ACCEPTANCE REVIEW MEMO

Licensee: Ka Kivi K Asset Management

License No.: 50-27667-01 **Docket No.:** 030-35371

Mail Control No.: 470548

Type of Action: Amend **Date of Requested Action:** 05-09-05

Reviewer Assigned: **Date Assigned to Reviewer:** 05-18-05

Reviewer(s) Who Performed Review: Torres-Walker

Response Received	Deficiencies Noted During Acceptance Review
	1.
	2.
	3.
	4.

Reviewer's Initials: _____ **Date:** _____

Branch Chief's and/or SR. HP's Initials: _____ **Date:** _____

☐Yes ☐No Action - decommissioning notification should be issued within 30 days.

☐Yes ☐No Termination request < 90 days from date of expiration

☐Yes ☐No Action to be expedited

_____Medical emergency
_____Licensee in noncompliance (i.e. no RSO, location of use/storage not on license, radioactive material in possession not on license)
_____National Security
_____Other (_____)

Branch Chief's and/or Sr. HP's Initials: _____ **Date:** _____

SISP Review

☐Yes ☒No **Non-Publicly Available, Sensitive** if any item below is checked

_____Radionuclides, forms, and quantities
_____Location of RAM
_____Building drawings with locations of RAM
_____Security of RAM (locks, alarms, etc.)
_____SS&D Catalog information
_____Specifics of Emergency Plan (routes to and from RAM, response to security events, etc.)
_____Safeguards Information

Branch Chief's and/or Sr. HP's Initials: RITC **Date:** 5/18/05

MC 470548

KAKIVIK
ASSET MANAGEMENT

RECEIVED
MAY 18 2005
DNMS

May 9, 2005

Nuclear Materials Licensing Section
U. S. Nuclear Regulatory Commission Region IV
811 Ryan Drive, Suite 400
Arlington, TX 76011

This is an application for an amendment to Byproducts Material License number 50-27667-01.

This application is to change the corporate location (physical/mailing address) from:

KAKIVIK Asset Management, LLC
4501 Fairbanks Street
Suite 3
Anchorage, AK 99518

To:

KAKIVIK Asset Management, LLC
111 W. 16th Avenue
Suite 100
Anchorage, AK 99501

The effective date for this change will be August 15, 2005. No radiography will be performed or sources stored at this facility. All telephone and fax contact numbers will remain the same.

Part I Section10.0 and Part II Section 14.0 of Kakivik Asset Managements Operation and Emergency manual where affected by this change. See attached sections.

Jeff Arveson
KAKIVIK Asset Management – RSO
Cell 651.470.8830 Office 907.770.9400

KAKIVIK Asset Management

Radiation Safety Program
Radiation History Request

Date: / /

TO: _____

_____

_____

Attention: Radiation Safety Officer

In accordance with USNRC Title 10, Code of federal Regulations, Part 19, Subpart 19.13, I am requesting a record of the radiation exposure history that I received while in the employ of your company.

Name:_____
First Middle Initial Last

Social Security No:____/____/_____

Please forward the records to:

KAKIVIK Asset Management
Attn: Jeff Arveson, Radiation Safety Officer
111 W. 16th Avenue
Suite 100
Anchorage, AK 99501

_____
Signature of Employee requesting records

SURVEY METER CALIBRATION AND SERVICE RECORD

Customer: _____ Meter Mfg.: _____

_____ Model No.: _____

_____ Serial No.: _____

Service				
Batteries	Checked ___	Replaced___		
Inspect & clean circuit board	Yes ___		No ___	
All mechanical fixtures in place with Hardware, fasteners tightened	Yes ___		No ___	
Audible alarm functioning	Yes ___		No ___	
Meter mechanically zeroed prior to Calibration	Yes ___		No ___	
Dosimeter charger operational	Yes ___		No ___	
Meter face and container clean	Yes ___		No ___	
Desiccant packages installed	Yes ___		No ___	
Satisfactory for use	Yes ___		No ___	
Calibration sticker affixed	Yes ___		No ___	

Remarks:_____

Parts used:_____

CALIBRATION AND CERTIFICATION – The highest and lowest points checked on each scale are separated by the least fifty (50) % of the scale. If the instrument readings correspond to calculatec values within a range of plus or minus twenty (20) %, the instrument is considered calibrated.

