659  
Phone: (608)267-4797  
Fax: (608)267-3695*

**EXPEDITED RENEWAL FORM FOR A RADIOACTIVE MATERIAL SPECIFIC LICENSE  
FOR THE USE OF SEALED SOURCES IN FIXED GAUGE DEVICES**

**Instructions** – Complete all items for renewal of a license. Use supplementary sheets where necessary. Retain one copy and submit original of the entire application to the State of Wisconsin, Department of Health and Family Services (DHFS). *DHFS is requesting disclosure of information. Department rules require that an application for renewal of a specific license be filed with the Department at least 30 days prior to expiration date. Failure to provide information may result in escalated enforcement.*

**APPLICATION RENEWAL TYPE**

ITEM 1. TYPE OF RENEWAL APPLICATION (CHECK ALL THAT APPLY):

LICENSE NUMBER: \_\_\_\_\_

**CONTACT INFORMATION**

ITEM 2. NAME AND MAILING ADDRESS OF APPLICANT:

ITEM 3. PERSON TO CONTACT REGARDING APPLICATION:

APPLICANT'S PHONE NUMBER (Include Area Code):

CONTACT'S PHONE NUMBER (Including Area Code):

**LOCATION OF RADIOACTIVE MATERIAL**

ITEM 4. ADDRESS(ES) WHERE RADIOACTIVE MATERIAL WILL BE (Do Not Use P.O. Box):

USED

STORED

USED AND STORED

ADDRESS(ES)

PHONE NUMBER

**CONDITIONAL ITEMS**

**ITEMS 5. THROUGH 10.11**

FOR ITEMS 5 THROUGH 10.11 BELOW, REVIEW YOUR RADIATION PROTECTION PROGRAM AGAINST REGULATIONS, THE LICENSE AND YOUR OPERATING PROCEDURES AND ALARA PROGRAM.

- |   |  |
|---|--|
| 5. Radiation Safety Officer (RSO)                                       | 10.4 Instrument Calibration              |
| 6. Training for Individuals Working In or Frequenting Restricted Areas. | 10.5 Material Receipt and Accountability |
| 7. *Radioactive Material  | 10.6 Occupational Dosimetry              |
| 8. Chemical and Physical Form   | 10.7 Public Dose                         |
| 9. Facilities and Equipment   | 10.8 Operating and Emergency Procedures  |
| 10.1 Radiation Safety Audit Program                                     | 10.9 Leak Test                           |
| 10.2 Radiation Safety Program – Termination of Activities               | 10.10 Maintenance                        |
| 10.3 Survey Equipment   | 10.11 Fixed Gauge Disposal and Transfer  |

(CHECK ONE BOX)

- NO CHANGES TO ABOVE ITEMS.  
 NO CHANGES TO ABOVE ITEMS EXCEPT AS NOTED IN ATTACHMENTS.

(LIST ITEMS ABOVE THAT ARE ATTACHED: \_\_\_\_\_) NOTE: Substantial changes will result in a request for a complete renewal application.

**SPECIFIC LICENSE FEE**

**ITEM 11. FEES**

FOR RENEWALS, THE LICENSEE WILL BE BILLED ANNUALLY BY THE DEPARTMENT FOR THE APPROPRIATE FEE CATEGORY.

**CERTIFICATION (To be signed by an individual authorized to make binding commitments on behalf of the applicant.)**

**ITEM 12. CERTIFICATION**

I HEREBY CERTIFY THAT THIS APPLICATION WAS PREPARED IN CONFORMANCE WITH CHAPTER HFS 157 "RADIATION PROTECTION" AND THAT ALL INFORMATION CONTAIN HEREIN, INCLUDING ANY SUPPLEMENTS ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE:

DATE:

NAME (PRINT OR TYPE)

TITLE:

*State of Wisconsin  
Department of Health and Family Services  
Radiation Protection Section  
1 West Wilson Street, Room 150  
P.O. Box 2659  
Madison, WI 53701-2659  
Phone: (608)267-4797  
Fax: (608)267-3695*

**APPLICATION FOR RADIOACTIVE MATERIAL LICENSE  
AUTHORIZING THE USE OF SELF SHIELDED IRRADIATOR DEVICES**

**Instructions** – Complete all items if this is an initial application or an application for renewal of a license. Refer to WISREG “Guidance for Self Shielded Irradiator Devices” Use supplementary sheets where necessary Retain one copy and submit original of the entire application to the State of Wisconsin, Department of Health and Family Services (DHFS) *DHFS is requesting disclosure of information. Failure to provide any information may result in denial or delay of a radioactive material license.*

**APPLICATION TYPE**

**ITEM 1. TYPE OF APPLICATION (Check all that apply)**

- NEW LICENSE  
 RENEWAL License # \_\_\_\_\_  
 AMENDMENT License # \_\_\_\_\_

**CONTACT INFORMATION**

**ITEM 2. NAME AND MAILING ADDRESS OF APPLICANT:**

**ITEM 3. PERSON TO CONTACT REGARDING APPLICATION:**

APPLICANT'S PHONE NUMBER (Including Area Code)

CONTACT'S PHONE NUMBER (Including Area Code)

**LOCATION OF RADIOACTIVE MATERIAL**

**ITEM 4. ADDRESS(ES) WHERE RADIOACTIVE MATERIAL WILL BE (Do Not Use P.O. Box):**

- USED  STORED  USED AND STORED

*(ATTACH ADDITIONAL PAGES IF NECESSARY)*

ADDRESS

PHONE NUMBER

**RADIATION SAFETY OFFICER**

**ITEM 5. RADIATION SAFETY OFFICER (RSO) (Attach evidence of training and experience and check one box)**

NAME: \_\_\_\_\_ TELEPHONE (Include Area Code): \_\_\_\_\_

Before obtaining radioactive material, the proposed RSO will have successfully completed training described in Appendix G in WISREG "Guidance for Self Shielded Irradiator Devices."

AND

Before being named as the RSO, future RSOs will have successfully completed training described in Appendix G of WISREG "Guidance for Self Shielded Irradiator Devices." We will submit an amendment request within 30 days of naming a new RSO.

OR

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

**AUTHORIZED USERS**

**ITEM 6. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS (Check one box)**

Before using radioactive material, authorized users will have received training described in Appendix G in WISREG "Guidance for Self Shielded Irradiators."

**NOTE: IF USING IN-HOUSE TRAINING PROGRAM, SUBMIT COPY OF COURSE CONTENT, SAMPLE COURSE EXAMINATION AND COURSE INSTRUCTOR QUALIFICATIONS.**

OR

Documentation of the training and experience of the proposed authorized user is attached.

**RADIOACTIVE MATERIALS**

**ITEM 7. RADIOACTIVE MATERIAL (ATTACH ADDITIONAL PAGES IF NECESSARY)**

ELEMENT AND MASS NUMBER	<input type="checkbox"/> Cobalt-60	<input type="checkbox"/> Cesium-137	<input type="checkbox"/> Strontium-90
	<input type="checkbox"/> Other Isotope (please specify): _____		

CHEMICAL AND PHYSICAL FORM	SEALED SOURCE
SEALED SOURCE MANUFACTURER OR DISTRIBUTOR AND MODEL NUMBER	
DEVICE MANUFACTURER OR DISTRIBUTOR AND MODEL NUMBER	
MAXIMUM QUANTITY (Not to exceed either the maximum activity per source or device as specified in the Sealed Source and Device Registration Certificate)	
SEALED SOURCE AND DEVICE REGISTRATION SHEET NUMBER	

INTENDED USE:

## FACILITIES AND EQUIPMENT

### ITEM 9. FACILITIES AND EQUIPMENT (Check box and attach diagram.)

Diagrams of radioactive material area(s) of use are attached.

AND EITHER

We will ensure that each area where a self-shielded irradiator is located corresponds to the 'Conditions of Normal Use' and 'Limitations and/or Other Considerations of Use' on the applicable irradiator's Sealed Source and Device Registration Certificate; the floor beneath the self shielded irradiator is secured to prevent unauthorized access or removal; and each area where a self shielded irradiator is located is equipped with an automatically operated fire detection and control system (sprinkler, chemical, or gas) or the location of the area and other controls ensure a low-level radiation risk attributable to fires.

OR

We will submit alternative information; be sure to include justification for placing an irradiator in an area that does not correspond to the 'Conditions of Normal Use' and the 'Limitations and/or Other Considerations of Use.'

## RADIATION SAFETY PROGRAM

### ITEM 10. RADIATION SAFETY PROGRAM

#### ITEM 10.1 RADIATION SAFETY PROGRAM -AUDIT

The applicant is not required to, and should not, submit its audit program to the Department for review. This matter will be examined during inspection.

#### ITEM 10.2 RADIATION SAFETY PROGRAM-TERMINATION OF ACTIVITIES (Check Box)

We will notify DHFS, on a departmental form, within 30 days of the decision to permanently cease radioactive material use. s. HFS 157.13 (11) (c)

#### ITEM 10.3 SURVEY EQUIPMENT (Check one box)

We will use instruments that meet the radiation monitoring instrument specifications published in Appendix K of WISREG "Guidance for Self Shielded Irradiators." Additionally, each survey meter will have been calibrated by the manufacturer or other person authorized by DHFS, the NRC or an Agreement State to perform survey meter calibrations no more than 12 months before the date the meter is used.

OR

We will use instruments that meet the radiation monitoring instrument specifications published in Appendix K of WISREG "Guidance for Self Shielded Irradiators." Additionally, we will implement the model survey meter calibration program published in Appendix K of WISREG "Guidance for Self Shielded Irradiators" and we ensure that each survey meter will have been calibrated no more than 12 months before the date the meter is used.

OR

We will provide a description of alternative equipment and/or procedures for ensuring that interlocks function, as required, to return moving self shielded irradiator sources to the shielded position and/or determining source shielding integrity after an incident involving the self shielded irradiator.

#### ITEM 10.4 MATERIAL RECEIPT AND ACCOUNTABILITY (Check one box)

Physical inventories will be conducted at intervals not to exceed 6 months, to account for all sealed sources and devices received and possessed under the license.

OR

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

#### ITEM 10.5 OCCUPATIONAL DOSIMETRY (Check one box)

We will maintain, for inspection by DHFS, 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 s. HFS 157.22.

OR

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

#### ITEM 10.6 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 10.7 OPERATING AND EMERGENCY PROCEDURES (Check one box)**

- We will develop, implement, maintain and distribute operating procedures that will meet the Criteria in the section entitled 'Radiation Safety Program – Operating and Emergency Procedures' in WISREG "Guidance for Self Shielded Irradiators."
- OR*
- We will submit alternative procedures. (Procedures are attached)

**ITEM 10.8 LEAK TEST (Check one box )**

- Leak tests will be performed by an organization authorized by DHFS, the NRC or an Agreement State to provide leak testing services to other licensees; or by using a leak test kit supplied by an organization licensed by DHFS, the NRC or an Agreement State to provide leak test kits to other licensees according to kit suppliers instructions.
- License number of organization authorized to perform or analyze leak test ( Specify whether Department, NRC, or other Agreement State) \_\_\_\_\_
- Or*
- We will perform our own leak testing and sample analysis. We will follow the model procedures in Appendix P of WISREG "Guidance for Self Shielded Irradiators."
- OR*
- We will submit alternative procedures. (Procedures are attached)

**ITEM 10.9 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 self shielded irradiators according to each manufacturer's (or distributor's) written recommendations and instructions.
- OR*
- Alternative procedures are attached.

**NON-ROUTINE MAINTENANCE:**

- We will have the self shielded irradiator manufacturer (or distributor) or other person authorized by DHFS, the NRC or an Agreement State perform the non-routine maintenance.
- OR*
- We will provide the information listed in Appendix I of WISREG "Guidance for Self Shielded Irradiators" supporting a request for authorization to perform this work.

**ITEM 10.10 TRANSPORTATION**

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

**NOTE: BEFORE OFFERING A TYPE B PACKAGE FOR SHIPMENT, A LICENSEE NEEDS TO HAVE REGISTERED AS A USER OF THE PACKAGE AND OBTAINED THE DEPARTMENTS APPROVAL OF ITS QA PROGRAM. ALTERNATIVELY, THE LICENSEE MAY CHOOSE TO TRANSFER POSSESSION OF RADIOACTIVE MATERIAL TO AN IRRADIATOR MANUFACTURER (OR DISTRIBUTOR) (OR SERVICE LICENSEE) WITH A DHFS, NRC OR AGREEMENT STATE LICENSE WHO THEN ACTS AS THE SHIPPER.**

**ITEM 10.11 WASTE DISPOSAL AND TRANSFER**

- We will return the source to the manufacturer for disposal or transfer the device to a specific licensee authorized to receive radioactive material.

**SPECIFIC LICENSE FEE**

**ITEM 11. LICENSE FEES (REFER TO s. HFS 157.10)**

CATEGORY:

LICENSE FEE ENCLOSED:

**CERTIFICATION (To be signed by an individual authorized to make binding commitments on behalf of the applicant.)**

**ITEM 12**

I HEREBY CERTIFY THAT THIS APPLICATION WAS PREPARED IN CONFORMANCE WITH CHAPTER HFS 157 "RADIATION PROTECTION" AND THAT ALL INFORMATION CONTAINED HEREIN, INCLUDING ANY SUPPLEMENTS ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE:

DATE:

NAME (Print or Type):

TITLE:

*State of Wisconsin  
Department of Health and Family Services  
Radiation Protection Section  
1 West Wilson Street, Room 150  
P.O. Box 2659  
Madison, WI 53701-2659  
Phone: (608)267-4797  
Fax: (608)267-3695*

**EXPEDITED RENEWAL FORM FOR A RADIOACTIVE MATERIAL SPECIFIC LICENSE  
FOR THE USE OF SHELF SHEILDED IRRADIATOR DEVICES**

**Instructions** – Complete all items for renewal of a license. Use supplementary sheets where necessary. Retain one copy and submit original of the entire application to the State of Wisconsin, Department of Health and Family Services (DHFS). *DHFS is requesting disclosure of information. Department rules require that an application for renewal of a specific license be filed with the Department at least 30 days prior to expiration date. Failure to provide information may result in escalated enforcement.*

**APPLICATION RENEWAL TYPE**

ITEM 1. TYPE OF RENEWAL APPLICATION (CHECK ALL THAT APPLY):

LICENSE NUMBER: \_\_\_\_\_

**CONTACT INFORMATION**

ITEM 2. NAME AND MAILING ADDRESS OF APPLICANT:

ITEM 3. PERSON TO CONTACT REGARDING APPLICATION:

APPLICANT'S PHONE NUMBER (Include Area Code):

CONTACT'S PHONE NUMBER (Including Area Code)

**LOCATION OF RADIOACTIVE MATERIAL**

ITEM 4. ADDRESS(ES) WHERE RADIOACTIVE MATERIAL WILL BE (Do Not Use P.O. Box):

USED

STORED

USED AND STORED

ADDRESS(ES)

PHONE NUMBER

**CONDITIONAL ITEMS**

**ITEMS 5. THROUGH 10.11**

FOR ITEMS 5 THROUGH 10.11 BELOW, REVIEW YOUR RADIATION PROTECTION PROGRAM AGAINST REGULATIONS, THE LICENSE AND YOUR OPERATING PROCEDURES AND ALARA PROGRAM.

- |   |  |
|---|--|
| 5. Radiation Safety Officer (RSO)                                       | 10.4 Material Receipt and Accountability |
| 6. Training for Individuals Working In or Frequenting Restricted Areas. | 10.5 Occupational Dosimetry              |
| 7. Radioactive Material   | 10.6 Public Dose                         |
| 8. Chemical and Physical Form   | 10.7 Operating and Emergency Procedures  |
| 9. Facilities and Equipment   | 10.8 Leak Test                           |
| 10.1 Radiation Safety Audit Program                                     | 10.9 Maintenance                         |
| 10.2 Radiation Safety Program – Termination of Activities               | 10.10 Transportation                     |
| 10.3 Survey Equipment   | 10.11 Waste Disposal and Transfer        |

(CHECK ONE BOX)

- NO CHANGES TO ABOVE ITEMS.  
 NO CHANGES TO ABOVE ITEMS EXCEPT AS NOTED IN ATTACHMENTS.

(LIST ITEMS ABOVE THAT ARE ATTACHED \_\_\_\_\_) NOTE: Substantial changes will result in a request for a complete renewal application

**SPECIFIC LICENSE FEE**

**ITEM 11. FEES**

FOR RENEWALS, THE LICENSEE WILL BE BILLED ANNUALLY BY THE DEPARTMENT FOR THE APPROPRIATE FEE CATEGORY.

**CERTIFICATION (To be signed by an individual authorized to make binding commitments on behalf of the applicant.)**

**ITEM 12. CERTIFICATION**

I HEREBY CERTIFY THAT THIS APPLICATION WAS PREPARED IN CONFORMANCE WITH CHAPTER HFS 157 "RADIATION PROTECTION" AND THAT ALL INFORMATION CONTAIN HEREIN, INCLUDING ANY SUPPLEMENTS ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE:

DATE:

NAME (PRINT OR TYPE).

TITLE:

*State of Wisconsin  
Department of Health and Family Services  
Radiation Protection Section  
1 West Wilson Street, Room 150  
P.O. Box 2659  
Madison, WI 53701-2659  
Phone: (608)267-4797  
Fax: (608)267-3695*

**APPLICATION FOR RADIOACTIVE MATERIAL LICENSE  
FOR ACADEMIC, RESEARCH AND DEVELOPMENT AND OTHER LICENSES OF  
LIMITED SCOPE**

**Instructions** – Complete all items if this is an initial application or an application for renewal of a license. Refer to WISREG “Guidance for Academic, Research and Development and other Licenses of Limited Scope.” Use supplementary sheets where necessary. Retain one copy and submit original of the entire application to the State of Wisconsin, Department of Health and Family Services (DHFS). *DHFS is requesting disclosure of information. Failure to provide any information may result in denial or delay of a radioactive material license.*

**APPLICATION TYPE**

**ITEM 1. TYPE OF APPLICATION (Check All That Apply)**

- NEW LICENSE
- RENEWAL License # \_\_\_\_\_
- AMENDMENT License # \_\_\_\_\_

**CONTACT INFORMATION**

**ITEM 2. NAME AND MAILING ADDRESS OF APPLICANT:**

**ITEM 3. PERSON TO CONTACT REGARDING APPLICATION:**

APPLICANT'S PHONE NUMBER (Including Area Code):

CONTACT'S PHONE NUMBER (Including Area Code):

**LOCATION OF RADIOACTIVE MATERIAL**

**ITEM 4. ADDRESS(ES) WHERE RADIOACTIVE MATERIAL WILL BE USED OR POSSESSED (Do Not Use P.O. Box):**

ADDRESS

PHONE NUMBER

IS RADIOACTIVE MATERIAL USED AT LOCATIONS FOR FIELD STUDIES OR OTHER OFF-SITE LOCATIONS? IF, SO PLEASE ATTACH AN ADDITIONAL SHEET(S) WITH THE LOCATIONS ADDRESS(ES) AND A LIST OF ACTIVITIES TO BE CONDUCTED AT EACH LOCATION.:

YES  NO

**RADIATION SAFETY OFFICER**

**ITEM 5. RADIATION SAFETY OFFICER (RSO) (Check all that apply)**

- The name of the proposed RSO and other potential designees who will be responsible for ensuring that the licensee's radiation safety program is implemented in accordance with approved procedures.

NAME: \_\_\_\_\_ TELEPHONE (Include Area Code): \_\_\_\_\_

*And*

- We will provide information demonstrating that the proposed RSO is qualified by training and experience.

**AUTHORIZED USERS AND TRAINING**

**ITEM 6. AUTHORIZED USERS**

(Check all that apply)

- We will attach a list of each proposed authorized user with the types and quantities of licensed material to be used.

*AND*

- Information is attached demonstrating that each proposed authorized user is qualified by training and experience to use the requested licensed material.

**ITEM 7. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS**

(OCCUPATIONALLY EXPOSED INDIVIDUALS AND ANICILLARY PERSONNEL) (Check one Box)

- A description of the radiation safety training program, including topics covered, groups of workers, assessment of training, qualifications of instructors and the method and frequency of training is attached.

**RADIOACTIVE MATERIAL**

**ITEM 8. RADIOACTIVE MATERIAL (Attach additional pages if necessary)**

Radioisotope				
Chemical/Physical Form				
Sealed Source Manufacturer or Distributor and Model Number				
Device Manufacturer or Distributor and Model Number				
Sealed Source Device Registration Sheet Number				
Maximum Possession Limit				
Proposed Use				

**FACILITIES AND EQUIPMENT**

**ITEM 9. FACILITIES AND EQUIPMENT (Check all that apply and attach the requested information.)**

- A description is provided of the facilities and equipment at each location where radioactive material will be used. Diagrams should be drawn to a specified scale, or dimensions should be indicated. For facilities where it is anticipated that more than one laboratory or room may be used, a generic laboratory or room diagram may be submitted.

**NOTE: SEE APPENDIX K OF WISREG "GUIDANCE FOR ACADEMIC, RESEARCH AND DEVELOPMENT AND OTHER LICENSES OF LIMITED SCOPE" FOR GUIDANCE.**

*AND IF APPLICABLE*

- A description showing the locations of shielding, the proximity of radiation sources to unrestricted areas, and other items related to radiation safety is provided.

*AND/OR*

- For radioactive materials that may become airborne, diagrams contain schematic descriptions of the ventilation systems, with pertinent airflow rates, pressures, filtration equipment, and monitoring systems. **(Diagrams are attached)**

**RADIATION SAFETY PROGRAM**

**ITEM 10. RADIATION SAFETY PROGRAM**

**ITEM 10.1 RADIATION SAFETY AUDIT PROGRAM**

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

**ITEM 10.2 RADIATION MONITORING INSTRUMENTS (Check all that apply)**

- We will use instruments that meet the radiation monitoring instruments specifications published in Appendix M of WISREG "Guidance for Academic, Research and Development and Other Licenses of Limited Scope." We reserve the right to upgrade our survey instruments as necessary.
- OR*
- We will use instruments that meet the radiation monitoring instrument specifications published in Appendix M of WISREG "Guidance for Academic, Research and Development and Other License of Limited Scope." Additionally we will implement the model survey meter calibration program published in Appendix M of WISREG "Guidance for Academic Research and Development and Other License of Limited Scope." We reserve the right to upgrade our survey instruments as necessary.
- OR*
- We will provide a description of alternative equipment and/or procedures for ensuring that appropriate radiation monitoring equipment will be used during licensed activities and that proper calibration and calibration frequency of survey equipment will be performed. We reserve the right to upgrade our survey instruments as necessary.

**ITEM 10.3 MATERIAL RECEIPT AND ACCOUNTABILITY (Check all that apply)**

**UNSEALED SOURCES**

- We will submit procedure(s) for ensuring radioactive material accountability.

**SEALED SOURCES**

*AND EITHER*

- We will perform physical inventories at intervals not to exceed 6 month, to account for all sealed sources and devices received and possessed under the license.

