



Community College of Allegheny County

RECEIVED  
REGION 1

'05 JAN 24 P12:47

ALLEGHENY CAMPUS  
808 Ridge Avenue  
Pittsburgh, PA 15212-6097  
412.237.2525  
www.ccac.edu

January 14, 2005

United States  
Nuclear Regulatory Commission  
Region 1  
475 Allendale Road  
King of Prussia, Pennsylvania 19406-1415

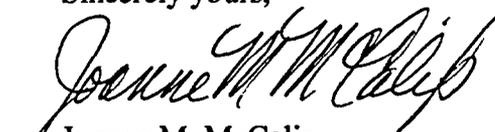
03014673

The Community College of Allegheny County, Allegheny Campus, holds Type C License Number 37-18212-01. Recently, Dr. Amy Irwin was hired as an associate Professor of Chemistry. Since she has some experience in dealing with radioisotopes, it is the intention of the College that she teach some of the Nuclear and Radiochemistry classes including the laboratory sections.

Enclosed is the completed RSO 5 Form for Dr. Irwin that we use to evaluate the suitability of a person to work/teach in our licensed laboratory. The form has been evaluated by both of the qualified workers named on the license. It was agreed that she meets minimum requirements to be accepted as a qualified worker/instructor in the licensed laboratory facility.

If you require any further information, please contact me at the college address above or by phone 412-237-2525, or at my home phone 412-741-5052.

Sincerely yours,

  
Joanne M. McCalip  
Radiation Safety Officer

136344

NMSS/RGNI MATERIALS-002

REQUEST FOR QUALIFIED SUPERVISOR STATUS

Name: Amy E. Irwin

Date: Jan. 4, 2005

Education History - Please list all post secondary schooling, including disciplines studied, degrees received, the names of granting institutions, and dates of degrees.

PhD in Inorganic Chemistry from the University of Cincinnati, October 1996

Bachelor of Science in Chemistry from the University of Cincinnati, June 1992

Training and Experience in Radiation Protection:

Type of Training	Where Trained	Duration of Training	On Job (Circle one)	Formal Course (Circle one)
Principles and practices of radiation protection	University of Cincinnati Florida State Univ Bechtel-Bettis, Inc	1 1/2 years 3 years 5 years	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Radioactivity measurement, standardization, and monitoring techniques and instruments	all the same	same	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Mathematics and calculations basic to use of radioactivity			<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Biological effects of radiation	↓	↓	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

Isotope	Maximum Amount	Where Experience Was Gained	Duration of Experiment	Type of Use
X Emitters Cs137, Tc99m, I125 Co60 misc A emitters Sr-90 X emitters Pu U Po Am Th	10,000 dpm     350 pCi  5,000 dpm	University of Cincinnati Florida State University  Bechtel-Bettis, Inc	2 1/2 year at UC  3 years at FSU  job-related daily work for 5 years at Bechtel-Bettis	- as tracer - radionuclides - isotopic identification - chemical separation

Please list any other details that may aid the radiation safety officer in evaluating your request. The isotopes listed above are partial lists, but give a general idea of types. While working at Florida State, I was in charge of supervising graduate students handling radioactivity. Bechtel-Bettis has an extensive Radiological Training program with quarterly, annual, and biannual refresher training.

I hereby state that the information given above is correct and further state that I have read and promise, if granted supervisor status, to abide by the regulations of the Allegheny Campus of the Community College of Allegheny County for use of radioactive materials. I further state that I have a copy of the NRC regulation 10CFR 20 and agree to comply strictly with all regulations and license conditions pertaining to the safe use of radioactive substances.

signed Ang E. Ji, Ph.D.  
 Name and Title of Applicant

Chemistry  
 Department

Please return this form to the Radiation Safety Office for evaluation

Recommendation of radiation safety officer:

Approved: X Date: 1-14-05

Actions to be completed because of approval (amendments to license, etc.)

license Amendment sent for 1-14-05

Rejected: \_\_\_\_\_

Reasons for Rejection: \_\_\_\_\_

Signature of radiation safety officer:



This is to acknowledge the receipt of your letter/application dated

1/14/2005, and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 37-18212-01  
There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

Please provide to this office within 30 days of your receipt of this card

---

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned Mail Control Number 136344.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (R1)  
(6-98)

Sincerely,  
Licensing Assistance Team Leader

BETWEEN: : (FOR LFMS USE)  
 : INFORMATION FROM LTS  
 : -----  
 :  
 License Fee Management Branch, ARM : Program Code: 01120  
 and : Status Code: 2  
 Regional Licensing Sections : Fee Category: EX 3L  
 : Exp. Date: 20050228  
 : Fee Comments: 170.11(A) (4)  
 : Decom Fin Assur Req: N  
 : ::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: COMMUNITY COLLEGE OF ALLEGHENY CTY  
 Received Date: 20050124  
 Docket No: 3014673  
 Control No.: 136344  
 License No.: 37-18212-01  
 Action Type: Amendment

2. FEE ATTACHED

Amount: \_\_\_\_\_  
 Check No.:       /      

3. COMMENTS

Signed W. A. Lertias  
 Date 4/6/05

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /\_\_\_/)

1. Fee Category and Amount: \_\_\_\_\_

2. Correct Fee Paid. Application may be processed for:

Amendment \_\_\_\_\_  
 Renewal \_\_\_\_\_  
 License \_\_\_\_\_

3. OTHER \_\_\_\_\_

Signed \_\_\_\_\_  
 Date \_\_\_\_\_