Instrument Scale	Distance (cm)	Calibrator MR/HR Exposure	Instrument Meter Reading in MR/HR
1	_____	2	_____
1	_____	8	_____
10	_____	20	_____
10	_____	80	_____
100	_____	200	_____
100	_____	800	_____

This instrument has been repaired (if required) and calibrated using Technical Operations/Amersham Calibrator Mode 773 containing millicuries ( ) of Cesium 137, in accordance with the U.S. N. R. C. rules and regulations.

Calibration Date: ___/___/___ Calibration Due Date: ___/___/___

Calibrated By: _____ Title: _____

RATE ALARM
AND SERVICE RECORD

Alarm Mfg.:_____
Model No.:_____
Serial No.:_____

Service Items

Batteries	Checked	___	Replaced	___
Inspect circuit board	Yes	___	No	___
Clean circuit board	Yes	___	No	___
All mechanical fixtures in place And hardware tightened	Yes	___	No	___
Calibration Sticker affixed	Yes	___	No	___
Decibel rate minimum of 75 dB at 6" In a 400 to 600 mR field	Yes	___	No	___

Audio Densitometer
Make:_____ Model No.:_____ Calibration Due Date:___/___/___

Remarks:_____

CALIBRATION AND CERTIFICATION DATA

The Amersham Calibrator Model 773 with millicuries of Cesium 137 ( ) shall be used as the source of ionizing radiation at three different dose rates and the response at each dose rate will be recorded.

	Dose Rate mR/HR	Distance (cm)	(in)		Response
1.	450 mR/HR	28.85	11.36"	Intermittent Chirping	Yes___ No___
2.	550 mR/HR	24.64	10.27"	Constant Chirping	Yes___ No___
3.	1100 mR/HR	18.44	7.26"	Loud steady tone	Yes___ No___

This instrument has been calibrated and serviced in accordance Kakivik Asset Management's Radiation Safety Procedures for survey, dosimeter and rate alarm calibration.

Calibration Date: ___/___/___ Calibration Due Date: ___/___/___

Calibrated By: _____ Title: _____

All rate alarms are set to give an alarm signal at a preset rate of 5 mSv/hr (500 mRem/Hr) with an accuracy of plus or minus Twenty (20) % of the true radiation dose pursuant to USNRC, Title 10 CFR, Part 34, para. 34.47 (g) (2). All calibration unable to be performed by Kakivik Asset Management will be returned to the manufacturer for adjustment as necessary.

KAKIVIK ASSET MANAGEMENT

DOSIMETER CALIBRATION RECORD

This is to certify that the pocket dosimeters listed below have been calibrated in accordance with the dosimeter manufacturer's recommended practice.

The dosimeters were calibrated using a

_____

_____

Acceptable dosimeters shall read within plus or minus twenty (20) percent of the true radiation exposure pursuant to USNRC, Title 10 CFR, Part 34, Paragraph 34.47 (a) (b) (c) (d) and 34.83.

Manufacturer	Serial No.	m/R Standard	m/R Results	m/R Difference	Percent Deviation	Drift

Next Calibration Due: _____ _____
Signature

NRC FORM 5 (6-92) 10 CFR PART 20 — U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB NO. 3150-0006 — EXPIRES: 09/30/2001

OCCUPATION EXPOSURE RECORD FOR A MONITORING PERIOD

Estimated burden per response to comply with this mandatory information collection request: 20 minutes. This information is used to ensure that doses to individuals do not exceed regulatory limits. This information is required to record/annually report individual occupational exposure to radiation to ensure that the exposure does not exceed regulatory limits. Forward comments regarding burden estimate to the Records Management Branch (T-6 F33), U.S. Nuclear Regulatory Commission, Washington DC 20555-0001, and to the Paperwork Reduction Project (3150-0006), Office of the management and budget, Washington, DC 20503. If an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