*OR*

- We will submit a description of the frequency and procedures for ensuring that no gauge has been lost, stolen or misplaced.  
*s. HFS 157.15*

**ITEM 10.4 OCCUPATIONAL DOSIMETRY (Check one box)**

We will maintain, for inspection by DHFS, 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 s. *HFS 157.22*.

*OR*

We will provide dosimetry processed and evaluated by a NVLAP-approved processor that is exchanged at a frequency recommended by the processor. s. *HFS 157.25 (2) (a) 6*.

**ITEM 10.5 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 10.6 SAFE USE OF RADIONUCLIDES AND EMERGENCY PROCEDURES (Check one box)**

We will develop, implement and maintain safe use of radionuclides and emergency procedures that will meet criteria in the section entitled 'Safe Use of Radionuclides and Emergency Procedures' in WISREG "Guidance for Academic, Research and Development and Other Licenses of Limited Scope." (Procedures are Attached)

**ITEM 10.7 SURVEYS (Check all that apply)**

We will survey our facility and maintain contamination levels in accordance with the survey frequencies and contamination levels published in Appendix T of WISREG "Guidance for Academic, Research and Development and Other Licenses of Limited Scope."

***If SEALED SOURCES ARE USED***

*EITHER/OR*

Leak tests will be performed by an organization authorized by DHFS, the NRC or an Agreement State to provide leak testing services to other licensees; or by using a leak test kit supplied by an organization licensed by DHFS, the NRC or an Agreement State to provide leak test kits to other licensees according to kit suppliers instructions.

License number of organization authorized to perform or analyze leak test ( Specify whether Department, NRC, or other Agreement State):

\_\_\_\_\_

*Or*

We will perform our own leak testing and sample analysis. We will follow the model procedures in Appendix T of WISREG "Guidance for Academic, Research and Development and Other Licenses of Limited Scope."

*Or*

We will submit alternative procedures. (Procedures are attached)

**ITEM 10.8 WASTE MANAGEMENT (Check all that apply)**

We will use the model waste procedures published in Appendix T of WISREG "Guidance for Academic Research and Development and Other Licenses of Limited Scope."

OR

We will use:  Decay-In-Storage, or  Disposal of Liquids Into Sanitary Sewerage model waste procedures that are published in Appendix T of WISREG "Guidance for Academic Research and Development and Other Licenses of Limited Scope."

OR

We will provide procedures for waste collection, storage and disposal by any of the authorized methods described in Item 11 Waste Management of WISREG "Guidance for Academic Research and Development and Other Licenses of Limited Scope." We will contact DHFS for guidance to obtain approval of any method(s) of waste disposal other than those discussed in Item 11 Waste Management of WISREG "Guidance for Academic Research and Development and Other Licenses of Limited Scope."

OR

If access to a radioactive waste burial site is unavailable, we will request authorization for extended interim storage of waste. We will refer to NRC IN 90-09 "Extended Interim Storage of Low-Level Radioactive Waste by Fuel Cycle and Materials Licenses," dated February 1990, for guidance and submit the required information with this applications.

**NOTE: APPLICANTS DO NOT NEED TO PROVIDE INFORMATION TO DHFS IF THEY PLAN TO DISPOSE OF LLW VIA TRANSFER TO ANOTHER AUTHORIZED RECIPIENT OR TO DISPOSE OF LIQUID SCINTILLATION MEDIA OR ANIMALS CONTAINING LOW LEVELS OF H-3 OR C-14 AS AUTHORIZED BY s. HFS 157.30 (5).**

**SPECIFIC LICENSE FEE**

**ITEM 11. LICENSE FEES (REFER TO s. HFS 157.10)**

CATEGORY:

LICENSE FEE ENCLOSED:

**CERTIFICATION (To be signed by an individual authorized to make binding commitments on behalf of the applicant)**

**ITEM 12.**

**I HEREBY CERTIFY THAT THIS APPLICATION WAS PREPARED IN CONFORMANCE WITH CHAPTER HFS 157 "RADIATION PROTECTION" AND THAT ALL INFORMATION CONTAINED HEREIN, INCLUDING ANY SUPPLEMENTS ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

SIGNATURE

DATE:

NAME (PRINT OR TYPE):

TITLE:

*State of Wisconsin  
Department of Health and Family Services  
Radiation Protection Section  
1 West Wilson Street, Room 150  
P.O. Box 2659  
Madison, WI 53701-2659  
Phone: (608)267-4797  
Fax: (608)267-3695*

**EXPEDITED RENEWAL FORM FOR A RADIOACTIVE MATERIAL SPECIFIC LICENSE  
FOR ACADEMIC, RESEARCH AND DEVELOPMENT AND OTHER LICENSES OF  
LIMITED SCOPE**

**Instructions – Complete all items for renewal of a license. Use supplementary sheets where necessary. Retain one copy and submit original of the entire application to the State of Wisconsin, Department of Health and Family Services (DHFS). DHFS is requesting disclosure of information. Department rules require that an application for renewal of a specific license be filed with the Department at least 30 days prior to expiration date. Failure to provide information may result in escalated enforcement**

**APPLICATION RENEWAL TYPE**

ITEM 1. TYPE OF RENEWAL APPLICATION (CHECK ALL THAT APPLY):

LICENSE NUMBER: \_\_\_\_\_

**CONTACT INFORMATION**

ITEM 2. NAME AND MAILING ADDRESS OF APPLICANT:

ITEM 3. PERSON TO CONTACT REGARDING APPLICATION:

APPLICANT'S PHONE NUMBER (Include Area Code):

CONTACT'S PHONE NUMBER (Including Area Code)

**LOCATION OF RADIOACTIVE MATERIAL**

ITEM 4. ADDRESS(ES) WHERE RADIOACTIVE MATERIAL WILL BE (Do Not Use P.O. Box):

ADDRESS(ES)

PHONE NUMBER

IS RADIOACTIVE MATERIAL USED AT LOCATIONS FOR FIELD STUDIES OR OTHER OFF-SITE LOCATIONS? IF, SO PLEASE ATTACH AN ADDITIONAL SHEET(S) WITH THE LOCATIONS ADDRESS(ES) AND A LIST OF ACTIVITIES TO BE CONDUCTED AT EACH LOCATION.:

YES  NO

**CONDITIONAL ITEMS**

**ITEMS 5. THROUGH 10.8**

FOR ITEMS 5 THROUGH 10.8 BELOW, REVIEW YOUR RADIATION PROTECTION PROGRAM AGAINST REGULATIONS, THE LICENSE AND YOUR OPERATING PROCEDURES AND ALARA PROGRAM.

- |  |   |
|--|---|
| 5. Radiation Safety Officer (RSO)                                      | 10.3 Material Receipt and Accountability                |
| 6. Authorized Users  | 10.4 Occupational Dosimetry                             |
| 7. Training for Individuals Working in or Frequenting Restricted Areas | 10.5 Public Dose  |
| 8. Radioactive Material  | 10.6 Safe Use of Radionuclides and Emergency Procedures |
| 9. Facilities and Equipment  | 10.7 Surveys  |
| 10.1 Radiation Safety Audit Program                                    | 10.8 Waste Management                                   |
| 10.2 Radiation Monitoring Equipment                                    |   |

(CHECK ONE BOX)

- NO CHANGES TO ABOVE ITEMS.  
 NO CHANGES TO ABOVE ITEMS EXCEPT AS NOTED IN ATTACHMENTS.

(LIST ITEMS ABOVE THAT ARE ATTACHED \_\_\_\_\_) NOTE Substantial changes will result in a request for a complete renewal application

**SPECIFIC LICENSE FEE**

**ITEM 11. FEES**

FOR RENEWALS, THE LICENSEE WILL BE BILLED ANNUALLY BY THE DEPARTMENT FOR THE APPROPRIATE FEE CATEGORY.

**CERTIFICATION (To be signed by an individual authorized to make binding commitments on behalf of the applicant.)**

**ITEM 12. CERTIFICATION**

I HEREBY CERTIFY THAT THIS APPLICATION WAS PREPARED IN CONFORMANCE WITH CHAPTER HFS 157 "RADIATION PROTECTION" AND THAT ALL INFORMATION CONTAIN HEREIN, INCLUDING ANY SUPPLEMENTS ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE:

DATE:

NAME (PRINT OR TYPE)

TITLE:

*State of Wisconsin  
Department of Health and Family Services  
Radiation Protection Section  
1 West Wilson Street, Room 150  
P.O. Box 2659  
Madison, WI 53701-2659  
Phone: (608)267-4797  
Fax: (608)267-3695*

**APPLICATION FOR RADIOACTIVE MATERIAL LICENSE  
FOR MEDICAL USE**

**Instructions** – Complete all items if this is an initial application or an application for renewal of a license. Refer to WISREG “Guidance for Medical Uses” Use supplementary sheets where necessary. Retain one copy and submit original of the entire application to the State of Wisconsin, Department of Health and Family Services (DHFS). *DHFS is requesting disclosure of information. Failure to provide any information may result in denial or delay of a radioactive material license.*

**APPLICATION TYPE**

**ITEM 1. TYPE OF APPLICATION (Check All That Apply)**

- NEW LICENSE  
 RENEWAL License # \_\_\_\_\_  
 AMENDMENT License # \_\_\_\_\_

**CONTACT INFORMATION**

**ITEM 2. NAME AND MAILING ADDRESS OF APPLICANT:**

**ITEM 3. PERSON TO CONTACT REGARDING APPLICATION:**

**APPLICANT'S PHONE NUMBER (Including Area Code)**

**CONTACT'S PHONE NUMBER (Including Area Code)**

**LOCATION OF RADIOACTIVE MATERIAL**

**ITEM 4. ADDRESS(ES) WHERE RADIOACTIVE MATERIAL WILL BE USED OR POSSESSED (Do Not Use P.O. Box):**

ADDRESS

PHONE NUMBER

**IS RADIOACTIVE MATERIAL USED AT OTHER OFF-SITE LOCATIONS? IF, SO PLEASE ATTACH AN ADDITIONAL SHEET(S) WITH THE LOCATIONS ADDRESS(ES) AND A LIST OF ACTIVITIES TO BE CONDUCTED AT EACH LOCATION.**

YES  NO

**RADIATION SAFETY OFFICER**

**ITEM 5. RADIATION SAFETY OFFICER (RSO) (Check all that apply)**

- The name of the proposed RSO and other potential designees who will be responsible for ensuring that the licensee's radiation safety program is implemented in accordance with approved procedures. We will provide documentation showing delegation of authority to the Radiation Safety Officer.

NAME: \_\_\_\_\_ TELEPHONE (Include Area Code): \_\_\_\_\_

AND

- We will provide a copy of the license (if issued by the NRC, or an Agreement State) that authorized the uses requested and on which the individual was specifically named as the RSO.

AND ONE OF THE FOLLOWING

- We will provide a copy of the certification(s) for the board(s) approved by DHFS and as applicable to the types of use for which he or she has RSO responsibility.

OR

- We will provide a description of the training and experience demonstrating that the proposed RSO is qualified by training and experience demonstrating that the proposed RSO is qualified by training and experience as applicable to the types of use for which he or she has RSO responsibilities. See Appendix G of WISREG "Guidance for Medical Uses" for forms that may be used for this purpose.

OR

- We will provide a written certification, signed by a preceptor RSO, that the above training and experience as specified in s. *HFS 157.61 (7)* has been completed.

**AUTHORIZED USERS AND TRAINING**

**ITEM 6. AUTHORIZED USERS (AU) (Check all that apply)**

- We will attach a list of each proposed authorized user with the types and quantities of licensed material to be used.

AND

- We will provide a copy of the license (if issued by the NRC, or an Agreement State) on which the physician was specifically named as an AU for the uses requested.

AND ONE OF THE FOLLOWING

- We will provide a copy of the certification(s) for the board(s) approved by DHFS and as applicable to the use requested.

OR

- We will provide a description of the training and experience demonstrating that the proposed AU is qualified by training and experience for the use requested. See Appendix G of WISREG "Guidance for Medical Uses" for forms that may be used for this purpose.

OR

- We will provide a written certification, signed by a preceptor AU, that the above training and experience as specified in s. *HFS 157.61* has been completed.

**ITEM 7. AUTHORIZED NUCLEAR PHARMACIST (ANP) (Check all that apply)**

We will provide the name of the authorized nuclear pharmacist.

NAME: \_\_\_\_\_ TELEPHONE (Include Area Code) \_\_\_\_\_

AND

We will provide a copy of the State pharmacy licensure or registration for each pharmacist; and a copy of the license (DHFS, the NRC or an Agreement State) on which the individual was specifically named as an ANP.

OR

We will provide a copy of the permit maintained by a licensee of broad scope;

AND ONE OF THE FOLLOWING

We will provide a copy of the certification(s) for the radiopharmacy board(s) approved by DHFS.

OR

We will provide a description of the training and experience demonstrating that the proposed ANP is qualified by training and experience. See Appendix G of WISREG "Guidance for Medical Uses" for forms that may be used for this purpose.

OR

We will provide a written certification, signed by a preceptor ANP, that the above training and experience as specified in *s. HFS 157.61 (9)* has been completed and that the individual has achieved a level of competency sufficient to independently operate a nuclear pharmacy.

**ITEM 8. AUTHORIZED MEDICAL PHYSICIST (AMP) (Check all that apply)**

**PROVIDE ONLY IF REQUESTING LICENSE AUTHORIZATION FOR:**

**HDR, GAMMA STEROTACTIC RADIOSURGERY UNIT, TELETHERAPY OR OPHTHALMIC USE**

We will provide the name of the authorized medical physicist.

NAME: \_\_\_\_\_ TELEPHONE (Include Area Code) \_\_\_\_\_

AND

We will provide a copy of the certification(s) for the board(s) approved by DHFS.

AND ONE OF THE FOLLOWING

We will provide a description of the training and experience demonstrating that the proposed AMP is qualified by training and experience. See Appendix G of WISREG "Guidance for Medical Uses" for forms that may be used for this purpose.

OR

We will provide a written certification, signed by a preceptor AMP, that the above training and experience as specified in *s. HFS 157.61 (8)* has been completed..

**ITEM 9. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS**

(Check one Box)

We will follow the model training program described in Appendix H of WISREG "Guidance for Medical Uses.

OR

We will develop and implement and maintain a training program that will meet the criteria in the section entitled 'Training for Individuals Working in or Frequenting Restricted Areas' of WISREG "Guidance for Medical Uses." (Description is attached)

**RADIOACTIVE MATERIAL**

**ITEM 10. RADIOACTIVE MATERIAL (Attach additional pages if necessary)**

Type of Use - Check Box if Use is Desired	Chemical and Physical Form	Maximum Amount (Curies)	Sealed Source Device Registration Sheet Number	Sealed Source Manufacturer or Distributor Model Number	Device Manufacturer or Distributor Model Number
Type of Use of Radioactive Material for Certain <i>In-Vitro</i> Clinical or laboratory testing if maximum activity exceeds 200mCi <i>s. HFS 157.11 (2) (f)</i> <input type="checkbox"/>	Any	As needed			
Unsealed Radioactive Material for Uptake, Dilution and Excretion Studies for Which a Written Directive is not Required <i>s. HFS 157.63 (1)</i> <input type="checkbox"/>	Any	As needed			
Unsealed Radioactive Material for Imaging and Localization Studies for Which a Written Directive is not Required <i>s. HFS 157.63 (2)</i> <input type="checkbox"/>	Any	As needed			
Unsealed Radioactive Material for Which a Written Directive is Required <i>s. HFS 157.64 (1)</i> <input type="checkbox"/>	Any				
Sources for Manual Brachytherapy <i>s. HFS 157.65 (1)</i> <input type="checkbox"/>	Sealed Source				
Sources for Manual Brachytherapy - Ophthalmic Use Only <i>s. HFS 157.65 (1)</i> <input type="checkbox"/>	Sealed Source				
Sealed Sources in Diagnosis <i>s. HFS 157.66 (1)</i> <input type="checkbox"/>	Sealed Source				
Sealed Source(s) in a Device for Therapy - Teletherapy Unit <i>s. HFS 157.67 (1)</i> <input type="checkbox"/>	Sealed Source				

Type of Use – Check Box if Use is Desired	Chemical and Physical Form	Maximum Amount (Curies)	Sealed Source Device Registration Sheet Number	Sealed Source Manufacturer or Distributor Model Number	Device Manufacturer or Distributor Model Number
Sealed Source(s) in a Device for Therapy – Remote Afterloader Unit <i>s. HFS 157.67 (1)</i> <input type="checkbox"/>	Sealed Source				
Sealed Source(s) in a Device for Therapy – Gamma Stereotactic Radiosurgery Unit <i>s. HFS 157.67 (1)</i> <input type="checkbox"/>	Sealed Source				
Other Radioactive Material or Radiation from Radioactive Material (e.g. Emerging Technology) <i>s. HFS 157.157.70</i> <input type="checkbox"/>					

**FACILITIES AND EQUIPMENT**

**ITEM 11. FACILITIES AND EQUIPMENT (Check box and attach requested information.)**

- We will submit the information in the section entitled 'Facility Diagram – Response from Applicant' and 'Other Equipment and Facilities – Response from Applicant' in WISREG "Guidance for Medical Uses."

**RADIATION SAFETY PROGRAM**

**ITEM 12 RADIATION SAFETY PROGRAM**

**ITEM 12.1 RADIATION MONITORING EQUIPMENT (Check all that apply)**

- We will identify the instrument type, sensitivity, range for each type of radiation detected and state whether instrument will be used for 'measuring' or 'detection'. Additionally if only one survey instrument is to be used we will describe what is done when the survey instrument is being calibrated or repaired.

*AND ONE OF THE FOLLOWING*

- We will possess and use radiation monitoring instruments that will be calibrated by a person authorized by DHFS, the NRC or an Agreement State to perform survey meter calibrations.

*OR*

- We have developed and will implement written survey meter calibration procedures in accordance with Appendix I of WISREG "Guidance for Medical Uses." (Procedures are attached)

**ITEM 12.2 DOSE CALIBRATOR AND OTHER DOSAGE MEASURING EQUIPMENT (Check all that apply)**

- We will identify the instrument type, manufacturer, and model number. Additionally, if only one dose calibrator is possessed, we will describe what is done when the dose calibrator is being calibrated or repaired.

*AND ONE OF THE FOLLOWING*

- We have developed and will implement written calibration procedures for dosage measuring equipment in accordance with Appendix J of WISREG "Guidance for Medical Uses." (Procedures are attached)

*OR*

- We will possess and use dosage measuring equipment that will be calibrated by a person authorized by DHFS, the NRC or an Agreement State to perform calibrations of dosage measuring equipment.

**ITEM 12.3 DOSIMETRY EQUIPMENT – CALIBRATION AND USE (Check all that apply)**

**PROVIDE ONLY IF REQUESTING LICENSE AUTHORIZATION FOR:**

**HDR, GAMMA STEREOTACTIC RADIOSURGERY UNIT, TELETHERAPY OR BRACHYTHERAPY USE**

- We will calibrate dosimetry equipment in accordance with the requirements in *s. HFS 157.67 (6)*.  
*AND*
- We have developed and will implement a written calibration procedure for a therapy sealed source that meets the requirements in *s. HFS 157.65 (6) and s. HFS 157.67 (6-12) (as applicable to the type of medical use requested)*.  
*AND*
- We will identify the instrument type, manufacturer, and model number.

**ITEM 12.4 RADIATION SAFETY AUDIT PROGRAM**

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

**ITEM 12.5 OCCUPATIONAL DOSE (Check all that apply)**

- We will provide a description of facilities and equipment used for monitoring occupational exposure. **(Description is Attached)**  
*AND ONE OF THE FOLLOWING*
- We will follow the model procedures in Appendix L of WISREG “Guidance for Medical Uses” for monitoring occupational dose.
- OR*
- We have developed and will implement written procedures for monitoring occupational dose in accordance with *s. HFS 157.21* and that meets the requirements in Chapter HFS 157 - Subchapter III. **(Procedures are attached)**

**ITEM 12.6 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 12.7 OPERATING AND EMERGENCY PROCEDURES (Check all that apply)**

- We will develop, implement and maintain operating and emergency procedures that will meet criteria in the section entitled ‘Operating and Emergency Procedures’ in WISREG “Guidance for Medical Uses.” **(Procedures are Attached)**  
*AND*
- We will develop, implement and maintain procedures for emergencies in accordance with Appendix N of WISREG “Guidance for Medical Uses.”

**ITEM 12.8 MATERIAL RECEIPT AND ACCOUNTABILITY (Check one box)**

- Physical inventories will be conducted at intervals not to exceed 6 months, to account for all sealed sources and devices received and possessed under the license.  
*OR*
- We will submit a description of the frequency and procedures for ensuring that no radioactive material has been lost, stolen or misplaced. *s. HFS 157.15*

**ITEM 12.9 ORDERING AND RECEIVING (Check one box)**

- We will develop, implement and maintain ordering and receiving procedures that will meet the criteria in the section entitled ‘Ordering and Receiving’ of WISREG “Guidance for Medical Uses.” **(Procedures are attached)**  
*OR*
- We will develop, implement and maintain procedures for ordering and receiving in accordance with Appendix O of WISREG “Guidance for Medical Uses.”

**ITEM 12.10 OPENING PACKAGES (Check one box)**

- We will develop, implement and maintain procedures for opening packages that will meet the criteria in the section entitled 'Opening Packages' of WISREG "Guidance for Medical Uses." (Procedures are Attached)
- OR*
- We will develop, implement and maintain procedures for opening packages in accordance with Appendix P of WISREG "Guidance for Medical Uses."

**ITEM 12.11 LEAK TEST (Check one box)**

- Leak tests will be performed by an organization authorized by DHFS, the NRC or an Agreement State to provide leak testing services to other licensees; or by using a leak test kit supplied by an organization licensed by DHFS, the NRC or an Agreement State to provide leak test kits to other licensees according to kit suppliers instructions.
- License number of organization authorized to perform or analyze leak test ( Specify whether Department, NRC, or other Agreement State) \_\_\_\_\_
- Or*
- We will perform our own leak testing and sample analysis. We will follow the model procedures in Appendix Q of WISREG "Guidance for Medical Uses."
- Or*
- We will submit alternative procedures. (Procedures are attached)

**ITEM 12.12 AREA SURVEYS (Check one box)**

- We will develop, implement and maintain procedures for area surveys that will meet the criteria in the section entitled 'Area Surveys' in WISREG "Guidance for Medical Uses." (Procedures are attached)
- OR*
- We will develop, implement and maintain procedures for area survey in accordance with Appendix R of WISREG "Guidance for Medical Uses."

**ITEM 12.13 PROCEDURES FOR ADMINISTRATIONS REQUIRING A WRITTEN DIRECTIVE (Check one box)**

- We will develop, implement and maintain procedures for administrations of radioactive material requiring a written directive, that will meet the criteria in the section entitled 'Procedures for Administrations Requiring a Written Directive' in WISREG "Guidance for Medical Uses." (Procedures are attached)
- OR*
- We will develop, implement and maintain procedures for administrations of radioactive material requiring a written directive in accordance with Appendix S of WISREG "Guidance for Medical Uses."