1. NAME (LAST, FIRST, MIDDLE INITIAL)	2. IDENTIFICATION NUMBER	3. ID TYPE	4. SEX	5. DATE OF BIRTH (MM/DD/YYYY)
			☐ MALE ☐ FEMALE	

6. MONITORING PERIOD	7. LICENSE NAME	8. LICENSE NUMBER(S)	9A	9B
=	KAKIVIK Asset, MGT, LLC	50-277667-01	RECORD ☐ ESTIMATE ☐	ROUTINE ☐ PSE ☐

INTAKES

10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN Ci

DOSES IN REM

DEEP DOSE EQUIVALENT	(DDE)	11
LENS	(LDE)	12
SHALLOW DOSE EQUIVALENT, WHOLE BODY	(SDE,WB)	13
SHALLOW DOSE EQUIVALENT, MAX EXTREMITY	(SDE,ME)	14
COMMITTED EFFECTIVE DOSE EQUIVALENT	(CEDE)	15
COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN	(CDE)	16
TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15)	(TEDE)	17
TOTAL ORGAN DOSE EQUIVALENT (ADD BLOCKS 11 AND 16)	(TODE)	18

19. COMMENTS

20. SIGNATURE–LICENSE	21. DATE

Occupational Exposure Record (form 5)

KAKIVIK ASSET MANAGEMENT

DAILY RADIATION JOB SHEET

RADIOACTIVE MATERIAL SHIPPING DOCUMENT
For Iridium 192 Sealed Sources
(UTILIZATION LOG)

Kakivik Asset Management
111 w. 16th Avenue Suite 100
Anchorage, AK 99501
(907) 770-9400

CUSTOMER/COMPANY _____ DATE _____

LOCATION _____ PROJECT No _____

JOB DESCRIPTION _____ ITEM(S) _____

EXPOSURE DEVICE Make/Brand _____ Model _____ Serial No _____

SOURCE Type/Sealed Source **Ir-192** Serial No _____ Curies _____

SURVEY METER Make/Brand _____ Model _____ Serial No _____ Cal. Exp Date _____

Make/Brand _____ Model _____ Serial No _____ Cal. Exp Date _____

EXPOSURE DEVICE: **Check Out** _____ mR/hr@Surface _____ AM/PM **Check In** _____ mR/hr@Surface _____ AM/PM

NOTE: Do not remove device if surface reading exceeds 200 mR/hr.

TRANSPORTING VEHICLE Survey of all four outside surfaces ☐ **Does** ☐ **Does not** exceed 2 mR/hr on tranport vehicle

Driver seat survey ☐ **Does** ☐ **Does not** exceed 1 mR/hr Passenger seat survey ☐ **Does** ☐ **Does not** exceed 1 mR/hr

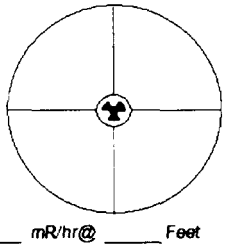
Survey of exposure device prior to returning it (each time) to the vehicle storage container:

_____ mR/hr _____ mR/hr _____ mR/hr _____ mR/hr _____ mR/hr _____ mR/hr _____ mR/hr _____ mR/hr

Radiographer / Asst. Radiographer	Film Badge Number	Rate Alarm S/N Cal Due	Dosimeter S/N Cal Due	Dosimeter Reading Start	Dosimeter Reading End of Day	Total mR Reading
Rad.						
Asst.						
Rad.						
Rad.						
Asst.						
Rad.						

PHYSICAL SURVEY

_____ mR/hr@ _____ Feet # of exposures _____ total exposure time _____ (in minutes)



_____ mR/hr@ _____ Feet

_____ mR/hr@ _____ Feet

_____ mR/hr@ _____ Feet

BARRICADE EQUIPMENT ☐ Signs ☐ Rope ☐ Cones ☐ Tape ☐ Lights ☐ Other(s): _____

SHIELDING USED ☐ Tungsten ☐ Steel ☐ Lead ☐ Concrete ☐ Other(s): _____

☐ Constant Surveillance

☐ HIGH RADIATION - signs posted

☐ Daily equipment check performed in accordance with KAKIVIK Asset Managements O&E procedures