**ITEM 12.14 SAFE USE OF UNSEALED RADIOACTIVE MATERIAL (Check one box)**

- We will develop, implement and maintain procedures for the safe use of unsealed radioactive material, that will meet the criteria in the section entitled 'Safe Use of Unsealed Radioactive Material' in WISREG "Guidance for Medical Uses." (Procedures are Attached)
- OR*
- We will develop, implement and maintain procedures for the safe use of unsealed radioactive material in accordance with Appendix T of WISREG "Guidance for Medical Uses."

**ITEM 12.15 MAINTENANCE OF THERAPY DEVICES CONTAINING SEALED SOURCES (Check all that apply)**

- We will contract with personnel who are licensed by DHFS, the NRC or an Agreement State to perform maintenance and repair services on the specific therapy device possessed by the licensee.
- OR THE FOLLOWING THREE CONDITIONS MUST BE MEET*
- We will name the proposed employee or employees and types of maintenance and repair requested.
- AND*
- We will provide a description of the training and experience demonstrating that the proposed employee or employees is/are qualified by training and experience for the use requested.
- AND*
- We will provide a copy of the manufacturer's training certification and an outline of the training.

**ITEM 12.16 PATIENT OR HUMAN RESEARCH SUBJECT RELEASE (Check one box)**

We will develop, implement and maintain procedures for patient or human research subject release, that will meet the criteria in the section entitled 'Patient or Human Research Subject Release' in WISREG "Guidance for Medical Uses."  
(Procedures are attached)

OR

We will develop, implement and maintain procedures for patient or human research subject release in accordance with Appendix U of WISREG "Guidance for Medical Uses."

**ITEM 12.17 MOBILE MEDICAL SERVICE (Check one box)**

We will provide the information requested, along with any procedures mentioned in Appendix V of WISREG "Guidance for Medical Uses." (Procedures and other requested information are attached)

**ITEM 10.10 TRANSPORTATION**

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

**NOTE: BEFORE OFFERING A TYPE B PACKAGE FOR SHIPMENT, A LICENSEE NEEDS TO HAVE REGISTERED AS A USER OF THE PACKAGE AND OBTAINED THE DEPARTMENTS APPROVAL OF ITS QA PROGRAM. ALTERNATIVELY, THE LICENSEE MAY CHOOSE TO TRANSFER POSSESSION OF RADIOACTIVE MATERIAL TO AN IRRADIATOR MANUFACTURER (OR DISTRIBUTOR) (OR SERVICE LICENSEE) WITH A DHFS, NRC OR AGREEMENT STATE LICENSE WHO THEN ACTS AS THE SHIPPER.**

**ITEM 13 WASTE MANAGEMENT (Check all that apply)**

We will use the model waste procedures published in Appendix X of WISREG "Guidance for Medical Uses."

OR

We will use:  Decay-In-Storage, or  Disposal of Liquids Into Sanitary Sewerage model waste procedures that are published in Appendix X of WISREG "Guidance for Medical Uses."

OR

We will provide procedures for waste collection, storage and disposal by any of the authorized methods described in Item 13 'Waste Management' of WISREG "Guidance for Medical Uses." We will contact DHFS for guidance to obtain approval of any method(s) of waste disposal other than those discussed in Item 13 'Waste Management' of WISREG "Guidance for Medical Uses."

**SPECIFIC LICENSE FEE**

**ITEM 14. LICENSE FEES (REFER TO s. HFS 157.10)**

CATEGORY:

LICENSE FEE ENCLOSED:

**CERTIFICATION (To be signed by an individual authorized to make binding commitments on behalf of the applicant)**

**ITEM 15.**

**I HEREBY CERTIFY THAT THIS APPLICATION WAS PREPARED IN CONFORMANCE WITH CHAPTER HFS 157 "RADIATION PROTECTION" AND THAT ALL INFORMATION CONTAINED HEREIN, INCLUDING ANY SUPPLEMENTS ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

SIGNATURE

DATE:

NAME (PRINT OR TYPE):

TITLE:

*State of Wisconsin  
Department of Health and Family Services  
Radiation Protection Section  
1 West Wilson Street, Room 150  
P.O. Box 2659  
Madison, WI 53701-2659  
Phone: (608)267-4797  
Fax: (608)267-3695*

**EXPEDITED RENEWAL FORM FOR A RADIOACTIVE MATERIAL SPECIFIC LICENSE  
FOR MEDICAL USES**

**Instructions** – Complete all items for renewal of a license. Use supplementary sheets where necessary. Retain one copy and submit original of the entire application to the State of Wisconsin, Department of Health and Family Services (DHFS). *DHFS is requesting disclosure of information. Department rules require that an application for renewal of a specific license be filed with the Department at least 30 days prior to expiration date. Failure to provide information may result in escalated enforcement.*

**APPLICATION RENEWAL TYPE**

ITEM 1. TYPE OF RENEWAL APPLICATION (CHECK ALL THAT APPLY):

LICENSE NUMBER: \_\_\_\_\_

**CONTACT INFORMATION**

ITEM 2. NAME AND MAILING ADDRESS OF APPLICANT:

ITEM 3. PERSON TO CONTACT REGARDING APPLICATION:

APPLICANT'S PHONE NUMBER (Include Area Code):

CONTACT'S PHONE NUMBER (Including Area Code)

**LOCATION OF RADIOACTIVE MATERIAL**

ITEM 4. ADDRESS(ES) WHERE RADIOACTIVE MATERIAL WILL BE (Do Not Use P.O. Box):

ADDRESS(ES)

PHONE NUMBER

**CONDITIONAL ITEMS**

**ITEMS 5. THROUGH 13**

FOR ITEMS 5 THROUGH 13 BELOW, REVIEW YOUR RADIATION PROTECTION PROGRAM AGAINST REGULATIONS, THE LICENSE AND YOUR OPERATING PROCEDURES AND ALARA PROGRAM.

- |  |  |
|--|--|
| 5. Radiation Safety Officer (RSO)                                      | 12.7 Operating and Emergency Procedures                            |
| 6. Authorized Users  | 12.8 Material Receipt and Accountability                           |
| 7. Authorized Nuclear Pharmacist                                       | 12.9 Ordering and Receiving  |
| 8. Authorized Medical Physicist  | 12.10 Opening Packages   |
| 9. Training for Individuals Working In or Frequenting Restricted Areas | 12.11 Leak Test  |
| 10. Radioactive Material   | 12.12 Area Surveys   |
| 11. Facilities and Equipment   | 12.13 Procedures for Administrations Requiring a Written Directive |
| 12.1 Radiation Monitoring Equipment                                    | 12.14 Safe Use of Unsealed Radioactive Material                    |
| 12.2 Dose Calibrator and Other Dosage Measuring Equipment              | 12.15 Maintenance of Therapy Devices Containing Sealed Sources     |
| 12.3 Dosimetry Equipment   | 12.16 Patient or Human Research Subject Release                    |
| 12.4 Radiation Audit Program   | 12.17 Mobile Medical Service                                       |
| 12.5 Occupational Dose   | 12.18 Transportation   |
| 12.6 Public Dose   | 13 Waste Management  |

(CHECK ONE BOX)

- NO CHANGES TO ABOVE ITEMS.
- NO CHANGES TO ABOVE ITEMS EXCEPT AS NOTED IN ATTACHMENTS.
- (LIST ITEMS ABOVE THAT ARE ATTACHED \_\_\_\_\_) NOTE: Substantial changes will result in a request for a complete renewal application

**SPECIFIC LICENSE FEE**

**ITEM 14. FEES**

FOR RENEWALS, THE LICENSEE WILL BE BILLED ANNUALLY BY THE DEPARTMENT FOR THE APPROPRIATE FEE CATEGORY.

**CERTIFICATION (To be signed by an individual authorized to make binding commitments on behalf of the applicant)**

**ITEM 15. CERTIFICATION**

**I HEREBY CERTIFY THAT THIS APPLICATION WAS PREPARED IN CONFORMANCE WITH CHAPTER HFS 157 "RADIATION PROTECTION" AND THAT ALL INFORMATION CONTAIN HEREIN, INCLUDING ANY SUPPLEMENTS ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

SIGNATURE:

DATE:

NAME (PRINT OR TYPE)

TITLE:

*State of Wisconsin  
Department of Health and Family Services  
Radiation Protection Section  
1 West Wilson Street, Room 150  
P.O. Box 2659  
Madison, WI 53701-2659  
Phone: (608)267-4797  
Fax: (608)267-3695*

**APPLICATION FOR A RADIOACTIVE MATERIAL LICENSE  
FOR COMMERCIAL RADIOPHARMACIES**

**Instructions** – Complete all items if this is an initial application or an application for renewal of a license. Refer to WISREG “Guidance for Commercial Radiopharmacy Licenses.” Use supplementary sheets where necessary. Retain one copy and submit original of the entire application to the State of Wisconsin, Department of Health and Family Services (DHFS) *DHFS is requesting disclosure of information Failure to provide any information may result in denial or delay of a radioactive material license.*

**APPLICATION TYPE**

**ITEM 1. TYPE OF APPLICATION (Check All Apply)**

- NEW LICENSE
- RENEWAL License # \_\_\_\_\_
- AMENDMENT License # \_\_\_\_\_

**CONTACT INFORMATION**

**ITEM 2. NAME AND MAILING ADDRESS OF APPLICANT:**

**ITEM 3. PERSON TO CONTACT REGARDING APPLICATION:**

**APPLICANT'S PHONE NUMBER (Including Area Code)**

**CONTACT'S PHONE NUMBER (Including Area Code)**

**LOCATION OF RADIOACTIVE MATERIAL**

**ITEM 4. ADDRESS(ES) WHERE RADIOACTIVE MATERIAL WILL BE USED OR POSSESSED (Do Not Use P.O. Box):**  
*(ATTACH ADDITIONAL PAGES IF NECESSARY)*

**ADDRESS**

**PHONE NUMBER**

**RADIATION SAFETY OFFICER AND AUTHORIZED NUCLEAR PHARMACIST**

**ITEM 5. RADIATION SAFETY OFFICER (RSO)** *(Attach evidence of training and experience and check one box)*

NAME: \_\_\_\_\_ TELEPHONE (Include Area Code): \_\_\_\_\_

AND

- A copy of the license (DHFS, the NRC or an Agreement State) that authorized the uses requested and on which the individual was specifically named as the RSO, an Authorized Nuclear Pharmacist, or an Authorized User;

OR

- A description of the training and experience demonstrating that the proposed RSO is qualified by training and experience as applicable to commercial nuclear pharmacies. Appendix G and Appendix H in WISREG "Guidance for Commercial Radiopharmacy Licenses" should be used in documenting and determining required training and experience.

**ITEM 5.1 AUTHORIZED NUCLEAR PHARMACIST (ANP)**

*(Attach evidence of training and experience and check all that apply)*

NAME: \_\_\_\_\_ TELEPHONE (Include Area Code): \_\_\_\_\_

- We will provide a copy of the State pharmacy licensure or registration for each pharmacist; and a copy of the license (DHFS, the NRC or an Agreement State) on which the individual was specifically named as an ANP.

OR

- We will provide a copy of the permit maintained by a licensee of broad scope;

AND ONE OF THE FOLLOWING

- We will provide a copy of the certification(s) for the radiopharmacy board(s) approved by DHFS.

OR

- We will provide a description of the training and experience demonstrating that the proposed ANP is qualified by training and experience.

OR

- We will provide a written certification, signed by a preceptor ANP, that the above training and experience as specified in s. HFS 157.61 (9) has been completed and that the individual has achieved a level of competency sufficient to independently operate a nuclear pharmacy.

**AUTHORIZED USERS**

**ITEM 6. AUTHORIZED USERS (AU)** (Check one box)

- We will provide the individuals name and identify types, quantities, and proposed uses of licensed material.

AND

- We will provide a copy of the license (DHFS, the NRC or an Agreement State) on which the individual was specified as an AU for the types and quantities and proposed uses of licensed materials.

OR

- We will provide a copy of the permit maintained by a licensee of broad scope that identifies the individual as an AU for the types, quantities, and proposed uses of licensed materials.

OR

- We will provide a description of the training and experience demonstrating that the proposed AU is qualified by training and experience to use the requested licensed materials is attached. Appendix G in WISREG "Guidance for Commercial Radiopharmacy Licenses", may be helpful in describing the training and experience required.

**TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS**

**ITEM 7 OCCUPATIONALLY EXPOSED WORKERS AND ANCILLARY PERSONNEL (Check one box)**

We have developed and will implement and maintain written procedures for a training program for each group of workers, including: topics covered; qualifications of the instructors; method of training; method for assessing the success of the training; and the frequency of training and refresher training. (Procedures are Attached)

**ITEM 8 PERSONNEL INVOLVED IN HAZARDOUS MATERIALS PACKAGE PREPARATION AND TRANSPORT (Check one box)**

We have developed and will implement and maintain written procedures for training personnel involved in hazardous materials package preparation and transport that meet the requirements in 49 CFR 172.700, 49 CFR 172.702 AND 49 CFR 172.704, as applicable. (Procedures are Attached)

**RADIOACTIVE MATERIALS**

**ITEM 9 RADIOACTIVE MATERIAL (ATTACH ADDITIONAL PAGES IF NECESSARY)**

Item 9.1 Radioisotope			
Item 9.2 Chemical/Physical Form			

Are open containers of potentially volatile materials (Iodine-131) manipulated at this location?  Yes  No  
 If yes, process and engineering controls must be described..

Are sealed sources used at this location?  Yes  No  
 If yes, please fill out Items 9.3 – 9.5, otherwise proceed to Item 9.6

Item 9.3 Sealed Source Manufacturer or Distributor and Model Number			
Item 9.4 Device Manufacturer or Distributor and Model Number			
Item 9.5 Sealed Source Device Registration Sheet Number			

Is Depleted Uranium used as a shielding material?  Yes  No  
 If yes, specify the total amount (in Kilograms) \_\_\_\_\_

Item 9.6 Maximum Possession Limit			
Item 9.7 Proposed Use			

**PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED**

**ITEM 10 DISTRIBUTION AND REDISTRIBUTION OF LICENSED MATERIALS**

**Item 10.1 Radiopharmaceuticals (Check all that apply)**

We will confirm that radiopharmaceuticals will be prepared under the supervision of an ANP or will be obtained from a supplier authorized pursuant to *s. HFS 157.13 (4) (I)*, or under equivalent NRC or Agreement State requirements;

AND

We will describe all licensed material to be distributed or redistributed.

**Item 10.2 Generators (Check all that apply)**

We confirm that the generators will be obtained from a manufacturer licensed pursuant to *s. HFS 157.13 (4) (j)*, or under equivalent NRC or Agreement State requirements;

AND

We confirm that unused generators will be redistributed without opening or altering the manufacturer's packaging.

**Item 10.3 Redistribution of Generators (Check all that apply)**

We will submit a description of the procedures and instructions for safely repackaging the generators, including the use of the manufacturer's original packaging and minimization of migration of radioactive fluids out of the generator during transport;

AND

We confirm that the manufacturer's packaging and labeling will not be altered;

AND

We confirm that the generator will not be distributed beyond the expiration date shown on the generator label;

AND

We confirm that the redistributed generator will be accompanied by the manufacturer-supplied leaflet or brochure that provides radiation safety instructions for handling and using the generator;

AND

We confirm that only generators used in accordance with the manufacturer's instructions will be redistributed.

**NOTE: ALTHOUGH REDISTRIBUTION OF USED GENERATORS MAY BE AUTHORIZED BY DHFS, DHFS APPROVAL DOES NOT RELIEVE THE LICENSEE FROM COMPLYING WITH APPLICABLE FDA OR OTHER FEDERAL OR STATE REQUIREMENTS.**

**Item 10.4 Redistribution of Sealed Sources – For Brachytherapy or Diagnosis (Check all that apply)**

We confirm that the sealed sources for brachytherapy or diagnosis to be redistributed will be obtained from a manufacturer authorized to distribute sealed sources for brachytherapy or diagnosis in accordance with a specific license issued in pursuant to *s. HFS 157.13 (4) (k)*, or under equivalent NRC or Agreement State requirements;

AND

We confirm that the manufacturer's packaging, labeling and shielding will not be altered and that redistributed sources will be accompanied by the manufacturer-supplied package insert, leaflet, brochure, or other document that provides radiation safety instructions for handling and storing the sources.

**Item 10.5 Redistribution of Calibration and Reference Sealed Sources (Check all that apply)**

We confirm that calibration and reference sealed sources to be redistributed to medical use licensees will be obtained from a person licensed pursuant to *s. HFS 157.13 (4) (k)*, or under equivalent NRC or Agreement State requirements, to initially distribute such sources;

AND

We confirm that the manufacturer's labeling and packaging will not be altered and that redistributed sources will be accompanied by the manufacturer-supplied calibration certificate and the leaflet, brochure, or other document that provides radiation safety instructions for handling and storing the sources.

**Item 10.6 Redistribution of Prepackaged Units for *In-Vitro* Tests (Check all that apply)**

We confirm that the prepackaged units for *in-vitro* tests to be redistributed will have been obtained from a manufacturer authorized to distribute the prepackaged units for *in-vitro* tests in accordance with a specific license issued pursuant to *s. HFS 157.13 (4) (g)*, or under equivalent license of an NRC or Agreement State.

**Item 10.7 Redistribution to General Licensee (Check all that apply)**

- We confirm that the manufacturer's packaging and labeling of the prepackaged units for *in-vitro* tests will not be altered in any way,

AND

- We confirm that each redistributed prepackaged unit for *in-vitro* tests will be accompanied by the manufacturer-supplied package insert, leaflet, or brochure that provides radiation safety instructions for general licensees.

**Item 10.8 Redistribution to Specific License (Check all that apply)**

- We confirm that the labels, package insert, leaflet, brochure, or other documents accompanying the redistributed prepackaged units for *in-vitro* test will NOT reference general licenses, exempt quantities, or NRC's regulations that authorize a general license.  
*s. HFS 157.11 (2) (f)*

AND

- We confirm that the labeling on redistributed prepackaged units for *in-vitro* tests will conform to the requirements of  
*s. HFS 157.29 (1) and s. HFS 157.29 (4)*

**ITEM 11 PREPARATION OF RADIOPHARMACEUTICALS (Check one box)**

- We will attach a document that indicates the types of radiopharmaceuticals preparation activities we intend to perform (e.g. compounding of Iodine-131 capsules, radioiodination, and technetium-99m kit preparation).

**ITEM 12 SERVICE ACTIVITIES (Check one box)**

- We will submit specific procedures for all radiation protection services that we intend to provide to other licensees (e.g. customers).

**FACILITIES AND EQUIPMENT**

**ITEM 13 FACILITIES AND EQUIPMENT (Check boxes and attach diagram.)**

- We will provide copies of registration or a license from a State Board of Pharmacy as a pharmacy; or evidence that we are operating as a nuclear pharmacy within a state medical institution.

**NOTE: THERE MAY BE A JURISDICTION THAT DOES NOT RECOGNIZE THE PRACTICE OF COMMERCIAL RADIOPHARMACY. IN THESE CASES, THE APPLICANT MUST SUBMIT EVIDENCE THAT IT IS REGISTERED OR LICENSED WITH THE FDA AS A DRUG MANUFACTURER.**

AND

- We will provide a description of the facilities and equipment to be made available where radioactive material will be used. A diagram should be submitted showing the entire facility and identify activities conducted in all contiguous areas surrounding the facility. Diagrams should be drawn to specified scale, or dimensions should be indicated. For additional information refer to WISREG "Guidance for Commercial Radiopharmacy Licenses." (Description is Attached)

**RADIATION SAFETY PROGRAM**

**ITEM 14 RADIATION SAFETY PROGRAM**

**Item 14.1 RADIATION SAFETY PROGRAM -AUDIT**

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

**Item 14.2 RADIATION MONITORING INSTRUMENTS ( Check one box)**

- We will use equipment that meets the radiation monitoring instrument specifications and implement the model survey meter calibration program published in Appendix J of WISREG "Guidance for Commercial Radiopharmacy Licenses."

OR

- We will use equipment that meets the radiation monitoring instrument specifications published in Appendix J of WISREG "Guidance for Commercial Radiopharmacy Licenses", and instruments will be calibrated by other licensees authorized by DHFS, the NRC or an Agreement State, or a Licensing State to perform that service.

OR

- We will provide a description of alternative equipment to be used for radiation monitoring and alternative procedures for the calibration of radiation monitoring equipment. (Procedures are Attached)

**Item 14.3 MATERIAL RECEIPT AND ACCOUNTABILITY (Check all that apply)**

We have developed, and will implement and maintain, written procedures for safely opening packages that meet the requirements in s. *HFS 157.29 (6)*.

AND

We will conduct physical inventories of sealed sources of licensed material at intervals not to exceed 6 months.

AND

We have developed, and will implement and maintain written procedures for radioactive material accountability and control to ensure that: **(Procedures are attached)**

1. License possession limits are not exceeded;
2. Radioactive material in storage is secured from unauthorized access or removal;
3. Radioactive material not in storage is maintained under constant surveillance and control; and
4. Records of receipt, transfer, and disposal of licensed material are maintained.

**ITEM 14.4 OCCUPATIONAL DOSIMETRY (Check one box)**

We will maintain for inspection by DHFS, 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 s. *HFS 157.22*.

OR

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

**ITEM 14.5 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 10.6 SAFE USE OF RADIONUCLIDES AND EMERGENCY PROCEDURES (Check one box)**

We will develop, implement and maintain safe use of radionuclides and emergency procedures that will meet criteria in the section entitled 'Safe Use of Radionuclides and Emergency Procedures' in WISREG "Guidance for Commercial Radiopharmacy Licenses." **(Procedures are Attached)**

**ITEM 10.7 SURVEYS (Check all that apply)**

We will survey our facility and maintain contamination levels in accordance with the survey frequencies and contamination levels published in Appendix R of WISREG "Guidance for Commercial Radiopharmacy Licenses."

**Item 14.8 DOSE CALIBRATOR AND OTHER DOSAGE MEASURING EQUIPMENT (Check all that apply)**

We shall describe the types of systems (measurement or combination of measurement and calculation) that we intend to use for the measurement of alpha-beta, and photon-emitting radioactive drugs;

AND

We have developed, and will implement and maintain a written procedure for the performance of dose measurement system checks and tests that meet the requirements in s. *HFS 157.13 (4) (I)*. **(Procedures are Attached)**

AND

We will provide, if applicable, a sample calculation for determining beta-correction factors for dose calibrators with ionization chambers;

OR

We will include, if applicable, a means for ensuring the accuracy of beta-correction factors supplied by the instrument manufacturer, or other entity.

**Item 14.9 RADIOACTIVE DRUG LABELING FOR DISTRIBUTION (Check all that apply)**

We will describe all labels, indicating the colors to be used, that will accompany the products and describe where each label is placed (e.g. on the "transport radiation shield" or the container used to hold the radioactive drug); **(Description is attached)**

AND

We agree to affix the required labels to all "transport radiation shields" and each container used to hold the radioactive drugs.

**Item 14.10 RADIOACTIVE DRUG SHIELDING FOR DISTRIBUTION (Check all that apply)**

We will for each drug to be distributed (except for products intended for redistribution without manipulation and in the manufacturer's original shipping package):

- Indicate the radionuclide and the maximum activity for each type of container (e.g. vial, syringe);
- Describe the type and thickness of the "transport radiation shield" provided for each type of container; and
- Indicate the maximum radiation level to be expected at the surface of each "transport radiation shield" when the radioactive drug container is filled with the maximum activity.

**NOTE: IT IS NOT ACCEPTABLE TO STATE THAT THE APPLICANT WILL COMPLY WITH DOT REGULATIONS. THE DOSE RATE LIMITS THAT DOT IMPOSES APPLY TO THE SURFACE OF THE PACKAGE, NOT THE SURFACE OF THE "TRANSPORT RADIATION SHIELD."**

**ITEM 14.11 LEAK TEST (Check one box)**

Leak tests will be performed by an organization authorized by DHFS, the NRC or an Agreement State to provide leak testing services to other licensees; or by using a leak test kit supplied by an organization licensed by DHFS, the NRC or an Agreement State to provide leak test kits to other licensees according to kit suppliers instructions.

License number of organization authorized to perform or analyze leak test ( Specify whether Department, NRC, or other Agreement State): \_\_\_\_\_

*Or*

We will perform our own leak testing and sample analysis. We will follow the model procedures in Appendix L of WISREG "Guidance for Commercial Radiopharmacy Licenses."

*Or*

We will submit alternative procedures. (Procedures are attached)

**WASTE DISPOSAL AND TRANSFER**

**ITEM 15 WASTE DISPOSAL AND TRANSFER**

**ITEM 15.1 WASTE MANAGEMENT (Check all that apply)**

We will use the model waste procedures published in Appendix Z of WISREG "Guidance for Commercial Radiopharmacy Licenses."

*OR*

We will use:  Decay-In-Storage, or  Disposal of Liquids Into Sanitary Sewerage model waste procedures that are published in Appendix Z of WISREG "Guidance for Commercial Radiopharmacy Licenses."

*OR*

We will provide procedures for waste collection, storage and disposal by any of the authorized methods described in Item 11 Waste Management of WISREG "Guidance for Commercial Radiopharmacy Licenses." We will contact DHFS for guidance to obtain approval of any method(s) of waste disposal other than those discussed in Item 11 Waste Management of WISREG "Guidance for Commercial Radiopharmacy Licenses."

*OR*

If access to a radioactive waste burial site is unavailable, we will request authorization for extended interim storage of waste. We will refer to NRC IN 90-09 "Extended Interim Storage of Low-Level Radioactive Waste by Fuel Cycle and Materials Licenses," dated February 1990, for guidance and submit the required information with this application.

**NOTE: APPLICANTS DO NOT NEED TO PROVIDE INFORMATION TO DHFS IF THEY PLAN TO DISPOSE OF LLW VIA TRANSFER TO ANOTHER AUTHORIZED RECIPIENT OR TO DISPOSE OF LIQUID SCINTILLATION MEDIA OR ANIMALS CONTAINING LOW LEVELS OF H-3 OR C-14 AS AUTHORIZED BY s. HFS 157.30 (5).**

**Item 15.2 RETURNED WASTE FROM CUSTOMERS (Check one)**

We will develop, implement and maintain procedures for returned waste from customers, that will meet the criteria in the section entitled 'Returned Waste from Customers' in WISREG "Guidance for Commercial Radiopharmacy Licenses."  
(Procedures are attached)

OR

We will develop, implement and maintain procedures for returned waste from customers in accordance with Appendix S of WISREG "Guidance for Commercial Radiopharmacy Licenses."

**SPECIFIC LICENSE FEE**

**ITEM 16 LICENSE FEES (REFER TO s. HFS 157.10)**

CATEGORY:

**CERTIFICATION (To be signed by an individual authorized to make binding commitments on behalf of the applicant)**

**ITEM 17**

I HEREBY CERTIFY THAT THIS APPLICATION WAS PREPARED IN CONFORMANCE WITH CHAPTER HFS 157 "RADIATION PROTECTION" AND THAT ALL INFORMATION CONTAINED HEREIN, INCLUDING ANY SUPPLEMENTS ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE:

DATE:

NAME (Print or Type):

TITLE:

*State of Wisconsin  
Department of Health and Family Services  
Radiation Protection Section  
1 West Wilson Street, Room 150  
P.O. Box 2659  
Madison, WI 53701-2659  
Phone: (608)267-4797  
Fax: (608)267-3695*

**EXPEDITED RENEWAL FORM FOR A RADIOACTIVE MATERIAL SPECIFIC LICENSE  
FOR COMMERCIAL RADIOPHARMACIES**

**Instructions** – Complete all items for renewal of a license. Use supplementary sheets where necessary. Retain one copy and submit original of the entire application to the State of Wisconsin, Department of Health and Family Services (DHFS). *DHFS is requesting disclosure of information. Department rules require that an application for renewal of a specific license be filed with the Department at least 30 days prior to expiration date. Failure to provide information may result in escalated enforcement.*

**APPLICATION RENEWAL TYPE**

ITEM 1. TYPE OF RENEWAL APPLICATION (CHECK ALL THAT APPLY):

LICENSE NUMBER: \_\_\_\_\_

**CONTACT INFORMATION**

ITEM 2. NAME AND MAILING ADDRESS OF APPLICANT:

ITEM 3. PERSON TO CONTACT REGARDING APPLICATION:

APPLICANT'S PHONE NUMBER (Include Area Code):

CONTACT'S PHONE NUMBER (Including Area Code)

**LOCATION OF RADIOACTIVE MATERIAL**

ITEM 4. ADDRESS(ES) WHERE RADIOACTIVE MATERIAL WILL BE (Do Not Use P.O. Box):

ADDRESS(ES)

PHONE NUMBER

**CONDITIONAL ITEMS**

ITEMS 5. THROUGH 15.2

FOR ITEMS 5 THROUGH 15.2 BELOW, REVIEW YOUR RADIATION PROTECTION PROGRAM AGAINST REGULATIONS, THE LICENSE AND YOUR OPERATING PROCEDURES AND ALARA PROGRAM.

- |  |   |
|--|---|
| 5. Radiation Safety Officer (RSO)  | 12. Service Activities                                  |
| 5.1 Authorized Nuclear Pharmacist  | 13. Facilities and Equipment                            |
| 6. Authorized Users  | 14.1 Radiation Safety Program - Audit                   |
| 7. Occupationally Exposed Workers and Ancillary Personnel                        | 14.2 Radiation Monitoring Instruments                   |
| 8. Personnel Involved in Hazardous Materials Package Preparations and Transport. | 14.3 Material Receipt and Accountability                |
| 9. Radioactive Material  | 14.4 Occupational Dose                                  |
| 10.1 Radiopharmaceuticals  | 14.5 Public Dose  |
| 10.2 Generators  | 14.6 Safe Use of Radionuclides and Emergency Procedures |
| 10.3 Redistribution of Generators  | 14.7 Surveys  |
| 10.4 Redistribution of Sealed Sources – For Brachytherapy and Diagnosis          | 14.8 Dosage Measurement Systems                         |
| 10.5 Redistribution of Calibration and Reference Sealed Sources                  | 14.9 Radioactive Drug Labeling for Distribution         |
| 10.6 Redistribution of Prepackaged Units for <i>In-Vitro</i> Tests               | 14.10 Radioactive Drug Shielding for Distribution       |
| 10.7 Redistribution to General Licensee  | 14.11 Leak Test   |
| 10.8 Redistribution to Specific Licensee   | 15.1 Waste Management                                   |
| 11. Preparation of Radiopharmaceuticals  | 15.2 Returned Waste from Customers                      |

(CHECK ONE BOX)

- NO CHANGES TO ABOVE ITEMS.  
 NO CHANGES TO ABOVE ITEMS EXCEPT AS NOTED IN ATTACHMENTS.

(LIST ITEMS ABOVE THAT ARE ATTACHED: \_\_\_\_\_) NOTE: Substantial changes will result in a request for a complete renewal application.

**SPECIFIC LICENSE FEE**

ITEM 16. FEES

FOR RENEWALS, THE LICENSEE WILL BE BILLED ANNUALLY BY THE DEPARTMENT FOR THE APPROPRIATE FEE CATEGORY.

**CERTIFICATION (To be signed by an individual authorized to make binding commitments on behalf of the applicant.)**

ITEM 17. CERTIFICATION

I HEREBY CERTIFY THAT THIS APPLICATION WAS PREPARED IN CONFORMANCE WITH CHAPTER HFS 157 "RADIATION PROTECTION" AND THAT ALL INFORMATION CONTAIN HEREIN, INCLUDING ANY SUPPLEMENTS ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE:	DATE:

NAME (PRINT OR TYPE).	TITLE:

*State of Wisconsin  
Department of Health and Family Services  
Radiation Protection Section  
1 West Wilson Street, Room 150  
P.O. Box 2659  
Madison, WI 53701-2659  
Phone: (608)267-4797  
Fax: (608)267-3695*

**APPLICATION FOR RADIOACTIVE MATERIAL LICENSE  
FOR BROAD SCOPE**

**Instructions** – Complete all items if this is an initial application or an application for renewal of a license. Refer to WISREG “Guidance for Licenses of Broad Scope.” Use supplementary sheets where necessary. Retain one copy and submit original of the entire application to the State of Wisconsin, Department of Health and Family Services (DHFS). *DHFS is requesting disclosure of information. Failure to provide any information may result in denial or delay of a radioactive material license.*

**APPLICATION TYPE**

**ITEM 1. TYPE OF APPLICATION (Check All That Apply)**

- NEW LICENSE  
 RENEWAL License # \_\_\_\_\_  
 AMENDMENT License # \_\_\_\_\_

**CONTACT INFORMATION**

**ITEM 2. NAME AND MAILING ADDRESS OF APPLICANT:**

**ITEM 3. PERSON TO CONTACT REGARDING APPLICATION:**

**APPLICANT'S PHONE NUMBER (Including Area Code)**

**CONTACT'S PHONE NUMBER (Including Area Code)**

**LOCATION OF RADIOACTIVE MATERIAL**

**ITEM 4. ADDRESS(ES) WHERE RADIOACTIVE MATERIAL WILL BE USED OR POSSESSED (Do Not Use P.O. Box):**

**ADDRESS**

**PHONE NUMBER**

**IS RADIOACTIVE MATERIAL USED AT LOCATIONS FOR FIELD STUDIES OR OTHER OFF-SITE LOCATIONS? IF, SO PLEASE ATTACH AN ADDITIONAL SHEET(S) WITH THE LOCATIONS ADDRESS(ES) AND A LIST OF ACTIVITIES TO BE CONDUCTED AT EACH LOCATION.:**

YES  NO

**INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM**

**ITEM 5. EXECUTIVE MANAGEMENT** (Check one box and provide the information requested)

- We will describe and provide administrative controls and provisions relating to organization, management and management review necessary to assure safe operations. We will also provide an organizational chart describing the management structure, reporting paths, and the flow of authority between executive management, the Radiation Safety Committee (for Type A Broad Scope), and the Radiation Safety Officer (for Type A and Type B broad scope).

**ITEM 6. RADIATION SAFETY COMMITTEE (RSC)** (Check all that apply and provide the information requested)

- A description of the duties and responsibilities of the RSC is attached.  
*AND*  
 A description of the criteria used for selecting members of the RSC, including members and the number of members constituting a quorum is attached.

**NOTE: MEMBERS SHOULD BE INDICATED BY POSITION TITLE, RATHER THAN BY NAME. THE CHAIRPERSON SHOULD BE IDENTIFIED BY NAME, WITH TRAINING AND EXPERIENCE SUBMITTED.**

*AND*

- A description of the criteria used by the RSC and RSO for approving users and new uses is attached.

**ITEM 7. RADIATION SAFETY OFFICER (RSO)** (Check all that apply)

- The name of the proposed RSO and other potential designees who will be responsible for ensuring that the licensee's radiation safety program is implemented in accordance with approved procedures.

NAME: \_\_\_\_\_ TELEPHONE (Include Area Code) \_\_\_\_\_

*AND*

- A delegation of authority letter is included which authorizes the RSO to submit license amendment requests.  
*AND*  
 We will provide information demonstrating that the proposed RSO is qualified by training and experience.  
*AND*  
 We will provide a statement delineating the RSO's duties and responsibilities, signed by the licensee's executive management.

**TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS**

**ITEM 8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS (OCCUPATIONALLY EXPOSED INDIVIDUALS AND ANCILLARY PERSONNEL)** (Check one Box)

- A description of the radiation safety training program, including topics covered, groups of workers, assessment of training, qualifications of instructors and the method and frequency of training is attached.

**RADIOACTIVE MATERIAL**

**ITEM 9. RADIOACTIVE MATERIAL** (Attach additional pages if necessary)

**UNSEALED SOURCES OF RADIOACTIVE MATERIAL**

Radioisotope				
Chemical/Physical Form				
Maximum Possession Limit				

Proposed use of Radioactive material				
<b>SEALED SOURCES OF RADIOACTIVE MATERIAL</b>				
Radioisotope				
Sealed Source Manufacturer or Distributor and Model Number				
Device Manufacturer or Distributor and Model Number				
Sealed Source Device Registration Sheet Number				
Maximum Possession Limit				
Proposed Use of Radioactive Material				

**FINANCIAL ASSURANCE AND RECORDKEEPING FOR DECOMMISSIONING**

**ITEM 10. FINANCIAL ASSURANCE AND RECORDKEEPING FOR DECOMMISSIONING (Check one box)**  
 We will provide a decommissioning funding plan or a certification of financial assurance as required in *s. HFS 157.15* (Attached if required)

**FACILITIES AND EQUIPMENT**

**ITEM 11. FACILITIES AND EQUIPMENT (Check all that apply and attach the requested informaton.)**  
 A description of the criteria used by the RSC (Type A) or RSO (Type B), as appropriate, that will be used to review and approve facilities and equipment (research laboratories, iodination facilities, waste storage facilities, survey and counting equipment, etc.) is attached.  
**NOTE: SEE APPENDIX L OF WISREG "GUIDANCE FOR LICENSES OF BROAD SCOPE" FOR GUIDANCE.**

**RADIATION SAFETY PROGRAM**

**ITEM 12. RADIATION SAFETY PROGRAM**

**ITEM 12.1 RADIATION SAFETY AUDIT PROGRAM (Check all that apply)**  
 A description of the mechanisms used by executive management to ensure that adequate oversight of the Broad Scope Radiation Safety program is exercised, is attached.  
 AND  
 A description of the audit mechanism implemented by the RSO to determine user compliance with DHFS regulations, the terms and conditions of the DHFS license, the requirements of the RSC (Type A) or RSO-approved permits (Type B) as appropriate, and good health physics practices are attached.  
**NOTE: THE APPLICANT IS NOT REQUIRED TO SUBMIT ITS AUDIT PROGRAM TO THE STATE OF WISCONSIN, DHFS FOR REVIEW DURING THE LICENSING PHASE. THIS MATTER WILL BE EXAMINED DURING AN INSPECTION.**

**ITEM 12.2 RADIATION MONITORING INSTRUMENTS (Check all that apply)**

- A description of the criteria used by the RSC (Type A) or RSO (Type B), as appropriate, to review and approve radiation monitoring instrumentation to assure that appropriate radiation monitoring equipment will be used during licensed activities is attached.
- AND*
- A description of how the RSC (Type A) or RSO (Type B), as appropriate, will assure that instruments are properly calibrated at prescribed frequencies is attached.
- AND ONE OF THE FOLLOWING THREE*
- Instruments will be calibrated by a vender who is licensed by DHFS, the NRC or an Agreement State to perform instrument calibrations.
- OR*
- We have developed, implemented and maintained procedures for instrument calibrations in accordance with Appendix O of WISREG "Guidance for Licenses of Broad Scope."
- OR*
- A description of alternative procedures is provided for ensuring that proper calibration of survey equipment will be performed. (Procedures are attached)

**ITEM 12.3 MATERIAL RECEIPT AND ACCOUNTABILITY (Check all that apply)**

- A description of administrative procedures to assure control of procurement and use of radioactive material is attached.
- AND*
- A description of administrative controls and provisions relating to material control, accounting and security is attached.
- AND*
- We will develop, implement, and maintain procedures for safe opening of packages containing radioactive material.

**ITEM 12.4 OCCUPATIONAL DOSIMETRY (Check one box)**

- We will maintain, for inspection by DHFS, 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 s. *HFS 157.22*.
- OR*
- We will provide dosimetry processed and evaluated by a NVLAP-approved processor that is exchanged at a frequency recommended by the processor. s. *HFS 157.25 (2) (a) 6*.

**ITEM 12.5 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 12.6 SAFE USE OF RADIONUCLIDES AND EMERGENCY PROCEDURES (Check one box)**

- We will develop, implement and maintain procedures for the safe use of radionuclides and emergencies that will meet criteria in the section entitled 'Safe Use of Radionuclides and Emergency Procedures' in WISREG "Guidance for Licenses of Broad Scope." (Procedures are attached)
- OR*
- We will develop, implement and maintain procedures for the safe use of radionuclides and emergencies in accordance with Appendix R of WISREG "Guidance for Licenses of Broad Scope."

**ITEM 12.7 LEAK TEST (Check one box)**

- Leak tests will be performed by an organization authorized by DHFS, the NRC or an Agreement State to provide leak testing services to other licensees; or by using a leak test kit supplied by an organization licensed by DHFS, the NRC or an Agreement State to provide leak test kits to other licensees according to kit suppliers instructions.

License number of organization authorized to perform or analyze leak test ( Specify whether Department, NRC, or other Agreement State)

Or

- We will perform our own leak testing and sample analysis. We will follow the model procedures in Appendix T of WISREG "Guidance for Licenses of Broad Scope."

Or

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

**ITEM 12.8 SURVEYS (Check one box)**

- We will develop, implement and maintain procedures for area surveys that will meet the criteria in the section entitled 'Surveys' in WISREG "Guidance for Licenses of Broad Scope." (Procedures are attached)

OR

- We will develop, implement and maintain procedures for area survey in accordance with Appendix S of WISREG "Guidance for Licenses of Broad Scope."

**ITEM 12 WASTE MANAGEMENT (Check all that apply)**

- We will develop, implement and maintain procedures for waste collection, storage, and the disposal of radioactive material, that will meet the criteria in the section entitled 'Waste Management' in WISREG "Guidance for Licenses of Broad Scope." (Procedures are attached)

OR

- We will develop, implement and maintain procedures for waste collection, storage, and the disposal of radioactive materials in accordance with Appendix V of WISREG "Guidance for Licenses of Broad Scope."

**SPECIFIC LICENSE FEE**

**ITEM 13. LICENSE FEES (REFER TO s. HFS 157.10)**

CATEGORY:

LICENSE FEE ENCLOSED:

**CERTIFICATION (To be signed by an individual authorized to make binding commitments on behalf of the applicant)**

**ITEM 14.**

**I HEREBY CERTIFY THAT THIS APPLICATION WAS PREPARED IN CONFORMANCE WITH CHAPTER HFS 157 "RADIATION PROTECTION" AND THAT ALL INFORMATION CONTAINED HEREIN, INCLUDING ANY SUPPLEMENTS ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

SIGNATURE

DATE:

NAME (PRINT OR TYPE):

TITLE:

*State of Wisconsin  
Department of Health and Family Services  
Radiation Protection Section  
1 West Wilson Street, Room 150  
P.O. Box 2659  
Madison, WI 53701-2659  
Phone: (608)267-4797  
Fax: (608)267-3695*

**EXPEDITED RENEWAL FORM FOR A RADIOACTIVE MATERIAL SPECIFIC LICENSE  
FOR BROAD SCOPE**

**Instructions** – Complete all items for renewal of a license. Use supplementary sheets where necessary. Retain one copy and submit original of the entire application to the State of Wisconsin, Department of Health and Family Services (DHFS). *DHFS is requesting disclosure of information. Department rules require that an application for renewal of a specific license be filed with the Department at least 30 days prior to expiration date. Failure to provide information may result in escalated enforcement.*

**APPLICATION RENEWAL TYPE**

ITEM 1. TYPE OF RENEWAL APPLICATION (CHECK ALL THAT APPLY):

LICENSE NUMBER: \_\_\_\_\_

**CONTACT INFORMATION**

ITEM 2. NAME AND MAILING ADDRESS OF APPLICANT:

ITEM 3. PERSON TO CONTACT REGARDING APPLICATION:

APPLICANT'S PHONE NUMBER (Include Area Code):

CONTACT'S PHONE NUMBER (Including Area Code):

**LOCATION OF RADIOACTIVE MATERIAL**

ITEM 4. ADDRESS(ES) WHERE RADIOACTIVE MATERIAL WILL BE (Do Not Use P.O. Box):

ADDRESS(ES)

PHONE NUMBER

DOES RADIOACTIVE MATERIAL USED AT LOCATIONS FOR FIELD STUDIES OR OTHER OFF-SITE LOCATIONS? IF, SO PLEASE ATTACH AN ADDITIONAL SHEET(S) WITH THE LOCATIONS ADDRESS(ES) AND A LIST OF ACTIVITIES TO BE CONDUCTED AT EACH LOCATION.:

YES  NO

**CONDITIONAL ITEMS**

**ITEMS 5. THROUGH 12**

FOR ITEMS 5 THROUGH 12 BELOW, REVIEW YOUR RADIATION PROTECTION PROGRAM AGAINST REGULATIONS, THE LICENSE AND YOUR OPERATING PROCEDURES AND ALARA PROGRAM.

- |  |   |
|--|---|
| 5. Executive Management  | 11.2 Radiation Monitoring Instruments                   |
| 6. Radiation Safety Committee (RSC)                                    | 11.3 Material Receipt and Accountability                |
| 7. Radiation Safety Officer (RSO)                                      | 11.4 Occupational Dosimetry                             |
| 8. Training for Individuals Working in or Frequenting Restricted Areas | 11.5 Public Dose  |
| 9. Radioactive Material  | 11.6 Safe Use of Radionuclides and Emergency Procedures |
| 10. Facilities and Equipment   | 11.7 Surveys  |
| 11.1 Radiation Safety Audit Program                                    | 12 Waste Management                                     |

(CHECK ONE BOX)

NO CHANGES TO ABOVE ITEMS.

NO CHANGES TO ABOVE ITEMS EXCEPT AS NOTED IN ATTACHMENTS.

(LIST ITEMS ABOVE THAT ARE ATTACHED \_\_\_\_, \_\_\_\_, \_\_\_\_) NOTE: Substantial changes will result in a request for a complete renewal application.

**SPECIFIC LICENSE FEE**

**ITEM 13. FEES**

FOR RENEWALS, THE LICENSEE WILL BE BILLED ANNUALLY BY THE DEPARTMENT FOR THE APPROPRIATE FEE CATEGORY.