REMARKS: Document any equipment malfunctions noted during daily check or operation

Revision 3

Radiographer's Name _____ **Radiographer's Signature** _____

KAKIVIK ASSET MANAGEMENT

RADIOACTIVE MATERIALS TRANSPORT
Survey Record (parts 34.21 & 71.47)

LOCATION: _____ **JOB No.** _____ **DATE:** _____

SURVEY PERFORMED BY: _____ *Print* **TITLE:** _____ *Print*

MANUFACTURER	☐ Exposure Device ☐ Gauge ☐ Changer ☐ Drum ☐ Box ☐ Crate ☐ Case ☐ Storage Model and Serial Number	SOURCE TYPE MODEL NUMBER	SOURCE SERIAL NUMBER	SOURCE ACTIVITY CURIES

NOTE: Surveys must be made on all containers (Type B & Overpacks) when receiving and shipping sources

SURVEY	OVERPACK ☐ Drum ☐ Crate ☐ Box ☐ Case		☐ Exposure Device ☐ Changer ☐ Storage	☐ Exposure Device ☐ Changer ☐ Storage	OTHER
HIGHEST READING ON OVERPACK AND DEVICE	1 METER (39.375")	SURFACE	SURFACE CONTACT	1 METER (39.375")*	

* Complete this survey only if any of these devices are shipped or received without an overpack

OVERPACK INSPECTION: Check mark indicates satisfactory — ☐ Labeling ☐ Bolt/Nut ☐ Inner Bracing ☐ Hinge/Ring ☐ Outer Condition ☐ Screws

If highest reading on any container is less than 50 mR/hr at the surface and does not exceed 1mR/hr at 1 meter (Transport Index), use Yellow Label II. If the measurement exceeds 1 mR/hr or 50 mR/hr, use Yellow Label III.

Do not transport or use exposure device with source if reading exceed 200 mR/hr at it's surface and/or 10 mR/hr at 1 meter. CONTACT THE OFFICE OF THE RSO IF EITHER OF THESE READINGS EXCEED THE STATED LIMITS.

SURVEY METER
Model: _____ **S/N:** _____ **Calibration Due:** _____

CHECK ALL THAT APPLY ☐ Source Received ☐ Source Transfered ☐ Source Disposed

☐ Survey on reiceipt of Overpack **At:** _____
☐ Survey on reiceipt of Exposure Device ☐ Changer **At:** _____
☐ Survey of Exposure Device ☐ Changer ☐ after transfer of source from changer ☐ Exposure Device
☐ Survey of Exposure Device ☐ Changer ☐ Prior to Transport **To:** _____
☐ Survey of Overpack prior to transport **To:** _____

KAKIVIK ASSET MANAGEMENT

FIELD INSPECTIONS

Require every 180 days

RADIOGRAPHER: _____ (PRINT) **ASSISTANT:** _____ (PRINT)

TRAINEE: _____ (PRINT) **LOCATION:** _____ (PRINT)

NOTE: Items checked **"YES"** must be either on hand, available, acceptable, current and/or calibrated. Explain **"NO"** below under Violations and Corrective Action.

NRC/STATE LICENSE	☐ YES	☐ NO	**NRC "NOTICE" TO EMPLOYEES**	☐ YES	☐ NO
REGULATIONS	☐ YES	☐ NO	**O & E PROCEDURES**	☐ YES	☐ NO
SAFETY DEVICES AND EQUIPMENT UTILIZED					
FILM BADGE	☐ YES	☐ NO	**DOSIMETER**	☐ YES	☐ NO
RATE ALARM	☐ YES	☐ NO	**SURVEY METER**	☐ YES	☐ NO