**CERTIFICATION (To be signed by an individual authorized to make binding commitments on behalf of the applicant.)**

**ITEM 14. CERTIFICATION**

I HEREBY CERTIFY THAT THIS APPLICATION WAS PREPARED IN CONFORMANCE WITH CHAPTER HFS 157 "RADIATION PROTECTION" AND THAT ALL INFORMATION CONTAIN HEREIN, INCLUDING ANY SUPPLEMENTS ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE:

DATE:

NAME (PRINT OR TYPE)

TITLE:

*State of Wisconsin  
Department of Health and Family Services  
Radiation Protection Section  
1 West Wilson Street, Room 150  
P.O. Box 2659  
Madison, WI 53701-2659  
Phone: (608)267-4797  
Fax: (608)267-3695*

**APPLICATION FOR RADIOACTIVE MATERIAL LICENSE**

**Instructions** – Complete all items if this is an initial application or an application for renewal of a license. Use supplementary sheets where necessary. Retain one copy and submit original of the entire application to the State of Wisconsin, Department of Health and Family Services (DHFS). DHFS is requesting disclosure of information. Failure to provide any information may result in denial or delay of a radioactive material license.

**APPLICATION TYPE**

**ITEM 1. TYPE OF APPLICATION (Check All That Apply)**

- NEW LICENSE  
 RENEWAL License # \_\_\_\_\_  
 AMENDMENT License # \_\_\_\_\_

**CONTACT INFORMATION**

**ITEM 2. NAME AND MAILING ADDRESS OF APPLICANT:**

**ITEM 3. PERSON TO CONTACT REGARDING APPLICATION:**

APPLICANT'S PHONE NUMBER (Including Area Code)

CONTACT'S PHONE NUMBER (Including Area Code)

**LOCATION OF RADIOACTIVE MATERIAL**

**ITEM 4. ADDRESS(ES) WHERE RADIOACTIVE MATERIAL WILL BE USED OR POSSESSED (Do Not Use P.O. Box):**

ADDRESS

PHONE NUMBER

IS RADIOACTIVE MATERIAL USED AT LOCATIONS FOR FIELD STUDIES OR OTHER OFF-SITE LOCATIONS? IF, SO PLEASE ATTACH AN ADDITIONAL SHEET(S) WITH THE LOCATIONS ADDRESS(ES) AND A LIST OF ACTIVITIES TO BE CONDUCTED AT EACH LOCATION.:

YES  NO

**RADIATION SAFETY OFFICER**

**ITEM 5. RADIATION SAFETY OFFICER (RSO) (Check all that apply)**

- The name of the proposed RSO and other potential designees who will be responsible for ensuring that the licensee's radiation safety program is implemented in accordance with approved procedures.

NAME: \_\_\_\_\_ TELEPHONE (Include Area Code) \_\_\_\_\_

AND

- We will provide information demonstrating that the proposed RSO is qualified by training and experience.

**AUTHORIZED USERS AND TRAINING**

**ITEM 6. AUTHORIZED USERS (Check all that apply)**

- We will attach a list of each proposed authorized user with the types and quantities of licensed material to be used.

AND

- Information is attached demonstrating that each proposed authorized user is qualified by training and experience to use the requested licensed material.

**ITEM 7. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS (OCCUPATIONALLY EXPOSED INDIVIDUALS AND ANCILLARY PERSONNEL) (Check one box)**

- A description of the radiation safety training program, including topics covered, groups of workers, assessment of training, qualifications of instructors and the method and frequency of training is attached.

**RADIOACTIVE MATERIAL**

**ITEM 8. RADIOACTIVE MATERIAL (Attach additional pages if necessary)**

Radioisotope				
Chemical/Physical Form				
Sealed Source Manufacturer or Distributor and Model Number				
Device Manufacturer or Distributor and Model Number				
Sealed Source Device Registration Sheet Number				
Maximum Possession Limit				
Proposed Use				

**FACILITIES AND EQUIPMENT**

**ITEM 9. FACILITIES AND EQUIPMENT (Check all that apply and attach the requested information.)**

- A description is provided of the facilities and equipment at each location where radioactive material will be used. Diagrams should be drawn to a specified scale, or dimensions should be indicated. For facilities where it is anticipated that more than one laboratory or room may be used, a generic laboratory or room diagram may be submitted.  

*AND IF APPLICABLE*
- A Description showing the locations of shielding, the proximity of radiation sources to unrestricted areas, and other items related to radiation safety is provided.  

*AND/OR*
- For where radioactive materials that may become airborne, diagrams contain schematic descriptions of the ventilation systems, with pertinent airflow rates, pressures, filtration equipment, and monitoring systems. **(Diagrams are attached)**

**RADIATION SAFETY PROGRAM**

**ITEM 10. RADIATION SAFETY PROGRAM**

**ITEM 10.1 RADIATION SAFETY AUDIT PROGRAM**

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

**ITEM 10.2 RADIATION SAFETY PROGRAM – TERMINATION OF ACTIVITIES (Check box)**

- We will notify DHFS, on a departmental form, within 30 days of the decision to permanently cease radioactive material use. *s. HFS 157.13 (11) (c)*

**ITEM 10.3 RADIATION MONITORING INSTRUMENTS (Check all that apply)**

- We will provide a description of equipment, and procedures for ensuring that appropriate radiation monitoring equipment will be used during licensed activities and that proper calibration and calibration frequency of survey equipment will be performed. We reserve the right to upgrade our survey instruments as necessary.

**ITEM 10.4 MATERIAL RECEIPT AND ACCOUNTABILITY (Check all that apply)**

**UNSEALED SOURCES**

- We will submit procedure(s) for ensuring radioactive material accountability.

**SEALED SOURCES**

*AND EITHER*

- We will perform physical inventories at intervals not to exceed 6 month, to account for all sealed sources and devices received and possessed under the license.  

*OR*
- We will submit a description of the frequency and procedures for ensuring that no device containing radioactive material has been lost, stolen or misplaced. *s. HFS 157.15*

**ITEM 10.5 OCCUPATIONAL DOSIMETRY (Check one box)**

- We will maintain, for inspection by DHFS, 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 *s. HFS 157.22*.  

*OR*
- We will provide dosimetry processed and evaluated by a NVLAP-approved processor that is exchanged at a frequency recommended by the processor. *s. HFS 157.25 (2) (a) 6.*

**ITEM 10.6 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 10.7 OPERATING AND EMERGENCY PROCEDURES (Check one box)**

We will develop, implement and maintain operating and emergency procedures. (Procedures are Attached)

**ITEM 10.8 SURVEYS (Check all that apply)**

We will develop procedures to survey our facility and maintain contamination levels.

***If SEALED SOURCES ARE USED***

***EITHER/OR***

Leak tests will be performed by an organization authorized by DHFS, the NRC or an Agreement State to provide leak testing services to other licensees; or by using a leak test kit supplied by an organization licensed by DHFS, the NRC or an Agreement State to provide leak test kits to other licensees according to kit suppliers instructions.

License number of organization authorized to perform or analyze leak test ( Specify whether Department, NRC, or other Agreement State): \_\_\_\_\_

***Or***

We will submit procedures to perform our own leak testing and sample analysis. (Procedures are attached)

**ITEM 10.9 MAINTENANCE (Check one box for Routine Cleaning and Lubrication and one for Non-Routine Maintenance)**

**FOR DEVICES CONTAINING SEALED SOURCES**

**ROUTINE CLEANING AND LUBRICATION:**

We will implement and maintain procedures for routine maintenance of our device containing a sealed source according to each manufacturer's (or distributor's) written recommendations and instructions.

***OR***

Alternative procedures are attached.

**NON-ROUTINE MAINTENANCE:**

We will have the manufacturer (or distributor) or other person authorized by DHFS, the NRC or an Agreement State perform the non-routine maintenance.

***OR***

We will provide information supporting a request for authorization to perform this work.

**ITEM 10.9 WASTE MANAGEMENT (Check all that apply)**

We will develop, implement and maintain procedures for waste collection, storage, and the disposal of radioactive materials. (Procedures are attached)

**SPECIFIC LICENSE FEE**

**ITEM 11. LICENSE FEES (REFER TO s. HFS 157.10)**

CATEGORY:

LICENSE FEE ENCLOSED:

**CERTIFICATION (To be signed by an individual authorized to make binding commitments on behalf of the applicant)**

**ITEM 12.**

**I HEREBY CERTIFY THAT THIS APPLICATION WAS PREPARED IN CONFORMANCE WITH CHAPTER HFS 157 "RADIATION PROTECTION" AND THAT ALL INFORMATION CONTAINED HEREIN, INCLUDING ANY SUPPLEMENTS ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

SIGNATURE

DATE:

NAME (PRINT OR TYPE):

TITLE:

*State of Wisconsin  
Department of Health and Family Services  
Radiation Protection Section  
1 West Wilson Street, Room 150  
P.O. Box 2659  
Madison, WI 53701-2659  
Phone: (608)267-4797  
Fax: (608)267-3695*

**EXPEDITED RENEWAL FORM FOR A RADIOACTIVE MATERIAL SPECIFIC LICENSE**

Instructions – Complete all items for renewal of a license. Use supplementary sheets where necessary. Retain one copy and submit original of the entire application to the State of Wisconsin, Department of Health and Family Services (DHFS). *DHFS is requesting disclosure of information. Department rules require that an application for renewal of a specific license be filed with the Department at least 30 days prior to expiration date. Failure to provide information may result in escalated enforcement.*

**APPLICATION RENEWAL TYPE**

ITEM 1. TYPE OF RENEWAL APPLICATION (CHECK ALL THAT APPLY):

LICENSE NUMBER: \_\_\_\_\_

**CONTACT INFORMATION**

ITEM 2. NAME AND MAILING ADDRESS OF APPLICANT:

ITEM 3. PERSON TO CONTACT REGARDING APPLICATION:

APPLICANT'S PHONE NUMBER (Include Area Code):

CONTACT'S PHONE NUMBER (Including Area Code).

**LOCATION OF RADIOACTIVE MATERIAL**

ITEM 4. ADDRESS(ES) WHERE RADIOACTIVE MATERIAL WILL BE (Do Not Use P.O. Box):

ADDRESS(ES)

PHONE NUMBER

IS RADIOACTIVE MATERIAL USED AT LOCATIONS FOR FIELD STUDIES OR OTHER OFF-SITE LOCATIONS? IF, SO PLEASE ATTACH AN ADDITIONAL SHEET(S) WITH THE LOCATIONS ADDRESS(ES) AND A LIST OF ACTIVITIES TO BE CONDUCTED AT EACH LOCATION.:

YES  NO

**CONDITIONAL ITEMS**

**ITEMS 5. THROUGH 12**

FOR ITEMS 5 THROUGH 12 BELOW, REVIEW YOUR RADIATION PROTECTION PROGRAM AGAINST REGULATIONS, THE LICENSE AND YOUR OPERATING PROCEDURES AND ALARA PROGRAM.

- |  |   |
|--|---|
| 5. Executive Management  | 11.2 Radiation Monitoring Instruments                   |
| 6. Radiation Safety Committee (RSC)                                    | 11.3 Material Receipt and Accountability                |
| 7. Radiation Safety Officer (RSO)                                      | 11.4 Occupational Dosimetry                             |
| 8. Training for Individuals Working in or Frequenting Restricted Areas | 11.5 Public Dose  |
| 9. Radioactive Material  | 11.6 Safe Use of Radionuclides and Emergency Procedures |
| 10. Facilities and Equipment   | 11.7 Surveys  |
| 11.1 Radiation Safety Audit Program                                    | 12 Waste Management                                     |

(CHECK ONE BOX)

- NO CHANGES TO ABOVE ITEMS.  
 NO CHANGES TO ABOVE ITEMS EXCEPT AS NOTED IN ATTACHMENTS.

(LIST ITEMS ABOVE THAT ARE ATTACHED. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_) NOTE: Substantial changes will result in a request for a complete renewal application

**SPECIFIC LICENSE FEE**

**ITEM 13. FEES**

FOR RENEWALS, THE LICENSEE WILL BE BILLED ANNUALLY BY THE DEPARTMENT FOR THE APPROPRIATE FEE CATEGORY.

**CERTIFICATION (To be signed by an individual authorized to make binding commitments on behalf of the applicant)**

**ITEM 14. CERTIFICATION**

I HEREBY CERTIFY THAT THIS APPLICATION WAS PREPARED IN CONFORMANCE WITH CHAPTER HFS 157 "RADIATION PROTECTION" AND THAT ALL INFORMATION CONTAIN HEREIN, INCLUDING ANY SUPPLEMENTS ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE:	DATE:
NAME (PRINT OR TYPE)	TITLE:



# Radioactive Materials Safety and Compliance Inspection Report Attachment

1. Licensee Name and Address

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State of Wisconsin  
Department of Health and Family Services  
Radiation Protection Section  
1 West Wilson Street  
Madison, WI 53701-2659

2. License Number

3. Inspection Date

(Continued)

# Radioactive Materials Program Guidelines for Completing an Inspection Plan

## DIRECTIONS

The following information is provided to be a help in completing the questions in the inspection plan and preparing for the inspection.

## DEFINITIONS

**AREA:** The licensee's organizational component

**Examples** Industrial radiography – field operations; Nuclear Pharmacy Operations; Radio-pharmaceutical therapy; or Radiation Therapy

**ACTIVITY:** Task performed by individuals within an area

**Examples** Industrial radiography surveys; Milking the Generator; Administration of I-131; or Gamma Knife patient treatment

**ELEMENT:** Observable aspects of an activity

**Examples** Surveys of camera after source crank-in; Use of: shielded container, time, gloves, syringe shield, survey meter

## LICENSEE ACTIVITY SELECTION GUIDELINES

- Identify high priority areas and activities
- Activities in progress are preferred
- Identify medium and low priority activities that can be inspected concurrently
- Give preference to high priority elements

## INSPECTION METHOD

**Preferred Method:** Direct Observation

- Acceptable alternatives:**
- Interview selected licensee personnel
  - Review of activity documents
  - Walk-through or demonstration

*A, and B, together are acceptable but time consuming, drills should not be performed without careful planning.*

**Complete the Inspection Plan located on the Backside**

# Radioactive Materials Program Inspection Plan

## Licensee Information

License Number

Licensee Contact  
(Name and Telephone Number)

Licensee  
(Name and Address)

## License and Inspection Information

Last Amendment No.

Date of Amendment

Priority

Category

HS 157.10(3)

Date of Last Inspection

Proposed Date of this Inspection

Type of Inspection

- Announced     Initial     Special  
 Unannounced     Routine     Re-inspection

## Performance Based Inspection Plan *Attach Additional Sheets if Necessary*

1. Briefly identify the higher priority areas and activities to be reviewed and lower priority areas that may be reviewed concurrently.

2. Briefly indicate the major elements to be observed. List individuals/positions to be interviewed.

3. Briefly list the documents to be reviewed when preparing for the inspection (ex. License conditions, license, Wisconsin Rule, WISREGS).

4. List and explain what survey meter(s) will be used on the inspection.

Lead Inspector  
Signature

Date

Materials Program Supervisor  
Signature

Date

# PERFORMANCE EVALUATION CHECKLIST

<b>License Number:</b>		<b>Licensee (Name and Address)</b>	
<b>Inspection Date:</b>			

## Performance Factors

- a. Lack of senior management involvement with the radiation safety program and/or Radiation Safety Officer (RSO) oversight.  Yes  No
- b. RSO too busy with other assignments  Yes  No
- c. Insufficient Training  Yes  No
- d. Radiation Safety Committee fails to meet or function inadequately  Yes  No
- e. Inadequate consulting services or inadequate audits  Yes  No

**Remarks** (consider above assessment and/or other pertinent Performance Evaluation Factors (PEFs):

## Other Pertinent PEFs

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>▪ User not familiar with safety procedures of license conditions</li> <li>▪ Excessive missed surveillance</li> <li>▪ Lack of audits</li> <li>▪ RSO not separated from responsibility for production activities</li> <li>▪ Repeated failure to correct violations identified by consultant or licensee</li> <li>▪ Failure to implement adequate corrective actions on pervious violations</li> <li>▪ Inability to readily retrieve records and documentation pertaining to licensed program</li> <li>▪ Reportable events/medical events since last inspection</li> <li>▪ Numerous repeat violations</li> <li>▪ Numerous medical events</li> <li>▪ Financial instability of licensee</li> <li>▪ Frequent resignation of staff</li> <li>▪ Inability to perform all required surveys on time</li> <li>▪ Lack of training documentation</li> </ul> | <ul style="list-style-type: none"> <li>▪ Failure to assess the performance of personnel training</li> <li>▪ Allegations made since last inspection</li> <li>▪ Licensee not inventorying radioactive material</li> <li>▪ Lack of structure to identify staff responsibilities</li> <li>▪ Company subject to name change, developed into a subsidiary, or transferred</li> <li>▪ Failure to provide training to individuals before authorizing them to use radioactive material</li> <li>▪ Failure to retain authorized users</li> <li>▪ Inadequate RSO attention to radiation safety program</li> <li>▪ Incomplete responses to previously identified violations</li> <li>▪ No evidence of licensee capable of responding to a radiological event</li> <li>▪ Inadequate surveys</li> <li>▪ RSO spends insufficient time at facility</li> <li>▪ Identified violations similar to those previously identified</li> </ul> |
|--|---|



# Radiological Incident Notification Form

## Contact Information

SRC's Name \_\_\_\_\_

Date and Time of Notification \_\_\_\_\_ / \_\_\_\_\_  
Date Time

Incident Reported By:	On-site Contact
Name:	Name:
Title/Organization:	Title/Organization:
Phone Number:	Phone Number:

## Location of Incident (DIRECTIONS)

---



---



---

## Description of Incident

---



---



---

## Radiation Assessment

1. Why do you believe radioactive material is involved?

---

2. Describe the radioactive material including packaging.

---



---

3. Did you observe any writing or inscriptions on the materials?

---

4. Are the shipping papers available?

---

5. Are there any indications of a possible spread of contamination based on meter readings, broken source housing, leaking packaging, etc.

---

6. Has the source or contaminated area been isolated or access to the area restricted?

---

7. What other agencies or personnel are involved?

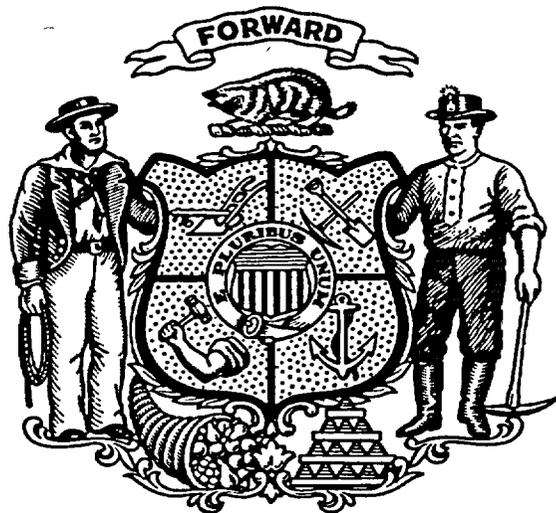
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# Appendix B

*Wisconsin*  
*Chapter HFS 157- Radiation Protection*  
*Regulatory Guide*



**Guidance for Portable Gauge Devices or XRFs  
License Application**

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Department of Health and Family Services  
Radiation Protection Section  
1 West Wilson Street  
P.O. Box 2659  
Madison, WI 53701-2659  
Phone: (608) 267-4797  
Fax: (608) 267-3695

# EXECUTIVE SUMMARY

Wisconsin Regulatory Guide (WISREGS) are issued to describe and make available to the public acceptable methods of implementing specific parts of Wisconsin Administrative Code, Chapter HFS 157 'Radiation Protection' to delineate techniques used by the staff in evaluating past specific problems or postulated accidents, and to provide guidance to applicants, licensees, or registrants. WISREGS are not substitutes for Chapter HFS 157 'Radiation Protection', therefore compliance with them is not required. Methods and solutions different from those set forth in this guide will be acceptable if they provide a basis for the Department of Health and Family Services (DHFS), Radiation Protection Section to determine if a radiation protection program meets the current rule and protects health and safety.

Comments and suggestions for improvements in this WISREG are encouraged. This WISREG will be revised, as appropriate, to accommodate comments and to reflect new information or experience. Comments should be sent to **Department of Health and Family Services, Radiation Protection Section, 1 West Wilson Street, P.O. Box 2659, Madison, WI 53701-2659.**

Requests for single copies of this guide (which may be reproduced) can be made in writing to **Department of Health and Family Services, Radiation Protection Section, 1 West Wilson Street, P.O. Box 2659, Madison, WI 53701-2659**

This Wisconsin Regulatory Guide "Guidance for Portable Gauge Devices or XRFs" has been developed to streamline the application process for a Portable Gauge or XRF License. A copy of the application form##### "Application for Radioactive Material License Authorizing the use of Sealed Sources in Portable Gauge Devices and Portable XRFs" is located in *Appendix A* of this guide.

*Appendix A through K* provides examples, models and additional information that can be used when completing the application.

It typically takes 60-90 days for a license to be processed and issued if the application is complete. When submitting the application be sure to include the appropriate application fee listed in *HFS 157.10* for either a Portable Gauge Device or a Portable XRF.

In summary, the applicant will need to do the following to submit an application for a Portable Gauge Device or XRF license.

- Use this regulatory guide to prepare the application form####
- Complete the application form#### (*Appendix A*). See 'Contents of Application' of the guide for additional information.
- Include any additional attachments.

All supplemental pages should be typed on a 8 ½" x 11" paper.

Please identify all attachments with the applicant's name and license number (if a renewal).

- Avoid submitting proprietary information unless it is absolutely necessary.
- Submit an original signed application along with attachments (if applicable) and if possible a copy on a diskette or CD (Microsoft Word is preferred).
- Submit the application fee.
- Retain one copy of the licensee application and attachments (if applicable) for your future reference. You will need this information because the license will require that radioactive material be possessed and used in accordance with statements, representation, and procedures provided in the application and supporting documentation.

If you have any questions about the application process please contact this office at (608) 267-4797.