Exposure Device: **Model:** _____ **Serial No.** _____

Source **Model:** _____ **Make** _____ **Serial No.** _____

OBSERVATIONS

CALIBRATED OPERABLE SURVEY METER USED PROPERLY	☐ YES	☐ NO
DAILY EQUIPMENT CHECKLIST PERFORMED, EXPOSURE DEVICE, CRANK ASSEMBLY, GUIDE TUBE CONDITION.	☐ YES	☐ NO
BARRICADE, PROPER PLACEMENT OF WARNING SIGNS.	☐ YES	☐ NO
SURVEY PERIMETER OF RESTRICED AREA	☐ YES	☐ NO
SURVEY OF EXPOSURE DEVICE MADE AFTER EACH EXPOSURE	☐ YES	☐ NO
EXPOSURE DEVICE WARNING LABELS LEGIBLE	☐ YES	☐ NO
PROPER SOURCE SECURTY, STORAGE, TRANSPORTATION AND SURVEY	☐ YES	☐ NO
"ALARA" CONCEPTS ADHERED TO BY RADIOGRAPHER, ASSISTANT & TRAINEE	☐ YES	☐ NO
UTILIZATION RECORDS AND REPORTS COMPLETED TIMELY.	☐ YES	☐ NO
REFRESHER TRAINING COURSE PERFORMED DURING INSPECTION	☐ YES	☐ NO

RADIOGRAPHER: _____ (Signature) **ASSISTANT:** _____ (Signature)

TRAINEE: _____ (Signature)

VIOLATIONS

Corrective Action Required

Recording the performance of Radiographers, Assistants, and Trainees during radiographic operations shall not exceed one hundred eighty days.

SURVEY PERFORMED BY: _____ (Signature) **DATE:** _____

KAKIVIK ASSET MANAGEMENT

RADIATION SAFETY PROGRAM
ANNUAL REFRESHER COURSE
(Four hours of instruction for Radiographers, Assistant Radiographers and Trainee)

AnnRef.xls

NAME: _____
First Middle Initial Last

SIGNATURE : _____ DATE: _____

This is to record the periodic training that the above individual has received in instructions on the Operation and Emergency Procedures and regulations for Radiation Safety as specified in the training elements below. They have shown their knowledge and understanding thereof, by means of discussion and oral examination and possesses the ability to comply wit licensing reuirements. This training should be a minimum of three (3) hours classroom and one (1) hour of field instruction. This refresher training is required every 12 months or less for all personnel who are trained to work in radiation areas in the past 12 months.

Radiation safety training seriers 19A, B, C, d and E Series E requires reading section 9 of the "WORKING SAFELY IN GAMMA RADIATION"	☐ Satisfactory	☐ Unsatisfactory
The safe handling, retrieval and use of sources of radiation utilized by the licensee Including examples of dummy sources and pigtails for the trainee	☐ Satisfactory	☐ Unsatisfactory
Use of radiation survey meters and methods and occasions for conducting surveys Cold weather effects on meters	☐ Satisfactory	☐ Unsatisfactory
Methods for controling access to radiographic areas	☐ Satisfactory	☐ Unsatisfactory
Methods and occasions for locking and securing sources and exposure devices DO NOT PULL/LIFT BY GUIDE TUBE OR DRIVE CABLES	☐ Satisfactory	☐ Unsatisfactory
Personnel monitoring and use of film badges, Dosimeters and rate alarms Including how and where to wear same	☐ Satisfactory	☐ Unsatisfactory
Transporting sources in the field, packing, shipping, posting of vehicles and security control of sources	☐ Satisfactory	☐ Unsatisfactory
Minimizing exposure to persons in the event of an accident	☐ Satisfactory	☐ Unsatisfactory
Procedure for notifying proper persons in the event of accidents or incidents with sealed sources	☐ Satisfactory	☐ Unsatisfactory
Completion of daily radiation records		

_____ DATE: _____
Radiation Safety Officer or Designated Representative

_____ DATE: _____
Signature of instructor

KAKIVIK ASSET MANAGEMENT

RADIATION SAFETY PROGRAM
PRACTICAL TRAINING FOR NEW HIRES
(initial 8 hour training)

NewHIr.xls

NAME: _____
First Middle Initial Last

SIGNATURE : _____ DATE: _____

This is to verify the above named person has received instructions in the Operating and Emergency Procedures and Regulations for Radiation Safety as specified below and has proved their understanding thereof by means of a written test (Appendix B, C and or D). Furthermore they have demonstrated their comprtence by physical demonstration and by oral exam to use, under the personal supervision of a Radiographer or the instructor, source of radiation, related handling tools and radiation survey intruments. This course is required for all new hired radiographers and assistant radiographers and for all internal radiation safety training.