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- Appendix B:** Sample XRF Certification Statement
- Appendix C:** Information Needed for Change of Ownership or Control Application
- Appendix D:** Criteria for Acceptable Training Courses for Portable Gauge or XRF Users
- Appendix E:** Typical Duties and Responsibilities of the Radiation Safety Officer
- Appendix F:** Portable Gauge and XRF Audit Checklist
- Appendix G:** Information Needed to Support a Portable Gauge Licensee's Request to Perform Non-routine Maintenance
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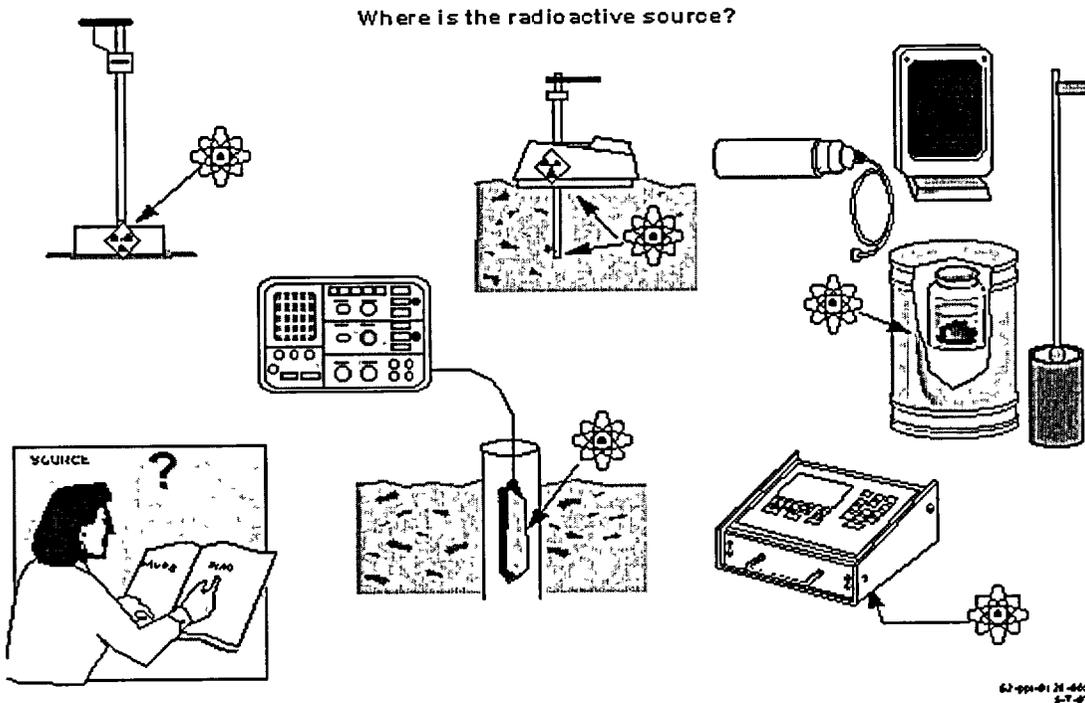
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## ABBREVIATIONS

ALARA	As low as reasonably achievable
Bq	Becquerel
DHFS	Department of Health and Family Services (State of Wisconsin)
DOE	United States Department of Energy
DOT	United States Department of Transportation
GPO	Government Printing Office
IN	Information Notice
mrem	millirem
mSv	millisievert
NIST	National Institute of Standards and Technology
NRC	United States Nuclear Regulatory Commission
NVLAP	National Voluntary Laboratory Accreditation Program
OSL	Optical Stimulated Luminescent Dosimeters
RQ	Reportable Quantities
RSO	Radiation Safety Officer
SS&D	Sealed Source and Devices Bulletin Board System (BBS)
SSD	Sealed Source and Device
Sv	Sievert
TEDE	Total effective dose equivalent
TI	Transportation Index
TLD	Thermoluminescent dosimeters
XRF	X-ray Fluorescence Analyzer

## PURPOSE OF REPORT

This report provides guidance to an applicant in preparing a portable gauge or XRF license application as well as the department criteria for evaluating a portable gauge license application. It is not intended to address the research and development of gauging devices or the commercial aspects of manufacturing, distribution, and service of such devices. Within this document, the phrases, "portable gauge," "gauging devices," or "XRF" and the term "gauge" may be used interchangeably.



**Figure 1. Where is the Radioactive Source?** *The wide variety of portable gauge designs include placing the sealed source in different locations, resulting in different radiation safety problems.*

This report addresses the variety of radiation safety issues associated with portable gauges and XRFs of many designs. As shown in Figure 1., portable gauges are of many different designs based, in part, on their intended use (e.g., to measure moisture, density, thickness of asphalt, liquid level). Because of differences in design, manufacturers provide appropriate instructions and recommendations for proper operation and maintenance. In addition, with gauges and XRFs of varying designs, the sealed sources may be oriented in different locations within the devices, resulting in different radiation safety problems.

This report identifies the information needed to complete the department *Form ??? (Appendix A)*, "Application for Radioactive Material License Authorizing the Use of Sealed Sources in Portable Gauge Devices and XRFs," for the use of sealed sources in portable gauging devices or XRFs.

The format within this document for each item of technical information is as follows:

- Rule--references the regulations applicable to the item;
- Criteria--outlines the criteria used to judge the adequacy of the applicant's response;
- Discussion--provides additional information on the topic sufficient to meet the needs of most readers; and
- Response from Applicant--provides suggested response(s), offers the option of an alternative reply, or indicates that no response is needed on that topic during the licensing process.

The information submitted in the application must be sufficient to demonstrate that proposed equipment, facilities, personnel, and procedures are adequate to protect the health and safety of the citizens of Wisconsin according to the department's guidelines. Submission of incomplete or inadequate information will result in delays in the approval process for the license. Additional information will be requested when necessary to ensure that an adequate radiation safety program has been established. Such requests for additional information will be requested when necessary. Such requests for additional information will delay completion of the application's review and may be avoided by a thorough study of the regulations and these instructions prior to submitting the application. \_\_

## MANAGEMENT RESPONSIBILITY

The department recognizes that effective radiation safety program management is vital to achieving safe and compliant operations. The department also believes that consistent compliance with Chapter *HFS 157* provides reasonable assurance that licensed activities will be conducted safely. *DHFS* has found that effective management is key to a well-run radiation safety program. Management refers to a senior-level manager who has responsibility for overseeing licensed activities.

To ensure adequate management involvement, a management representative must sign the submitted application acknowledging management's commitments and responsibility for all the following:

- Radiation safety, security and control of radioactive materials, and compliance with *HFS 157*;
- Completeness and accuracy of the radiation safety records and all information provided to the department;
- Knowledge about the contents of the license and application;
- Committing adequate resources (including space, equipment, personnel, time and if needed, contractors) to the radiation protection program to ensure that public and worker safety is protected from radiation hazards and compliance with the rule is maintained;
- Selecting and assigning a qualified individual to serve as the Radiation Safety Officer (RSO) for their licensed activities.

## APPLICABLE RULE

It is the applicant's or licensee's responsibility to obtain read and follow *HFS 157*.

The following subchapters of Chapter HFS 157 "Radiation Protection" contain regulations applicable to Portable Gauge Devices or XRFs.

- Subchapter I, "General Provisions"
- Subchapter II, "Licensing of Radioactive Materials"
- Subchapter III, "Standards for Protection from Radiation"
- Subchapter X, "Notices, Instructions and Reports to Workers"
- Subchapter XI, "Inspection by the Department"
- Subchapter XII, "Enforcement"
- Subchapter XIII, "Transportation"

To request copies of the above documents, call *Department of Health and Family Services, Radiation Protection Section* at (608) 267-4797.

# HOW TO FILE

## PAPER APPLICATION

Applicants for a materials license should do the following:

- Be sure to use the most recent guidance in preparing an application.
- Complete *DHFS* form##### (*Appendix A*).
- For each separate sheet, other than submitted with the application, identify and key it to the item number on the application, or the topic to which it refers.
- Submit all documents on 8 ½ x 11 – inch paper.
- Avoid submitting proprietary information unless it is absolutely necessary.
- Submit an original, signed application.
- Retain one copy of the license application for your future reference.

Deviations from the suggested wording of responses as shown in this document or submission of alternative procedures may require a custom review.

*Note: In this document, dose or radiation dose is used as defined in HFS 157.03, i.e., a generic term that means absorbed dose, dose equivalent, committed dose equivalent, committed effective dose equivalent, or total effective dose equivalent. These latter terms are also defined in HFS 157.03.*

## WHERE TO FILE

Applicants wishing to process or use radioactive material in Wisconsin are subject to the requirements of *HFS 157* and must file a license application with:

*Department of Health and Family Services  
Radiation Protection Section  
1 West Wilson Street  
P.O. Box 2659  
Madison, WI 53701-2659  
Phone: (608) 267-4797  
Fax: (608) 267-3695*

## LICENSEE FEES

The appropriate fee must accompany each application or license amendment request. Refer to *HFS 157.10* to determine the amount of the fee. The department will not issue the new license prior to fee receipt. Once technical review has begun, no fees will be refunded. Application fees will be charged regardless of the department's disposition of an application or the withdrawal of an application.

Licensees are also subject to annual fees; refer to *HFS 157.10*.

Direct all questions about the department's fees or completion of Item 10 of DHFS Form##### (*Appendix A*) to the *Department of Health and Family Services, Radiation Protection Section* at (608) 267-4797.

# CONTENTS OF AN APPLICATION

## Item 1: License Action Type

On the application check the appropriate box and list the license number for renewal and amendments.

ITEM 1. TYPE OF APPLICATION (Check All That Apply)	
<input type="checkbox"/> NEW LICENSE	
<input type="checkbox"/> RENEWAL	License # _____
<input type="checkbox"/> AMENDMENT	License # _____
<input type="checkbox"/> PORTABLE GAUGE(S)	<input type="checkbox"/> PORTABLE X-RAY FLUORESCENCE ANALYZER(S)

## Item 2: Applicant's Name and Mailing Address

List the legal name of the applicant's corporation or other legal entity with direct control over use of the radioactive material; a division or department within a legal entity may not be a licensee. An individual may be designated as the applicant only if the individual is acting in a private capacity and the use of the radioactive material is not connected with employment in a corporation or other legal entity. Provide the mailing address where correspondence should be sent.

*Note:* The department must be notified in the event of change of ownership or control and bankruptcy proceedings; see below for more details.

### Timely Notification of Change of Ownership or Control:

**Regulations:** *HFS 157.13*

**Criteria:** Licensees must provide full information and obtain the department's **written consent** prior to transferring ownership or control of the license, or, as some licensees call it, "transferring the license."

**Discussion:** Changes in ownership may be the results of mergers, buyouts, or majority stock transfers. Although it is not the department's intent to interfere with the business decisions of licensees, it is necessary for licensees to obtain prior **DHFS** written consent. This is to ensure the following:

- Radioactive materials are possessed, used, or controlled only by persons who have valid **DHFS** licenses;
- Materials are properly handled and secured;
- Persons using these materials are competent and committed to implementing appropriate radiological controls;
- A clear chain of custody is established to identify who is responsible for final disposal of gauge or XRF; and
- Public health and safety are not compromised by the use of such materials.

**Response from applicant:** None from an applicant for a new license; *Appendix C* identifies the information to be provided about changes of ownership or control.

## Notification of Bankruptcy Proceedings

**Regulation:** *HFS 157.13(10)*

**Criteria:** Immediately following filing of voluntary or involuntary petition for bankruptcy for or against a licensee, the licensee must notify *DHFS* in writing, identifying the bankruptcy court in which the petition was filed and the date of filing.

**Response from applicant:** None at time of application for a new license.

---

## Item 3: Person To Be Contacted About This Application

Identify the individual who can answer questions about the application and include his or her telephone number. This is typically the proposed radiation safety officer, unless the applicant has named a different person as the contact. *DHFS* will contact this individual if there are questions about the application.

Notify *DHFS* if the contact person or his or her telephone number changes so that *DHFS* can contact the applicant or licensee in the future with questions, concerns, or information. This notice is for "information only" and does not require a license amendment or a fee.

Applicants should note that deviations from the suggested responses and submission of alternative procedures may require custom review.

---

## Item 4: Address(es) Where Licensed Material Will Be Used or Possessed

Most applicants need to provide two types of information in response to Item 3:

- Description of storage, use, and dispatch locations
- Specification of whether they intend to use the portable gauge or XRF at temporary job sites

Specify the street address, city, and state or other descriptive address (such as on Highway 10, 5 miles east of the intersection of Highway 10 and State Route 234, Anytown, State) for each permanent facility used as a location of storage or use, and each facility from which the applicant will dispatch gauge and XRF users to job sites for more than one customer. If gauges or XRFs will NOT be stored at a dispatch site, so indicate. The descriptive address should be sufficient to allow an *DHFS* inspector to find the storage location. A Post Office Box address is not acceptable.

Being granted a *DHFS* license does not relieve a licensee from complying with other applicable Federal, State, or local regulations (e.g., local zoning requirements for storage locations).

To conduct operations at temporary jobsites (i.e., locations where work is conducted for limited periods of time and from which gauge or XRF users are NOT dispatched to jobsites for other customers), specify "temporary job sites anywhere in Wisconsin where *DHFS* maintains jurisdiction."

**Note:** As discussed later under "Financial Assurance and Record keeping for Decommissioning," licensees need to maintain permanent records on where licensed material was used or stored while the license was in force. This is important for making future determinations about the release of these locations for unrestricted use (e.g., before the license is terminated). For portable gauge licensees, acceptable records are sketches or written descriptions of storage or use locations specifically listed on the license. Licensees do not need to maintain this information for temporary job sites or temporary storage locations where sources have never leaked.

---

## **Item 5: Individual(s) Responsible for Radiation Safety Program and Their Training and Experience - Radiation Safety Officer (RSO)**

**Regulations:** *HFS 157.13(2); HFS 157.05(4)*

**Criteria:** RSOs must have adequate training and experience. *DHFS* will accept successful completion of one of the following as evidence of adequate training and experience:

- Portable gauge manufacturer's course for users or for RSOs
- Equivalent course that meets *Appendix D* criteria

**Discussion:** The person responsible for the radiation protection program is called the RSO. The RSO needs independent authority to stop operations that he or she considers unsafe. He or she must have sufficient time and commitment from management to fulfill certain duties and responsibilities to ensure that radioactive materials are used in a safe manner. Typical RSO duties are illustrated in **Figure 2** and described in *Appendix E*. *DHFS* requires the name of the RSO on the license to ensure that licensee management has always identified a responsible, qualified person and that the named individual knows of his or her designation as RSO.

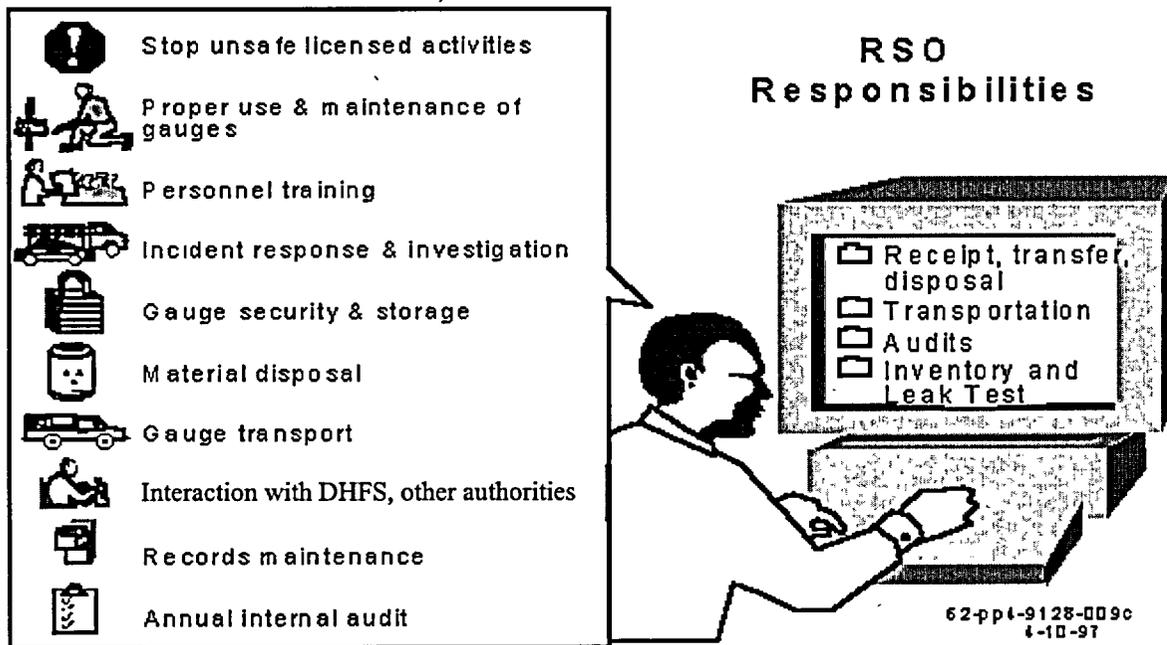


Figure 2. RSO Responsibilities. Typical duties and responsibilities of RSOs.

**Response from Applicant:**

<b>ITEM 5. RADIATION SAFETY OFFICER (RSO) (Attach evidence of training and experience and check one box)</b>	
NAME: _____	TELEPHONE (Include Area Code) _____
<input type="checkbox"/> Before obtaining radioactive material, the proposed RSO will have successfully completed one of the training courses described in Criteria in the section entitled "Individual(s) Responsible for Radiation Safety Program and Their Training and Experience - Radiation Safety Officer" in WISREG "Guidance for Portable Gauge Devices or Portable XRFs."	
<i>AND</i>	
Before being named as the RSO, future RSOs will have successfully completed one of the training courses described in Criteria in the section entitled "Individual(s) Responsible for Radiation Safety Program and Their Training and Experience- Radiation Safety Officer" in WISREG "Guidance for Portable Gauge Devices or Portable XRFs."	
<i>OR</i>	
<input type="checkbox"/> Alternative information demonstrating that the proposed RSO is qualified by training and experience is attached.	

**Note:**

- It is important to notify *DHFS*, as soon as possible, of changes in the designation of the *RSO*.
- Alternative responses will be reviewed against the criteria listed above.

## Item 6: Training for Individuals Working in or Frequenting Restricted Areas

Regulations: *HFS 157.88(1-2); HFS 157.89(4)(c); HFS 157.05(4); HFS 157.03(87);  
0 HFS 157.13(2).*

**Criteria:** Authorized users must have adequate training and experience. In the past, *DHFS* has found successful completion of one of the following as evidence of adequate training and experience:

- Portable gauge manufacturer's course for users
- Equivalent course that meets *Appendix D* criteria

**Discussion:** The individuals using the gauges or XRFs are usually referred to as authorized users. Authorized users have the responsibility to ensure the surveillance, proper use, security, and routine maintenance of portable gauges or XRFs containing licensed material.

### Response from Applicant:

<p><b>ITEM 6. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS</b> (Check one box)</p> <p><input type="checkbox"/> Before using radioactive material, authorized users will have successfully completed one of the training courses described in Criteria in the section entitled "Training for Individuals Working In or Frequenting Restricted Areas" in WISREG "Guidance for Portable Gauge Devices or Portable XRFs."</p> <p><b>NOTE: IF USING AN IN-HOUSE TRAINING PROGRAM, SUBMIT COPY OF COURSE CONTENT, SAMPLE COURSE EXAMINATION AND COURSE INSTRUCTOR QUALIFICATIONS.</b></p> <p style="text-align: center;"><i>OR</i></p> <p><input type="checkbox"/> Documentation of the training and experience for the proposed gauge user(s) is attached.</p>
--

### Note:

- Records of training should be maintained.
- Alternative responses will be evaluated against the criteria listed above.

---

## Item 7: Radioactive Material

### Item 7.1: Radioactive Material - Sealed Sources and Devices

Regulation: *HFS 157.(13)(1-2)*

**Criteria:** Licensees will only be authorized for sealed sources and devices registered by *DHFS*, the *NRC* or an Agreement State.

**Discussion:** *NRC* or an Agreement State performs a safety evaluation of gauges or XRFs before authorizing a manufacturer to distribute the gauges or XRFs to specific licensees. The safety evaluation is documented in a Sealed Source and Device (SSD) Registration Certificate, also called an SSD Registration Sheet. When issuing a portable gauge or XRF license, the department usually provides a

generic authorization to allow the licensee to possess and use any sealed source/device combination that has been registered by *NRC* or an Agreement State. This method of authorization allows licensees flexibility in obtaining new source/device combinations without having to amend their licenses.

Consult with the proposed supplier to ensure that sources and devices conform to the sealed source and device designations registered with *NRC* or an Agreement State. Licensees may not make any changes to the sealed source, device, or source/device combination that would alter the description or specifications from those indicated in the respective registration certificates, without obtaining the department's prior permission in a license amendment.

**Response from applicant:**

- Identify each radionuclide that will be used in each source in the gauging device(s).
- Confirm that each sealed source, device, and source/device combination is registered as an approved sealed source or device by *NRC* or an Agreement State.
- Confirm that the activity per source will not exceed the maximum activity listed on the approved certificate of registration issued by *NRC* or by an Agreement State.

*Note:* Information on *SSD* registration certificates is also available electronically on *NRC's* Sealed Source and Devices Bulletin Board System (*SS&D BBS*) which can be accessed, free of charge, on the internet at: <http://www.hsrdoornl.gov/nrc/ssdrform.htm>. For information about the *SS&D BBS* or the new electronic location, contact the *NRC's* Registration Assistant at (301) 415-7231 or alternatively contact *DHFS*

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## **Item 7.2: Radioactive Material - Financial Assurance and Record Keeping for Decommissioning**

**Regulations:** *HFS 157.13(10) and (15); HFS 157.15*

**Criteria:** Portable gauge or XRF licensees possessing sealed sources containing radioactive material in excess of the limits specified in *HFS 157.15* must provide evidence of financial assurance for decommissioning.

Licensees are required to maintain, in an identified location, decommissioning records related to structures and equipment where gauges or XRFs are used or stored and to leaking sources. Licensees must transfer records important to decommissioning either to the new licensee before licensed activities are transferred or assigned in accordance with *HFS 157(13)* or to the department before the license is terminated.

**Discussion:** The requirements for financial assurance are specific to the types and quantities of radioactive material authorized on a license. Most portable gauge applicants and licensees do not need to comply with the financial assurance requirements because the thresholds for sealed sources are  $3.7 \times 10^6$  gigabecquerels (100,000 curies) of cesium-137 or  $3.7 \times 10^3$  gigabecquerels (100 curies) of americium-241 or californium-252. Thus, a licensee would need to possess hundreds of gauges (typically containing about 0.30 gigabecquerels (8 millicuries) of cesium-137 and 1.5 gigabecquerels (40 millicuries) of americium-241) before the financial assurance requirements would apply. Since the standard portable gauge license does not specify the maximum number of gauges that the licensee may possess (allowing the licensee flexibility in obtaining gauges as needed without amending its license), it contains a condition requiring the licensee to limit its possession of gauges to quantities not requiring financial assurance for

decommissioning. Applicants and licensees desiring to possess gauges exceeding the threshold amounts must submit evidence of financial assurance.

The same regulation also requires that licensees maintain records important to decommissioning in an identified location. All portable gauge licensees need to maintain records of structures and equipment where gauges are used or stored at locations specifically listed on the license. As-built drawings with modifications of structures and equipment shown as appropriate fulfill this requirement. If drawings are not available, licensees may substitute appropriate records concerning the areas and locations. In addition, if portable gauge licensees have experienced unusual occurrences (e.g., leaking sources, other incidents that involve spread of contamination), they also need to maintain records about contamination that remains after cleanup or that may have spread to inaccessible areas.

For portable gauge licensees whose sources have never leaked, acceptable records important to decommissioning are sketches or written descriptions of portable gauge storage or use locations specifically listed on the license. Similar information need not be maintained for temporary job sites.

**Response from applicants:** No response is needed from most applicants. If financial assurance is required, submit evidence.

Licensees must transfer records important to decommissioning either to the new licensee before licensed activities are transferred or assigned in accordance with *HFS 157.13(10)* or to the department before the license is terminated.

**Reference:** *NRC Regulatory Guide 3.66* "Standard Format and Content of Financial Assurance Mechanisms Required for Decommissioning Under 10 CFR Parts 30, 40, 70 and 72," is available from the *NRC* upon request.

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### Item 7.3: Purpose(s) for Which Licensed Material Will Be Used

**Regulations:** *HFS 157.13(2)*

**Criteria:** Proposed activity is authorized by Chapter HFS 157 "Radiation Protection" and devices will be used only for the purposes for which they were designed and according to the manufacturer's recommendations for use as specified in an approved SSD Registration Sheet.

**Response from applicant:** If the gauging device(s) will be used for the purposes listed on the SSD Registration Sheet, state the following: Gauges will be used for the purposes described in their respective SSD Registration Sheets. If the gauging device(s) will be used for purposes other than those listed on the SSD Registration Sheet, specify these other purposes.

**Note:**

- The typical portable gauge license authorizes use "to measure physical properties of materials."
  - Unusual uses will be evaluated on a case-by-case basis and the authorized use condition will reflect approved uses.
-

## Item 8: Facilities and Equipment

Response from the applicant:

ITEM 8. FACILITIES AND EQUIPMENT (Check box and attach diagram.)

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

## ITEM 9: Radiation Safety Program

### Item 9.1: Radiation Safety Program - Audit Program

Regulations: *HFS 157.21; HFS 157.31(2)*

Criteria: Licensees must review the content and implementation of their radiation protection programs annually to ensure the following:

- Compliance with the department and DOT regulations, and the terms and conditions of the license;
- Occupational doses and doses to members of the public are as low as reasonably achievable (ALARA) (*HFS 157.21*); and
- Records of audits and other reviews of program content are maintained for 3 years.

Discussion: *Appendix F* contains a suggested audit program that is specific to the use of portable gauges or XRFs and is acceptable to the department. All areas indicated in *Appendix F* may not be applicable to every licensee and may not need to be addressed during each audit.

Currently the department's emphasis in inspections is to perform actual observations of work in progress. As a part of their audit programs, applicants should consider performing unannounced audits of gauge users in the field to determine if, for example, Operating and Emergency Procedures are available, are being followed, etc.

It is essential that once identified, problems be corrected comprehensively and in a timely manner; *NRC* Information Notice (IN) 96-28, "Suggested Guidance Relating to Development and Implementation of Corrective Action," provides guidance on this subject. The department will review the licensee's audit results and determine if corrective actions are thorough, timely, and sufficient to prevent recurrence. If violations are identified by the licensee and these steps are taken, the department can exercise discretion and may elect not to cite a violation. The department's goal is to encourage prompt identification and prompt, comprehensive correction of violations and deficiencies.

With regard to audit records, *HFS 157.31 (2)* requires licensees to maintain records of "... audits and other reviews of program content and implementation." The department has found audit records that contain the following information to be acceptable: date of audit, name of person(s) who conducted audit, persons contacted by the auditor(s), areas audited, audit findings, corrective actions, and follow-up.

**Response From Applicant:**

**ITEM 9.1 RADIATION SAFETY AUDIT PROGRAM**

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

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**Item 9.2: Radiation Safety Program - Termination of Activities**

**Regulations:** *HFS 157.13(11) and (15); HFS 157.15; HFS 157.31*

**Criteria:** The licensee must do the following:

- Notify *DHFS*, in writing, within 60 days, when principal activities have not been conducted for a period of 24 months or a decision is made to permanently cease licensed activities.
- Certify the disposition of licensed materials by submission of *DHFS Form ???*, "Request for Termination of Specific License and Disposition of Radioactive Material," available from *DHFS* upon request.
- Before a license is terminated, send the records important to decommissioning (as required by *HFS 157.15*) to the department. If licensed activities are transferred or assigned in accordance with *HFS 157.13 (15)*, transfer records important to decommissioning to the new licensee.

**Discussion:** For guidance on the disposition of licensed material, see the section on Waste Management - Gauge Disposal or Transfer. For guidance on decommissioning records, see the section on Radioactive Materials - Financial Assurance and Record keeping for Decommissioning.

**Response from Applicant:**

**ITEM 9.2 RADIATION SAFETY PROGRAM – TERMINATION OF ACTIVITIES (Check box)**

- We will notify DHFS, on a departmental form, within 30 days of the decision to permanently cease radioactive material use. s. *HFS 157.13 (11) (c)*

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**Item 9.3: Radiation Safety Program - Instruments**

**Regulations:** *HFS 157.13(2); HFS 157.05(3); HFS 157.52(4)*

**Criteria:** A radiation survey meter should

- Be capable of detecting gamma radiation
- Be calibrated on an interval not to exceed 12 months and after each instrument servicing.
- Be checked for functionality before use (e.g., with the gauge or a check source)

**Discussion:** Each year there are a number of incidents involving gauges at construction sites (e.g., construction equipment running over the gauge). It is important to determine as soon as possible after an incident, by the use of a radiation survey meter, whether the shielding and source are intact.

Portable gauges licensees are required by *HFS 157.05(3)* to have a calibrated and operable radiation survey instrument available at each site where portable gauge is used. XRF licensees are not required to have a radiation survey instrument.

**Response from Applicant:**

<p><b>ITEM 9.3. SURVEY EQUIPMENT (Check one box)</b></p> <p><input type="checkbox"/> We will either possess and use, or have access to and use, a radiation survey meter that meets the Criteria in the section entitled "Radiation Safety Program – Instruments" in WISREG "Guidance for Portable Gauge Devices or Portable XRFs."</p> <p style="text-align: center;"><i>OR</i></p> <p><input type="checkbox"/> We will submit an alternative procedure for determining source integrity after an incident involving the portable gauge device or portable XRF. (Procedures are attached)</p>
--

**Note:**

- XRF licensees are not required to have a radiation survey instrument.
- Prior to non-routine maintenance that requires removing the source or source rod from the gauge a calibrated and operable radiation survey instrument will be required.

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**Item 9.4: Radiation Safety Program - Material Receipt and Accountability**

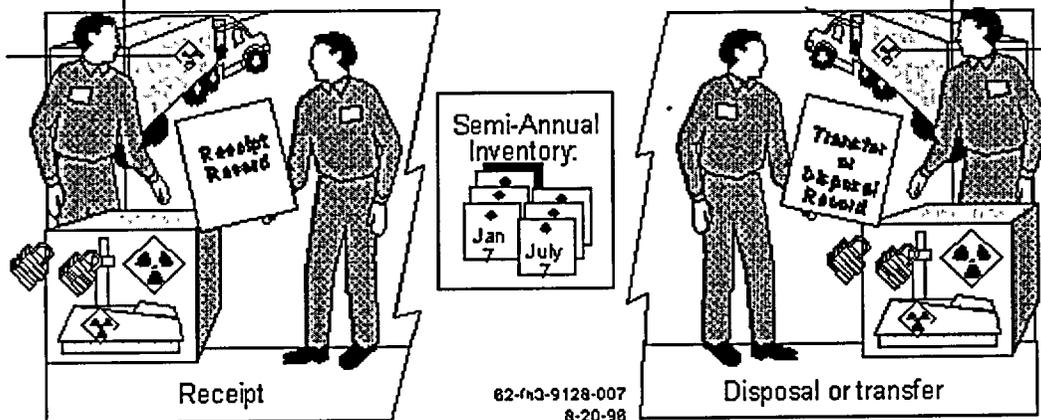
**Regulations:** *HFS 157.13(9)(b) and (10); HFS 157.31; HFS 157.13(15)*

**Criteria:** Licensees must do the following:

- Maintain records of receipt, transfer, and disposal of gauges or XRFs and
- Conduct physical inventories at intervals not to exceed 6 months (or some other interval justified by the applicant) to account for all sealed sources.

**Discussion:** As illustrated in **Figure 3**, licensed materials must be tracked from "cradle to grave" in order to ensure gauge accountability, identify when gauges or XRFs could be lost, stolen, or misplaced, and ensure that, if the licensee possesses gauges exceeding threshold amounts, the licensee complies with financial assurance requirements in *HFS 157.15*. Many licensees record daily use of gauges or XRFs in a logbook as part of their accountability program; see the suggested Operating Procedures in *Appendix H*.

### Cradle to Grave Accountability



**Figure 3. Material Receipt and Accountability.** Licensees must maintain records of receipt and disposal and conduct semiannual inventories.

#### Response from Applicant:

##### ITEM 9.4 MATERIAL RECEIPT AND ACCOUNTABILITY (Check one box)

Physical inventories will be conducted at intervals not to exceed 6 months, to account for all sealed sources and devices received and possessed under the license.

OR

We will submit a description of the frequency and procedures for ensuring that no gauge has been lost, stolen, or misplaced.

#### Note:

- Alternative responses will be evaluated against the criteria listed above.
- Inventory records should be maintained and contain the following types of information:
  - Radionuclide and amount (in units of becquerels or curies) of radioactive material in each sealed source;
  - Manufacturer's name, model number, and serial number (if appropriate) of each device containing radioactive material;
  - Location of each sealed source and device;
  - Date of the inventory.

#### Item 9.5: Radiation Safety Program - Occupational Dosimetry

Regulations: *HFS 157.25(2); HFS 157.22(1)(7-8); HFS 157.25(2)(a)(6)*

Criteria: Applicants must do either of the following:

- Provide dosimetry processed and evaluated by a National Voluntary Laboratory Accreditation Program (NVLAP) approved processor that is exchanged at a frequency recommended by the processor. *Portable gauge licensees must provide dosimetry processed and evaluated by NVLAP.*

OR

- Maintain, for inspection by the department, 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 as shown in Figure 4.

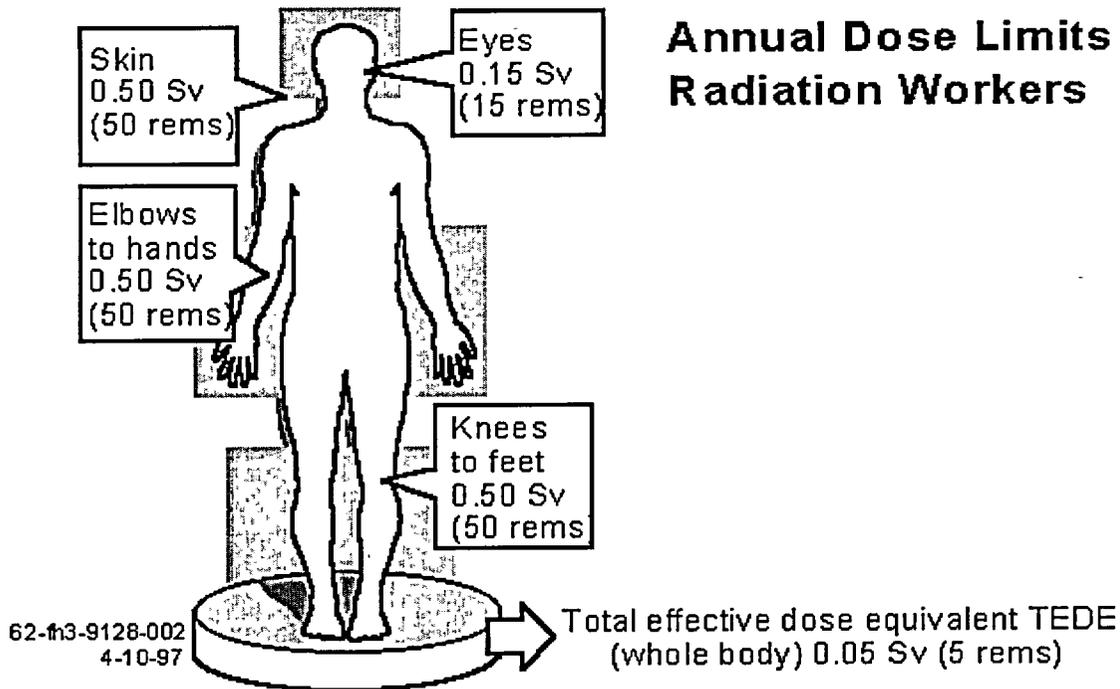


Figure 4. Annual Dose Limits for Radiation Workers.

**Discussion:** Under conditions of routine use, the typical XRF user does not require a personnel monitoring device (dosimetry). However a written evaluation demonstrating that XRF users are not likely to exceed 10 percent of the applicable limits and thus, are not required to have personnel dosimetry is required. *Appendix I Part I* provides guidance on preparing this written evaluation demonstrating.

Most licensees use either film badges, optically stimulated luminescent (OSLs) or thermoluminescent dosimeters (TLDs) that are supplied by an *NVLAP*-approved processor. The exchange frequency for film badges is usually monthly due to technical concerns about film fading. The exchange frequency for *TLDs* is usually quarterly. Applicants should verify that the processor is *NVLAP*-approved. Consult the *NVLAP*-approved processor for its recommendations for exchange frequency and proper use.

**Response from Applicant:** Provide either of the following:

**ITEM 9.5 OCCUPATIONAL DOSIMETRY** (Check one box)

- We will maintain, for inspection by DHFS, 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 s. *HFS 157.22*.
- OR*
- We will provide dosimetry processed and evaluated by a *NVLAP*-approved processor that is exchanged at a frequency recommended by the processor. (Note: Individuals operating portable moisture/density measuring devices under any operating conditions must be monitored for occupational exposure to radiation.) s. *HFS 157.25 (2) (a) 6*.

Reference: *National Institute of Standards and Technology (NIST) Publication 810*, "National Voluntary Laboratory Accreditation Program Directory," is published annually and is available for purchase from *United States Government Printing Office* and on the Internet at the following address: <http://ts.nist.gov/ts/htdocs/210/214/dosim.htm>.

### Item 9.6: Radiation Safety Program - Public Dose

Regulations: *HFS 157.23 (1-2); HFS 157.03; HFS 157.28 (1) (a) and (b); HFS 157.31 (8)*

Criteria: Licensees must do the following:

- Ensure that licensed gauges will be used, transported, and stored in such a way that members of the public will not receive more than 1 millisievert (100 millirem) in one year, and the dose in any unrestricted area will not exceed 0.02 millisievert (2 millirem) in any one hour, from licensed operations.
- Control and maintain constant surveillance over gauges that are not in storage and secure stored gauges from unauthorized removal or use.

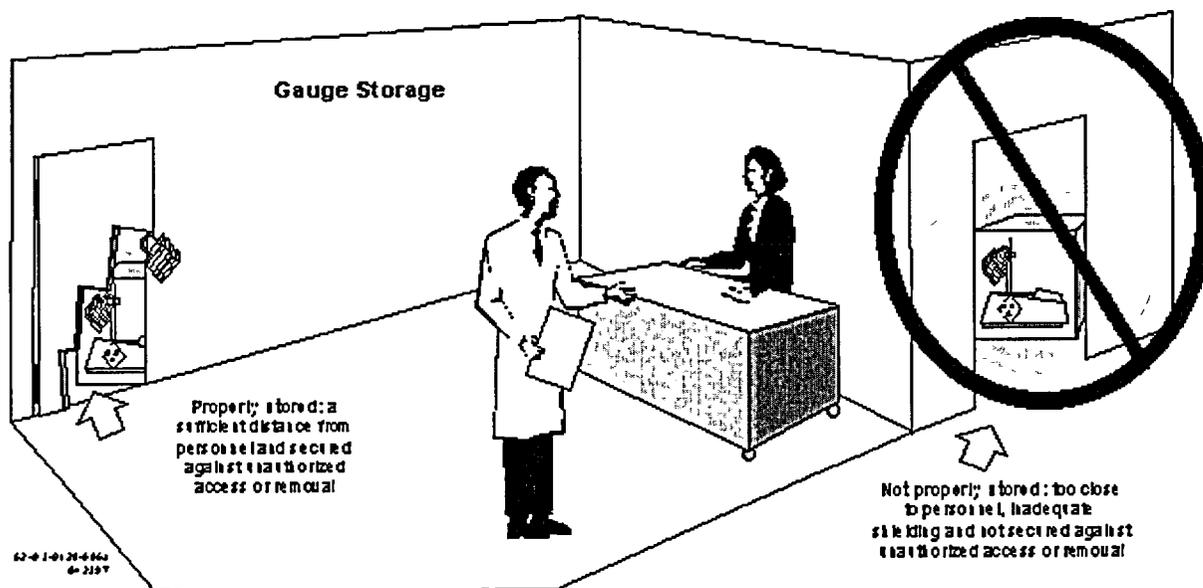


Figure 5. Storing Gauges. Gauges should be stored away from occupied areas and secured against unauthorized removal.

**Discussion:** Members of the public include persons who live, work, or may be near locations where portable gauges or XRFs are used or stored and employees whose assigned duties do not include the use of licensed materials and who work in the vicinity where gauges or XRFs are used or stored.

Operating and emergency procedures regarding security and surveillance specified under that section of this document should be sufficient to limit the exposure to the public during use or storage and after accidents. Public dose is controlled, in part, by ensuring that gauges and XRFs not in use are stored securely (e.g., stored in a locked area) to prevent unauthorized access or use. See Figure 5. If gauges and XRFs are not in storage, then authorized users must maintain constant surveillance to ensure that

members of the public, who could be co-workers, cannot get near the gauges or XRFs nor use them, and thus receive unneeded radiation exposure.

Public dose is also affected by the choice of storage location and conditions. Since a gauge or XRF presents a radiation field during storage, it must be stored so that the radiation level in an unrestricted area (e.g., an office or the exterior surface of an outside wall) does not exceed 1 mSv (100 mrem) in a year or 0.02 mSv (2 mrem) in any one hour. Use the concepts of time, distance, and shielding when choosing a permanent or temporary storage location. Decreasing the time spent near a gauge or XRF, increasing the distance from the gauge or XRF, and using shielding (i.e., brick, concrete, lead, or other solid walls) will reduce the radiation exposure. As a rule of thumb, gauges and XRFs should be stored as far away as possible from areas that are occupied by members of the public.

Licensees can determine the radiation levels adjacent to the storage location either by calculations or a combination of direct measurements and calculations using some or all of the following: typical known radiation levels provided by the manufacturer, the "inverse square" law to evaluate the effect of distance on radiation levels, and occupancy factors to account for the actual presence of the member of the public and of the gauge(s) or XRF(s). See *Part 2 of Appendix I* for examples.

If, after making an initial evaluation, a licensee makes changes affecting the storage area (e.g., changing the location of gauges or XRFs within the storage area, removing shielding, adding gauges or XRFs, changing the occupancy of adjacent areas, moving the storage area to a new location), then the licensee must ensure that gauges and XRFs are properly secured, perform a new evaluation to ensure that the public dose limits are not exceeded, and take corrective action, as needed.

#### Response from Applicant:

##### 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 : Radiation Safety Program - Operating and Emergency Procedures

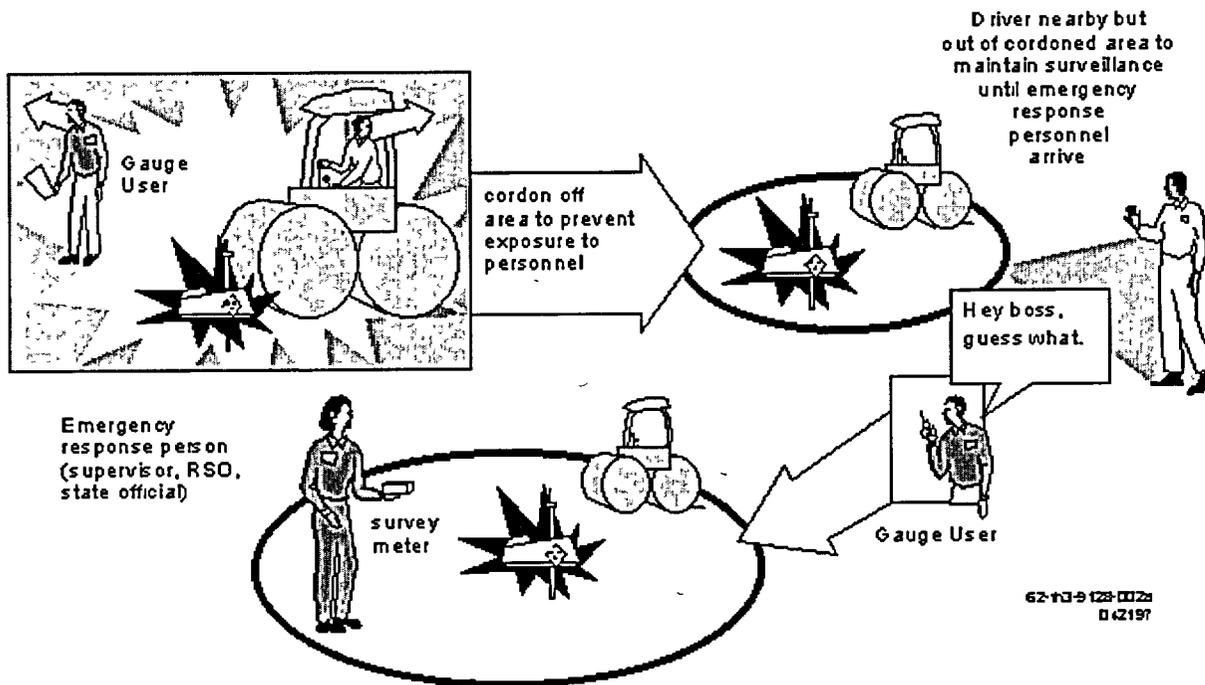
Regulations: *HFS 157.13 (9) (a) and (b); HFS 157.21; HFS 157.32 (1-3); HFS 157.32; HFS 157.28 (1) (a) and (b);*

Criteria: Each applicant must do the following:

- Develop, implement, and maintain operating and emergency procedures containing the following elements:
  - Instructions for using the portable gauge or XRF and performing routine maintenance, according to the manufacturer's recommendations and instructions
  - Instructions for maintaining security during storage and transportation
  - Instructions to keep the gauge or XRF under control and immediate surveillance during use
  - Steps to take to keep radiation exposures *ALARA*
  - Steps to maintain accountability during use
  - Steps to control access to a damaged gauge or XRF and
  - Steps to take, and whom to contact, when a gauge or XRF has been damaged.

- If gauges are used for measurements with the unshielded source extended more than 3 feet beneath the surface, licensees must do the following
  - require use of surface casing or alternative procedures to ensure the source can move freely in the hole
  - provide instructions for procedures to follow to retrieve a stuck source
  - require reporting to *DHFS*, pursuant to *HFS 157.13 (17)*, when a stuck source cannot be retrieved.
- Provide copies of operating and emergency procedures to all gauge or XRF users and at each job site.