The safe handling, retrieval and use of sources of radiation utilized by the licensee Including examoples of dummy source pigtails for the trainee	☐ Satisfactory	☐ Unsatisfactory
Use of radiation survey meters and methods and occasions for conducting surveys Cold weather effects on meters	☐ Satisfactory	☐ Unsatisfactory
Methods and occasions for locking and securing sources and exposure devices Including how to handle and carry the devices. DO NOT PULL/LIFT BY SOURCE TUBES OR CABLES.	☐ Satisfactory	☐ Unsatisfactory
Methods for controlling access to radiographic areas To include High Radiation Area signs	☐ Satisfactory	☐ Unsatisfactory
Personnel monitoring and use of film badges, dosimeters and film badges Including how and where to wear same	☐ Satisfactory	☐ Unsatisfactory
Transporting sources in the field, packing, shipping, posting of vehicles and securityand control of sources.	☐ Satisfactory	☐ Unsatisfactory
Minimizing exposure to persons in the event of an accident	☐ Satisfactory	☐ Unsatisfactory
Procedure for notifying proper persons in the event of accidents or incidents with sealed sources.	☐ Satisfactory	☐ Unsatisfactory
Completion of daily radiation records	☐ Satisfactory	☐ Unsatisfactory

_____ DATE: _____
Radiation Safety Officer or Designated Representative

_____ DATE: _____
Signature of instructor

KAKIVIK ASSET MANAGEMENT

SEALED SOURCE INVENTORY
Quarterly

INVENTORIED BY: _____ **DATE:** _____

LOCATION: _____ **QUARTER:** _____

SEALED SOURCE BYPRODUCT	EXPOSURE DEVICE		SOURCE ID		LOCATION OR JOB No.	
	MODEL	SERIAL No.	SERIAL No.	CURIES		

REMARKS

_____

_____

_____

INVENTORIED BY: _____ **DATE:** _____
Signature

KAKIVIK ASSET MANAGEMENT

INSPECTION AND MAINTENANCE
Exposure Devices, Source Changers, and Storage Containers
Required every 90 days or prior to use thereafter

LOCATION: _____ DATE: _____
PERFORMED BY: _____ LAST : _____

EXPOSURE DEVICE

Manufacturer	Model	Serial No.	Source Serial No.	Shipping Plugs	Locks	Labels*	Outer Body	Screws & Rings

CRANK ASSEMBLY AND GUIDE TUBE

Manufacturer	Model	Crank Body	Bearings	Drive Gear	Cable	Conduits	Guide Tubes	Threads

STORAGE CONTAINERS

Location	Serial No.	Labels	Outer Body	Shielding	Latches & Hinges	Attaching Bolts	Bracing	Deterioration

KAKIVIK ASSET MANAGEMENT

RADIATION SURVEY OF STORAGE AREAS
Survey Record

LOCATION: _____ **JOB No.** _____ **DATE:** _____

SURVEY PERFORMED BY: _____ **TITLE:** _____
Print *Print*

_____
Signature

SOURCES/CURIES IN STORAGE AT TIME OF SURVEY		SURVEY METER	TOTAL CURIES IN STORAGE
		Model No.	Ir-192
		Serial No.	Cs-137
		Calibration Date	Ra - 226

1Bq = .000000000027 Ci

Area	DOES THE GENERAL PUBLIC HAVE ACCESS To Storage Area	STORAGE VAULT SURFACE mR/hr	MINUTES/DAY OF ACCESS TO AREA Minutes	Days	CALCULATED DOSE (mRem) Day	Week	Month	Year
(East)	☐Yes ☐No							
(North)	☐Yes ☐No							
(West)	☐Yes ☐No							
(South)	☐Yes ☐No							
(Top)	☐Yes ☐No							

20.1302(b) Compliance with dose limits for individual members of the public - The Licensee shall make or cause to be made,as appropraite, surveys of radiation levels in unrestricted and controlled areas to demonstrate compliance with dose limits for the individual members of the public.

Demonstrate by measurement or calculation that the total effective dose equivalent to the individual likely to receive the higest dose from the licensed operation does not exceed the annual limit.

(1) The total effective dose equivalent to the individual likely to receive the highest dose does not exceed 0.1 rem (1mSv) in a year, or (2) If an individual were continuosly present in an unrestricted area, the dose from external sources would not exceed 0.002 rem (0.02 mSv) in an hour and 0.05 rem (0.5 mSv) in a year.

NOTE: Survey of the storage area shall be made on the outsidesurface (perimeter) of the storage vault or inside against the walls adjoining other companies facilities. All storage vaults are on the ground floor with no offices overhead. The higest radiation level(s) shall be recorded and calculations made to verify compliance with the above noted requirement. **Surveys of storage areas shall be completed each time a new source is added** to determine if any radiation can be detected at any of the five surfaces. The readings of the survey shall be recorded on this document if any radiation is detected.

RADIOACTIVE MATERIAL SHIPPING DOCUMENT
FOR
COMPANY (KAKIVIK ASSET MANAGEMENT)
(EXCLUSIVE USE) VEHICLE
TRANSPORTING
IRIDIUM 192 SEALED SOURCES

KAKIVIK ASSET MANAGEMENT

Weekending: _____

Shippers	Consignee
Kakivik Asset Management 111 w 16th Avenue Suite 100 Anchorage, AK 99508	Kakivik Asset Management 111 W 16th Avenue Suite 100 Anchorage, AK 99508

Day Date	JOBSITE LOCATION JOB NUMBER	EXPOSURE DEVICE MODEL S/N:	Gbq or No. of Curies	Surface Mr/Hr of Container	Transport Index Mr/Hr @ 39.37"	Certifying Signature of Radiography

RQ RADIOACTIVE MATERIALS Special Form N.O.S. UN2916 Class 7
Iridium 192 Yellow Label II Transport Index (Not over 1)

Model 865 **Model IR-100**

☐ **USA/0179/S** ☐ **USA/0297/S**

This is to certify that the above named materials are properly classified, described, packaged, marked, labled and are in proper condition for transportation according to the applicable regulations of the DEPARTMENT OF TRANSPORTATION> (see certifying signature above)

"RADIOACTIVE YELLOW II LABEL" - 0.5 to 50 mRem/hr on the surface and not over 1.0 mRem/hr at 39.37". Yellow II label dose not require vehicle placards for shipment by highway

NOTE: DO NOT TRANSPORT if surface of container is over 50 mRem/hr and or 1.0 mRem/hr at 39.37" (additional shielding shall be required to meet shipping requirements of "Radioactive Yellow II Label"). If there is any question on the correct procedure contact the RSO.

Revision 2

KAKIVIK ASSET MANAGEMENT

RADIOACTIVE SOURCE UTILIZATION LOG

Source Serial No. __________ Exp. Device S/N: __________ To Exp. Device S/N __________

Date Received: ____________________ Date Disposed: ______________

Check In		Radiographer or RSO Rep.	Location Used Client, Job No.	Check Out	
Date	Time			Date	Time

MAY 19 2005

DATE

This is to acknowledge the receipt of your letter/application dated 5-09-05, and to inform you that the initial processing, which includes an administrative review, has been performed.

☒ There were no administrative omissions. Your application will be 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:

The action you requested is normally processed within 90 days.

☐ 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** 470548.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,

Colleen Brunham

Licensing Assistant

NRC FORM 532 (RIV)
(9-2003)

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 03320
Status Code: 0
Fee Category: 3O 2B
Exp. Date: 20100630
Fee Comments: _____
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
   Applicant/Licensee: KAKIVIK ASSET MANAGEMENT
   Received Date: 20050518
   Docket No: 3035371
   Control No.: 470548
   License No.: 50-27667-01
   Action Type: Amendment

2. FEE ATTACHED
   Amount: _____
   Check No.: /

3. COMMENTS

Signed Colleen Murnaghan
Date 5/18/05

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 _____