### Proper Handling of Incidents



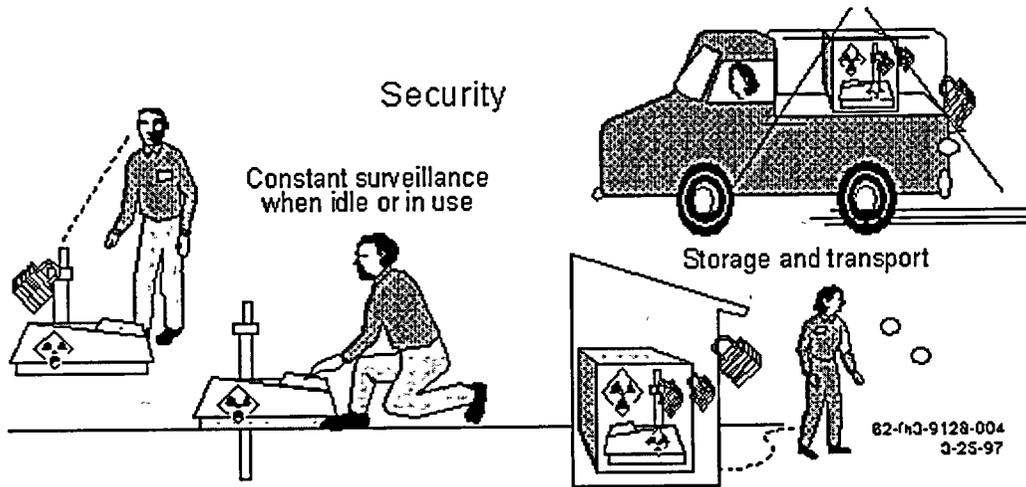
**Figure 6. Proper Handling.** Gauges are often damaged by heavy equipment at job sites and emergency procedures need to minimize radiation safety risk.

**Discussion:** Lost or stolen gauges or XRFs and, as illustrated in **Figure 6**, gauges damaged by heavy equipment during use at job sites are the most common occurrences that present a potentially significant radiation safety risk. **Figure 6** illustrates steps that should be taken to prevent loss, theft, or unauthorized use. Operating and emergency procedures should be developed to minimize these risks. The department considers security of gauges and XRFs extremely important and lack of security is a significant violation for which gauge or XRF licensees are fined. See *Appendix H* for sample procedures.

Certain portable gauges are used to make measurements with the unshielded source extended more than 3 feet beneath the surface. Unless precautionary measures are taken, it is possible for the source to be buried under dirt or concrete that collapses around the source during the measurements. Precautionary measures need to be planned in advance to prevent these sources from being buried and to recover sources should they become stuck. To ensure that the hole is free of debris, it is not likely that debris will re-enter the cased hole, and the source will be able to move freely, it is acceptable for licensees to use surface casing

from the lowest depth to 12 inches above the surface. If it is not feasible to extend the casing 12 inches above the surface, licensees may cap the hole and use dummy probes before making measurements with an unshielded source to ensure that the hole is free of obstructions.

Notify the department when gauges or XRFs are lost, stolen, or certain other conditions are met. Refer to the regulations for a description of when and where notifications are required.



**Figure 7. Security.** To avoid lost or stolen gauges, licensees must keep the gauges under constant surveillance, or secured against unauthorized use or removal.

**Response from Applicant:**

**ITEM 9.7 OPERATING AND EMERGENCY PROCEDURES** (Check one box)

We will implement and maintain the operating and emergency procedures in Appendix H of WISREG "Guidance for Portable Gauge Devices or Portable XRFs" and provide copies of these procedures to all gauge users and at each job site.

*OR*

Operating and emergency procedures will be developed, implemented, and maintained, and will meet criteria in the section entitled 'Radiation Safety Program – Operating and Emergency Procedures' in WISREG "Guidance for Portable Gauge Devices or XRFs." (Procedures are attached)

*Note:* Alternative procedures will be reviewed against the criteria listed above.

**Item 9.8: Radiation Safety Program - Leak Tests**

**Regulations:** *HFS 157.06(3)*

**Criteria:** The department requires testing to determine whether there is any radioactive leakage from the source in the device. The department finds testing to be acceptable if it is conducted by an organization approved by *DHFS*, the *NRC* or an Agreement State or according to procedures approved by the department, the *NRC* or an Agreement State.

**Discussion:** When issued, a license will require performance of leak tests at intervals approved by *DHFS*, the *NRC* or an Agreement State and specified in the *SSD* Registration Sheet. The measurement of the

leak-test sample is a quantitative analysis requiring that instrumentation used to analyze the sample be capable of detecting 185 becquerels (0.005 microcurie) of radioactivity.

Manufacturers, consultants, and other organizations may be authorized by *DHFS*, the *NRC* or an Agreement State to either perform the entire leak test sequence for other licensees or provide leak test kits to licensees. In the latter case, the licensee is expected to take the leak test sample according to the gauge or XRF manufacturer's and the kit supplier's instructions and return it to the kit supplier for evaluation and reporting results. Licensees may also be authorized to conduct the entire leak test sequence themselves.

**Response from Applicant:**

**ITEM 9.8 LEAK TEST (Check one box)**

- Leak tests will be performed by an organization authorized by *DHFS*, the *NRC* or an Agreement State to provide leak testing services to other licensees; or by using a leak test kit supplied by an organization licensed by *DHFS*, the *NRC* or an Agreement State to provide leak test kits to other licensees according to kit suppliers instructions.

License number of organization authorized to perform or analyze leak test ( Specify whether Department, *NRC*, or other Agreement State): \_\_\_\_\_

*Or*

- We will perform our own leak testing and sample analysis. We will follow the model procedures in Appendix K of *WISREG* "Guidance for Portable Gauge Devices or XRFs." (Procedures are attached)

*OR*

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

*Note:* Requests for authorization to perform leak testing and sample analysis will be reviewed on a case-by-case basis and, if approved, *DHFS staff* will authorize via a license condition.

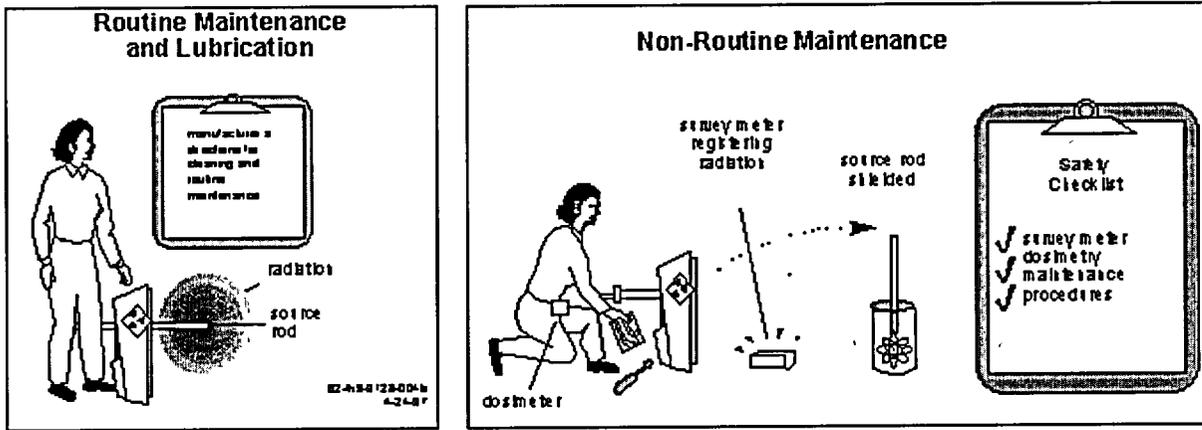
**Item 9.9: Radiation Safety Program - Maintenance**

**Regulations:** *HFS 157.21; HFS 157.13 (9) (b) and (10);*

**Criteria:** Licensees must routinely clean and maintain gauges and XRFs according to the manufacturer's recommendations and instructions. For gauges with a source rod, radiation safety procedures for routine cleaning and lubrication of the source rod and shutter mechanism (e.g., to remove caked dirt, mud, asphalt, or residues from the source rod; lubricate the shutter mechanism) must consider *ALARA* and ensure that the gauge functions as designed and source integrity is not compromised.

Non-routine maintenance or repair (beyond routine cleaning and lubrication) that involves detaching the source or source rod from the device and any other activities during which personnel could receive radiation doses exceeding *DHFS* limits must be performed by the gauge manufacturer or a person specifically authorized by *DHFS*, the *NRC* or an Agreement State. *XRF users are not allowed to perform non-routine maintenance, the XRF manufacturer must perform all non-routine maintenance.* Requests for specific authorization to perform non-routine maintenance or repair (see *Appendix G*) must demonstrate that personnel performing the work do the following:

- Have adequate training and experience;
- Use equipment and procedures that ensure compliance with regulatory requirements, and consider *ALARA*; and
- Ensure that the gauge functions as designed and that source integrity is not compromised.



**Figure 8. Maintenance.** All licensees need to perform routine cleaning and lubrication to ensure proper operation of gauges and XRFs.

**Discussion:** Figure 8 illustrates routine cleaning and lubrication and non-routine maintenance. The department permits portable gauge licensees to perform routine maintenance of the gauges provided that they follow the gauge manufacturer's recommendations and instructions. Although manufacturers may use different terms, "routine maintenance" includes, but is not limited to, cleaning, lubrication, changing batteries or fuses, repairing or replacing a handle. Routine maintenance does NOT include any activities that require removing the sealed source or source rod from the gauge.

The department license will state that any cleaning, maintenance, or repair of gauges that requires detaching the source or source rod from the gauge shall be performed only by the manufacturer or other persons specifically licensed by *DHFS*, the *NRC* or an Agreement State to perform such services. Most licensees do not perform non-routine maintenance or repair operations that require detaching the source or source rod from the gauge; they usually return the gauge to the manufacturer. Applicants seeking authorization to detach the source or source rod from the device must submit specific procedures for review. See *Appendix G* for more information.

**Response from applicant:**

**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 gauges according to each manufacturer's recommendations and instructions.

*OR*

Alternative procedures are attached.

**NON-ROUTINE MAINTENANCE:**

We will send the gauge to the manufacturer or other person authorized by *DHFS*, the *NRC* or an Agreement State to perform non-routine maintenance or repair operations that require the removal of the source or source rod from the gauge.

*OR*

We will provide the information listed in Appendix G of *WISREG* "Guidance for Portable Gauge Devices or XRFs" to support a request to perform this work "in house."

**Note:**

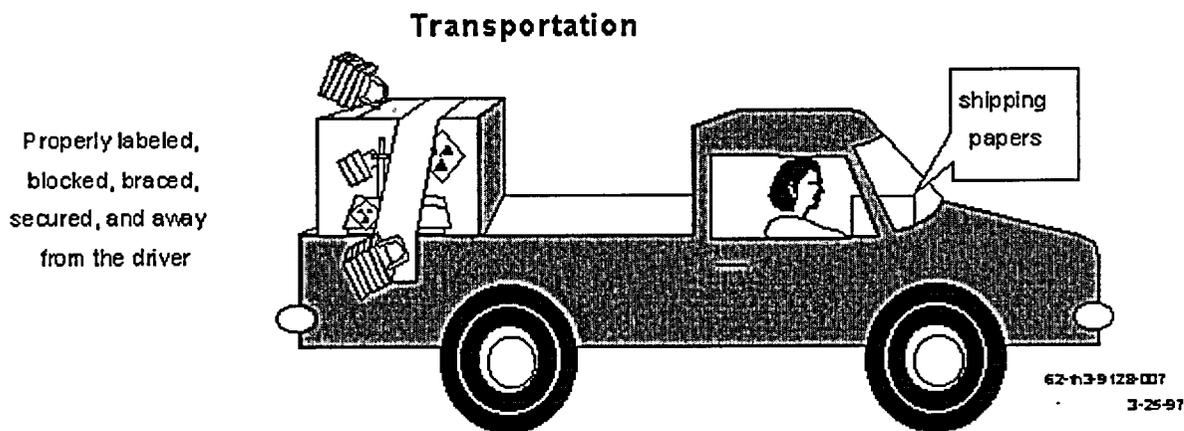
- Alternative procedures for performing routine cleaning and lubrication will be reviewed according to the criteria listed above.
- Information requested in *Appendix G* will be reviewed on a case-by-case basis; if approved, the portable gauge license will contain a condition authorizing the licensee to perform non-routine maintenance.

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**Item 9.10: Radiation Safety Program - Transportation**

**Regulations:** *HFS 157.92 (3); HFS 157.21; 49 CFR Parts 171-178*

**Criteria:** Applicants must develop, implement, and maintain safety programs for public transport of radioactive material to ensure compliance with DOT regulations.



**Figure 9. Transportation.** Licensees often transport their gauges and XRFs to and from job sites and must ensure compliance with Department of Transportation regulations.

**Discussion:** Figure 9 illustrates some *DOT* requirements often overlooked by portable gauge licensees. During an inspection the department inspects and enforces *DOT*'s regulations governing the transport of radioactive materials by the department's licensees. *Appendix K* lists major *DOT* regulations and provides a sample shipping paper for portable gauges.

XRF users typically are not required to have shipping papers however, a certification statement (*49 CFR 173.422 (a)(2)*), and the name of the consignor or consignee, must be included with the XRF device whenever it is transported or shipped. See *49 CFR 173.424* for *DOT* requirements concerning Excepted packages for radioactive instruments and articles. See *Appendix B* for Sample XRF Certification Statement.

**Response from Applicant:**

**ITEM 9.10 TRANSPORTATION**

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

---

## Item 9.11: Waste Management - Gauge Disposal and Transfer

Regulations: *HFS 157.30 (1); HFS 157.13 (15); HFS 157.13*

Criteria: Licensed materials must be disposed of in accordance with the department requirements by transfer to an authorized recipient. Appropriate records must be maintained.

Discussion: When disposing of portable gauges or XRFs, licensees must transfer them to an authorized recipient. Authorized recipients are the original manufacturer of the device, a commercial firm licensed by *DHFS*, the *NRC* or an Agreement State to accept radioactive waste from other persons, or another specific licensee authorized to possess the licensed material (i.e., their license specifically authorizes the radionuclide and the use).

Before transferring radioactive material, a licensee must verify that the recipient is properly authorized to receive it using one of the methods described in *HFS 157.13 (15)*. In addition, all packages containing radioactive sources must be prepared and shipped in accordance with *DHFS* and *DOT* regulations. Records of the transfer must be maintained as required by *HFS 157.31*.

### Response from Applicant:

**ITEM 9.11 GAUGE DISPOSAL AND TRANSFER**

We will return the gauge to the manufacturer for disposal or transfer the device to a specific licensee, authorized to receive radioactive material.

Because of the difficulties and costs associated with disposal of americium-241 sealed neutron sources, applicants should preplan the disposal. Applicants may want to consider contractual arrangements with the source supplier as part of a purchase agreement.

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The next two items on *DHFS Form ???* are to be completed on the form itself.

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## Item 10: Fees

On *DHFS Form ????*, enter the fee category and the amount. Enclose fee with the application.

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## Item 11: Certification

Individuals acting in a private capacity are required to sign and date *DHFS Form ???*. Otherwise, senior representatives of the corporation or legal entity filing the application should sign and date *DHFS Form ????*. **Representatives signing an application must be authorized to make binding commitments and sign official documents on behalf of the applicant.** As discussed previously in "Management Responsibility," signing the application acknowledges management's commitment and responsibilities for the radiation protection program. **The department will return all unsigned applications for proper signature.**

*Note:*

- It is a violation of Wisconsin Administrative Code, Chapter HFS 157 'Radiation Protection' to make a willful false statement or representation on applications or correspondence.
  - When the application references commitments, those items become part of the licensing conditions and regulatory requirements.
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**Appendix A:  
State of Wisconsin  
Department of Health and Family Services  
Radiation Protection Section  
Form ?????**

**Application For Radioactive Material License  
Authorizing the Use of Sealed Sources in Portable Gauge  
Devices and Portable XRFs**

**State of Wisconsin**  
**Department of Health and Family Services**  
**Radiation Protection Section**  
**1 West Wilson Street, Room 150**  
**P.O. Box 2659**  
**Madison, WI 53701-2659**  
**Phone: (608)267-4797**  
**Fax: (608)267-3695**

**APPLICATION FOR RADIOACTIVE MATERIAL LICENSE**  
**AUTHORIZING THE USE OF SEALED SOURCES IN PORTABLE GAUGE DEVICES AND**  
**PORTABLE XRFs**

Instructions – Complete all items if this is an initial application or an application for renewal of a license. Refer to WISREG “Guidance for Portable Gauge Devices or XRFs.” Use supplementary sheets where necessary. Retain one copy and submit original of the entire application to the State of Wisconsin, Department of Health and Family Services (DHFS) the department is requesting disclosure of information. Failure to provide any information may result in denial or delay of a radioactive material license.

**APPLICATION TYPE**

**ITEM 1. TYPE OF APPLICATION (Check All That Apply)**

- NEW LICENSE  
 RENEWAL License # \_\_\_\_\_  
 AMENDMENT License # \_\_\_\_\_  
 PORTABLE GAUGE(S)                       PORTABLE X-RAY FLUORESCENCE ANALYZER(S)

**CONTACT INFORMATION**

**ITEM 2. NAME AND MAILING ADDRESS OF APPLICANT:**

**ITEM 3. PERSON TO CONTACT REGARDING APPLICATION:**

**APPLICANT'S PHONE NUMBER (Including Area Code)**

**CONTACT'S PHONE NUMBER (Including Area Code)**

**LOCATION OF RADIOACTIVE MATERIAL**

**ITEM 4. ADDRESS(ES) WHERE RADIOACTIVE MATERIAL WILL BE (Do Not Use P.O. Box):**

- USED                                       STORED                                       USED/STORED

(ATTACH ADDITIONAL PAGES IF NECESSARY)

ADDRESS	PHONE NUMBER

**ARE PORTABLE GAUGE DEVICES AND/OR PORTABLE XRFs USED AT TEMPORARY JOBSITES?:**     YES     NO

**RADIATION SAFETY OFFICER****ITEM 5. RADIATION SAFETY OFFICER (RSO) (Attach evidence of training and experience and check one box)**

NAME: \_\_\_\_\_ TELEPHONE (Include Area Code) \_\_\_\_\_

- Before obtaining radioactive material, the proposed RSO will have successfully completed one of the training courses described in Criteria in the section entitled "Individual(s) Responsible for Radiation Safety Program and Their Training and Experience- Radiation Safety Officer" in WISREG "Guidance for Portable Gauge Devices or Portable XRFs."

*AND*

Before being named as the RSO, future RSOs will have successfully completed one of the training courses described in Criteria in the section entitled " Individual(s) Responsible for Radiation Safety Program and Their Training and Experience- Radiation Safety Officer" in WISREG "Guidance for Portable Gauge Devices or Portable XRFs."

*OR*

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

**AUTHORIZED USERS****ITEM 6. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS**  
(Check one box)

- Before using radioactive material, authorized users will have successfully completed one of the training courses described in Criteria in the section entitled " Training for Individuals Working In or Frequenting Restricted Areas" in WISREG " Guidance for Portable Gauge Devices or Portable XRFs."

**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 gauge user(s) is attached.

**RADIOACTIVE MATERIAL****ITEM 7. RADIOACTIVE MATERIAL (Attach additional pages if necessary)**

ELEMENT AND MASS NUMBER

CHEMICAL AND PHYSICAL FORM

*SEALED SOURCE*

SOURCE MANUFACTURER AND MODEL NUMBER

MAXIMUM ACTIVITY PER SOURCE

SEALED SOURCE AND DEVICE REGISTRATION SHEET NUMBER

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 RADIATION SAFETY AUDIT PROGRAM

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

#### ITEM 9.2 RADIATION SAFETY PROGRAM – TERMINATION OF ACTIVITIES (Check box)

- We will notify DHFS, on a departmental form, within 30 days of the decision to permanently cease radioactive material use. s. *HFS 157.13 (1) (c)*

#### ITEM 9.3. SURVEY EQUIPMENT (Check one box)

- We will either possess and use, or have access to and use, a radiation survey meter that meets the Criteria in the section entitled "Radiation Safety Program – Instruments" in WISREG "Guidance for Portable Gauge Devices or Portable XRFs."
- OR*
- We will submit an alternative procedure for determining source integrity after an incident involving the portable gauge device or portable XRF.

#### ITEM 9.4 MATERIAL RECEIPT AND ACCOUNTABILITY (Check one box)

- Physical inventories will be conducted at intervals not to exceed 6 months, to account for all sealed sources and devices received and possessed under the license.
- OR*
- We will submit a description of the frequency and procedures for ensuring that no gauge has been lost, stolen, or misplaced.

#### ITEM 9.5 OCCUPATIONAL DOSIMETRY (Check one box)

- We will maintain, for inspection by DHFS, 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 s. *HFS 157.22*.
- OR*
- We will provide dosimetry processed and evaluated by a NVLAP-approved processor that is exchanged at a frequency recommended by the processor. (Note: Individuals operating portable moisture/density measuring devices under any operating conditions must be monitored for occupational exposure to radiation.) s. *HFS 157.25 (2) (a) 6*.

#### 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 WISREG "Guidance for Portable Gauge Devices or Portable XRFs" and provide copies of these procedures to all gauge users and at each job site.
- OR*
- Operating and emergency procedures will be developed, implemented, and maintained, and will meet criteria in the section entitled 'Radiation Safety Program – Operating and Emergency Procedures' in WISREG "Guidance for Portable Gauge Devices or XRFs." (Procedures are attached)

**ITEM 9.8 LEAK TEST (Check one box)**

- Leak tests will be performed by an organization authorized by DHFS, the NRC or an Agreement State to provide leak testing services to other licensees; or by using a leak test kit supplied by an organization licensed by DHFS, the NRC or an Agreement State to provide leak test kits to other licensees according to kit suppliers instructions.

License number of organization authorized to perform or analyze leak test ( Specify whether department, NRC, or other Agreement State): \_\_\_\_\_

OR

- We will perform our own leak testing and sample analysis. We will follow the model procedures in Appendix K of WISREG "Guidance for Portable Gauge Devices or XRFs." (Procedures are attached)

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 gauges according to each manufacturer's recommendations and instructions.

OR

- Alternative procedures are attached.

**NON-ROUTINE MAINTENANCE:**

- We will send the gauge to the manufacturer or other person authorized by DHFS, the NRC or an Agreement State to perform non-routine maintenance or repair operations that require the removal of the source or source rod from the gauge.

OR

- We will provide the information listed in Appendix G of WISREG "Guidance for Portable Gauge Devices or XRFs " 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 GAUGE DISPOSAL AND TRANSFER**

- We will return the gauge to the manufacturer for disposal or transfer the device to a specific licensee, authorized to receive radioactive material.

**SPECIFIC LICENSE FEE**

**ITEM 10. LICENSE FEES (REFER TO s. HFS 157.10)**

CATEGORY:

LICENSE FEE 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 CHAPTER HFS 157 "RADIATION PROTECTION" AND THAT ALL INFORMATION CONTAINED HEREIN, INCLUDING ANY SUPPLEMENTS ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE:

DATE:

NAME (PRINT OR TYPE):

TITLE: