



NRC policy on exemptions specifies that requests must describe why an exemption is needed. Your letter and its attachments present two bases for the exemption request. One basis is that the Navy has an exemplary radiography program, including training, no overexposures, etc. In the Statements of Consideration supporting the final rule, NRC noted that it had received a number of comments from licensees who felt they also had outstanding radiography programs, including training and testing programs, which many believed were superior to the certification programs. They therefore, proposed that the rule not require independent certification. Despite these arguments, the Commission included certification by an independent third party in the final rule. In responding to the comments, NRC stated, "After consideration of the comments received, the Commission has decided to adopt mandatory certification requirements for radiographers to provide a consistent standard by which training of all radiographers can be measured." In addition NRC concluded, "The Commission recognizes that some of the larger licensees may believe they have a superior program to that currently being offered by the existing certifying organizations. These licensees will still be able to provide training as they currently do. Any additional burden from having their radiographers tested by an independent certifying organization should be minimal." Therefore, the quality of a licensee's training, testing, or overall radiography program is not a sufficient justification for an exemption.

Your second basis principally relates to fleet readiness. Readiness is certainly a national concern and a viable reason for NRC to consider your request. However, your discussion of this issue particularly centered on overseas or offshore military personnel and potential logistic problems having these individuals certified. Because of our understanding that your request includes both onshore and offshore activities and military and civilian personnel, it does not appear to us that the basis for an exemption provided thus far adequately supports exempting shipyard, particularly civilian, personnel from the requirement. Therefore, in support of your request for an exemption, you should provide a more detailed explanation of the need for an exemption to support fleet readiness.

Our policy on exemptions specifies that requests must provide assurance that consideration of all reasonable alternatives for complying with the regulation have been exhausted. In support of your request, you should provide information to show the Navy's evaluation of alternatives considered for complying with the requirement other than the exemption and the basis for not implementing the alternatives.

NRC policy on exemptions specifies that the applicant should describe compensatory safety measures as necessary to provide an equivalent level of health and safety as the regulation. As an alternative to 10 CFR 34.43(a)(1), Navy has proposed conducting its own radiographer qualification program operated through the Naval Radiation Safety Committee and its Technical Support Office, Radiological Affairs Support Office (RASO). However while you have provided some information to show how your program addresses this exemption policy criteria, you should provide additional information providing details on program implementation as listed in Enclosure 1.

We have also enclosed copies of the review criteria and a "check list" which were developed to assist in evaluating the American Society for Nondestructive Testing's request to be a certifying entity. You may find this information helpful.

If you have any questions or need further clarification, please contact Michael Fuller at (404) 562-4714. If you believe it would be helpful to meet to discuss these issues, we would be glad to schedule such a meeting in the near future.

Sincerely,



Douglas M. Collins, Director  
Division of Nuclear Materials Safety

Docket No. 030-29462  
License No. 45-23645-01NA

- Enclosures: 1. Additional Information on Alternative Program for Navy Radiographer Qualification  
2. Review Criteria  
3. P&GD 1-26

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**ADDITIONAL INFORMATION ON ALTERNATIVE PROGRAM FOR  
NAVY RADIOGRAPHER QUALIFICATION**

1. Identify a policy and decision-making review board; describe written organizational policies that provide adequate assurance of lack of conflict of interest and a system for monitoring and enforcing these policies
2. Identify a committee which will review and approve program guidelines and procedures, advise the staff in implementing the program, and review complaints and determine sanctions
3. Describe procedures for maintaining records for individual's and for administration of the program
4. Describe proctor qualifications and procedures for proctoring, handling, and processing examinations.
5. Describe procedures for exchanging information with the Commission and the Agreement States.

## Appendix A to 10 CFR Part 34—Radiographer Certification

NOTE: An applicant may find that it is providing identical information under more than one heading. In such cases, an applicant may make a clear and concise reference to the previously provided information.

### I. Requirements for an Independent Certifying Organization

**An independent certifying organization shall:**

**1. Be an organization such as a society or association, whose members participate in, or have an interest in, the fields of industrial radiography;**

An applicant should submit a copy of its Corporate Charter establishing the applicant as a society or an association involved in the field of industrial radiography. Supporting documentation should also provide evidence of the applicant's longevity, illustrate its interest in radiation safety, and provide information on the composition and duties of the governing body. An applicant should commit to notifying the regulatory authority that recognized the entity of proposed Charter changes that may impact the certification.

An applicant with a strong education commitment and a not-for-profit status is preferred.

**2. Make its membership available to the general public nationwide that is not restricted because of race, color, religion, sex, age, national origin or disability;**

An applicant should submit documentation that demonstrates an open membership policy. Acceptable documentation includes the applicant's by-laws, policy statements or equivalent documents.

**3. Have a certification program open to nonmembers, as well as members;**

An applicant should submit documentation that confirms that the certification program is available to all members of the public. Acceptable documentation includes the applicant's by-laws, policy statements or equivalent documents.

**4. Be an incorporated, nationally recognized organization, that is involved in setting national standards of practice within its fields of expertise;**

An applicant's articles of incorporation should include information on the membership's distribution. An applicant should be nationally recognized for its participation in activities pertaining to setting national standards of practice within the field of industrial radiography by the Conference of Radiation Control Program Directors, Inc., the U. S. Nuclear Regulatory Commission and the industrial radiography industry.

## **Appendix A to 10 CFR Part 34--Radiographer Certification**

NOTE: An applicant may find that it is providing identical information under more than one heading. In such cases, an applicant may make a clear and concise reference to the previously provided information.

### **I. Requirements for an Independent Certifying Organization**

**An independent certifying organization shall:**

- 1. Be an organization such as a society or association, whose members participate in, or have an interest in, the fields of industrial radiography;**

An applicant should submit a copy of its Corporate Charter establishing the applicant as a society or an association involved in the field of industrial radiography. Supporting documentation should also provide evidence of the applicant's longevity, illustrate its interest in radiation safety, and provide information on the composition and duties of the governing body. An applicant should commit to notifying the regulatory authority that recognized the entity of proposed Charter changes that may impact the certification.

An applicant with a strong education commitment and a not-for-profit status is preferred.
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- 2. Make its membership available to the general public nationwide that is not restricted because of race, color, religion, sex, age, national origin or disability;**

An applicant should submit documentation that demonstrates an open membership policy. Acceptable documentation includes the applicant's by-laws, policy statements or equivalent documents.

- 3. Have a certification program open to nonmembers, as well as members;**

An applicant should submit documentation that confirms that the certification program is available to all members of the public. Acceptable documentation includes the applicant's by-laws, policy statements or equivalent documents.

- 4. Be an incorporated, nationally recognized organization, that is involved in setting national standards of practice within its fields of expertise;**

An applicant's articles of incorporation should include information on the membership's distribution. An applicant should be nationally recognized for its participation in activities pertaining to setting national standards of practice within the field of industrial radiography by the Conference of Radiation Control Program Directors, Inc., the U. S. Nuclear Regulatory Commission and the industrial radiography industry.

**5. Have an adequate staff, a viable system for financing its operations, and policy-and decision-making review board;**

An applicant should provide a statement of its business plan for implementing the certification program. The plan should be approved by the applicant's governing body and describe the staff resources, position descriptions, available funding and the anticipated scope of its operation. An applicant should describe staffing, duties, and responsibilities of all policy- and decision-making review boards involved in the certification program.

If appropriate, the applicant should supply evidence that demonstrates historical involvement, stability and accepted or recognized performance.

**6. Have a set of written organizational by-laws and policies that provide adequate assurance of lack of conflict of interest and a system for monitoring and enforcing those by-laws and policies;**

An applicant should submit written by-laws and policies that expressly prohibit conflict of interest. An applicant should also describe procedures for monitoring and enforcing these by-laws and policies.

For example, an applicant should not be involved with contracting industrial radiography work.

**7. Have a committee, whose members can carry out their responsibilities impartially, to review and approve the certification guidelines and procedures, and to advise the organization's staff in implementing the certification program;**

An applicant should provide evidence of an independent committee whose membership is separate from the working staff, and describe the committee's authority, duties, and responsibilities for advising the staff on the implementation of certification program activities. The independent status of the committee should facilitate internal oversight functions. The committee should conduct annual program reviews in accordance with generally-accepted principles and practices to ensure program effectiveness.

**8. Have a committee, whose members can carry out their responsibilities impartially, to review complaints against certified individuals and to determine appropriate sanctions;**

An applicant should submit evidence of an independent committee, whose membership is separate from the working staff and separate from the committee described in 1.7., which is authorized to review complaints, verify whether violations have occurred, and determine appropriate sanctions. The committee should use the certification program's administrative procedures addressing the rules of conduct as a basis for its review. The committee should be supported by established rules of conduct addressing due process for complaint and hearing procedures that have been approved by the applicant's governing body.

**9. Have written procedures describing all aspects of its certification program, maintain records of the current status of each individual's certification and the administration of its certification program;**

An applicant should submit procedures for all certification program activities, which should include, but not be limited to:

- Examination development - if applicable
  - Individual examination construction
  - Examination validation process
  - Item bank security
- Examination security, if obtained from a contract source
- Selecting an exam site
- Method of notifying applicants about examination dates, locations, times, etc. and providing them with application forms
- Procedures for processing applications
- Examination registration process
- Examination/Instruction process
- Method for scoring the examination
- Procedures for reporting results to examinees
- Policy for considering requests for special accommodations under the American Disabilities Act
- Procedures for reviewing classroom training documentation
- Procedures for reviewing on-the-job training
- Procedures for responding to complaints, incidents
- Procedures for maintaining records of committee meetings
- Enforcement policies and procedures
- Procedures for notifying other certifying entities of enforcement actions taken
- Records retention schedule, including records pertaining to examination activities, and records pertaining to allegations and enforcement actions

Examination records should be held, at minimum, equal to the duration of the certification period

**10. Have procedures to ensure that certified individuals are provided due process with respect to the administration of its certification program, including the process of becoming certified and any sanctions imposed against certified individuals;**

An applicant should submit due process procedures that are available to individuals within the certification program. Such procedures should include appeal and hearing rights involving, for example, the application process, candidate qualification review, administration of examinations, allegations, and enforcement actions.

**11. Have procedures for proctoring examinations, including qualifications for proctors. These procedures must ensure that the individuals proctoring each examination are not employed by the same company or corporation (or a wholly-owned subsidiary of such company or corporation) as any of the examinees;**

An applicant should submit procedures for proctoring examinations including verification that there will be no conflict of interest issues with the proctors selected to administer the examinations. An applicant should submit procedures ensuring that proctors receive training/instruction for examination administration. The procedures should include, but are not limited to:

- Selecting an examination site, if appropriate
- Maintaining security of examination materials
- Ensuring proper examination room arrangement
- Ensuring proper working order of equipment used during examination
- Ensuring proper verification of examinee's identification
- Conducting registration process
- Distributing examination materials
- Presenting examination instructions
- Collecting examination materials at the conclusion of the test session
- Ensuring proper return of examination materials
- Notifying/documenting problems or irregularities

**12. Exchange information about certified individuals with the Commission and other independent certifying organizations and/or Agreement States and allow periodic review of its certification program and related records; and**

An applicant should submit procedures for exchange of information regarding an individual's certification history with the Commission, an Agreement State or any certifying entity. An applicant should confirm that it will allow periodic review of its certification program and related records.

**13. Provide a description to the Commission of its procedures for choosing examination sites and for providing an appropriate examination environment.**

An applicant should submit a description of its procedures for selecting a neutral and appropriate examination site, e.g., not a licensee's or registrant's facility, with the possible exception of military facilities. Examination site environmental considerations should include, but not be limited to ensuring:

- Separation of examinees - adequate work space
- Suitable lighting, ventilation, etc.
- No posted radiation related information specifically addressing industrial radiography (e.g., information charts, equipment information, posters, pictures, etc.)
- Minimal noise distractions
- Facility is architecturally accessible to accommodate disability related needs as required by the American Disabilities Act

## II. Requirements for Certification Programs

All certification programs must:

(Applicant vs Agreement State)

Note: The following items in Section I pertaining to independent certifying entities should also be applicable to all other certification programs:

- I.9. Written procedures
- I.10. Due process procedures included in rules
- I.11. Procedures for proctoring examinations would be controlled by either a contract or contained in internal procedures
- I.12. Examination site selection would be controlled by contract or contained in internal procedures

**1. Require applicants for certification to (a) receive training in the topics set forth in Sec. 34.43(g) or equivalent Agreement State regulations, and (b) satisfactorily complete a written examination covering these topics;**

An applicant should submit information confirming that individuals applying for certification have received training in radiation safety as specified in 10 CFR 34.43(g) or equivalent Agreement State regulations. This training should be provided in a formal interactive training course that has been accepted by the Commission or an Agreement State and should be approximately 40 hours in length. An applicant must submit information confirming that an individual will not be certified until that individual has passed a written examination administered by the certifying entity or its agent.

**2. Require applicants for certification to provide documentation that demonstrates that the applicant has: (a) received training in the topics set forth in Sec. 34.43(g) or equivalent Agreement State regulations; (b) satisfactorily completed a minimum period of on-the-job training; and (c) has received verification by an Agreement State or a NRC licensee that the applicant has demonstrated the capability of independently working as a radiographer;**

An applicant should submit procedures for reviewing and accepting the documentation submitted by an individual applying for certification to verify completion of the requirements of II.2. (a) through (c). Training documentation may include a copy of a course completion certificate or a signed statement from the training provider. To meet the criteria of II.2. (b), the applicant may adopt NRC's two-month (320 hours) on-the-job training (OJT) requirement or accept a minimum of 200 hours OJT that do not include such activities as safety meetings, classroom training, darkroom activities, film interpretation, and transportation to and from temporary job sites. OJT documentation should include a statement or form signed by an appropriate licensee representative, such as the radiation safety officer (RSO) or an authorized trainer, confirming that the individual has completed the OJT requirement. Verification that an individual can work independently as a radiographer may be submitted as a signed audit check list or may be included on the OJT documentation form or statement.

**Appendix A to 10 CFR Part 34--Radiographer Certification**

NOTE: An applicant may find that it is providing identical information under more than one heading. In such cases, an applicant may make a clear and concise reference to the previously provided information.

**I. Requirements for an Independent Certifying Organization**

**An independent certifying organization shall:**

**1. Be an organization such as a society or association, whose members participate in, or have an interest in, the fields of industrial radiography;**

Decision Element	Yes	No	Comments
Copy of Corporate Charter			
Documentation of longevity			
Documentation of interest in radiation safety			
Composition of the governing body			
Duties of the governing body			
Commitment to notify of proposed Charter changes that may impact the certification			



**2. Make its membership available to the general public nationwide that is not restricted because of race, color, religion, sex, age, national origin or disability;**

Decision Element	Yes	No	Comments
Documentation of an open membership policy			
Acceptable documentation: by-laws, policy statements or equivalent documents			

**3. Have a certification program open to nonmembers, as well as members**

Decision Element	Yes	No	Comments
Documentation that program is available to the public.			
Acceptable documentation: by-laws, policy statements or equivalent documents			

**3. Include procedures to ensure that all examination questions are protected from disclosure;**

An applicant should submit procedures for ensuring exam security before, during, and after the administration of the examination.

**4. Include procedures for denying an application, revoking, suspending, and reinstating a certificate;**

If not addressed in I. 8, 9, and 10, an applicant should submit procedures for denying an individual's application for certification, and for revoking, suspending, or reinstating an individual's certification. These procedures would be covered by the rulemaking process for Agreement States.

**5. Provide a certification period of not less than 3 years nor more than 5 years;**

An applicant should specify the certification period. Agreement States should address this requirement in their statutes or regulations.

**6. Include procedures for renewing certifications and, if the procedures allow renewals without examination, require evidence of recent full-time employment and annual refresher training.**

An applicant should submit procedures for renewing certifications. The procedures should include requirements for re-examination of individuals. As an alternative to re-examination, individuals should provide evidence of full-time employment in industrial radiography during the entire previous 12 months, have successfully passed a job performance inspection as an industrial radiographer in accordance with 10 CFR 34.43(e) or equivalent Agreement State regulation within six months of date of the renewal application, and received annual refresher training in accordance with 10 CFR 34.43(d).

All certifying entities currently require re-exam for renewing certifications. It is strongly recommended that testing be required for renewal to minimize the potential problems pertaining to reciprocal recognition.

**7. Provide a timely response to inquiries, by telephone or letter, from members of the public, about an individual's certification status.**

An applicant should submit procedures for responding to requests for information on an individual's certification status, i.e., whether the individual is certified as an industrial radiographer. Procedures for responding to inquiries by fax or E-mail should be considered.

The ability to access information underscores the need for all certifying entities to consider participation in a centralized information exchange.

### III. Requirements for Written Examinations

All examinations must be:

**1. Designed to test an individual's knowledge and understanding of the topics listed in Sec. 34.43(g) or equivalent Agreement State requirements:**

An applicant should submit information that shows that each of the topics listed in 10 CFR 34.43(g) or equivalent Agreement State requirements is addressed in the examinations.

**2. Written in a multiple-choice format;**

An applicant should submit information to show that the examinations are constructed in a multiple-choice format.

**3. Have test items drawn from a question bank containing psychometrically valid questions based on the material in Sec. 34.43(g).**

An applicant should submit information to show that the examination item bank questions will be written according to appropriate psychometric procedures.

Accepted tests should be comparable or similar in content and areas of emphasis to other tests developed by certifying entities.
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**4. Be an incorporated, nationally recognized organization, that is involved in setting national standards of practice within its fields of expertise**

Decision Element	Yes	No	Comments
Articles of incorporation include information on the membership's distribution			
Nationally recognized for setting national standards of practice by the CRCPD, NRC and radiography industry			

**5. Have an adequate staff, a viable system for financing its operations, and policy-and decision-making review board**

Decision Element	Yes	No	Comments
Business plan for implementing the certification program.			
Approved by governing body			
Staff resources			
Staff position descriptions			
Available funding			
Anticipated scope of operation			
Describe staffing of all policy- and decision-making review boards			
Describe duties of all policy- and decision-making review boards			
Describe responsibilities of all policy- and decision-making review boards			

If applicable, the applicant should supply evidence that demonstrates historical financial stability and successful programized performance.

**6. Have a set of written organizational by-laws and policies that provide adequate assurance of lack of conflict of interest and a system for monitoring and enforcing those by-laws and policies**

Decision Element	Yes	No	Comments
Written by-laws and policies that prohibit conflict of interest			
Describe procedures for monitoring and enforcing by-laws and policies			

For example, an employee should not be involved with a related or related activity.

**7. Have a committee, whose members can carry out their responsibilities impartially, to review and approve the certification guidelines and procedures, and to advise the organization's staff in implementing the certification program**

Decision Element	Yes	No	Comments
Independent committee whose membership is separate from the working staff			
Describe the committee's authority			
Describe the committee's duties			
Describe the committee's responsibilities for advising the staff on the implementation of certification program activities			
Conducts annual program reviews in accordance with generally-accepted principles and practices			

The independent status of the committee should allow for oversight functions.

**8. Have a committee, whose members can carry out their responsibilities impartially, to review complaints against certified individuals and to determine appropriate sanctions**

Decision Element	Yes	No	Comments
Independent committee whose membership is separate from the working staff and the committee described in I.7.			
Committee is authorized to review complaints			
Committee is authorized to verify whether violations have occurred			
Committee is authorized to determine appropriate sanctions			
Committee uses the rules of conduct as a basis for its review			
Rules of conduct have been approved by governing body			

**9. Have written procedures describing all aspects of its certification program, maintain records of the current status of each individual's certification and the administration of its certification program**

An applicant should submit procedures for all certification program activities, which should include, but not be limited to:

Decision Element	Yes	No	Comments
Examination development - Individual examination construction			
Examination development - Examination validation process			
Examination development - Item bank security			
Examination security, if obtained from a contract source			
Selecting exam sites			

Notifying applicants about examination dates, locations, times, etc. and providing application forms			
Processing applications			
Examination registration process			
Examination/Instruction process			
Scoring the examination			
Reporting results			
Requests for special accommodations under the American Disabilities Act			
Reviewing classroom training documentation			
Reviewing on-the-job training			
Responding to complaints			
Maintaining records			
Enforcement policies and procedures			
Notifying other certifying entities of enforcement actions			
Records retention schedule			



**10. Have procedures to ensure that certified individuals are provided due process with respect to the administration of its certification program, including the process of becoming certified and any sanctions imposed against certified individuals**

Decision Element	Yes	No	Comments
Due process procedures available to individuals			
Appeal and hearing rights involving the application process			
Appeal and hearing rights involving candidate qualification review			
Appeal and hearing rights involving administration of examinations			
Appeal and hearing rights involving allegations			
Appeal and hearing rights involving enforcement actions			

**11. Have procedures for proctoring examinations, including qualifications for proctors. These procedures must ensure that the individuals proctoring each examination are not employed by the same company or corporation (or a wholly-owned subsidiary of such company or corporation) as any of the examinees**

Decision Element	Yes	No	Comments
Procedures for proctoring examinations			
Verification of no conflict of interest issues with the proctors			
Proctors receive training/instruction, including:			
Selecting an examination site, if appropriate			
Security of examination materials			
Examination room arrangement			
Proper working order of equipment			
Verification of identification			

Conducting registration process			
Distributing examination materials			
Presenting examination instructions			
Collecting examination materials			
Return of examination materials			
Notifying/documenting problems or irregularities			

**12. Exchange information about certified individuals with the Commission and other independent certifying organizations and/or Agreement States and allow periodic review of its certification program and related records**

Decision Element	Yes	No	Comments
Exchange of information regarding certification history with NRC, AS, or other certifying entity			
Confirmation to allow periodic review of certification program and related records			

**13. Provide a description to the Commission of its procedures for choosing examination sites and for providing an appropriate examination environment**

Decision Element	Yes	No	Comments
Procedures for selecting a neutral and appropriate examination site			
Considerations include separation of examinees - adequate work space			
Considerations include suitable lighting, ventilation, etc.			
Considerations include no posted radiation related information			
Considerations include minimal noise distractions			
Considerations include accessible by the American Disabilities Act			

Examination sites must be accessible for registrants with physical disabilities.

**II. Requirements for Certification Programs**

**1. Require applicants for certification to (a) receive training in the topics set forth in Sec. 34.43(g) or equivalent Agreement State regulations, and (b) satisfactorily complete a written examination covering these topics**

Decision Element	Yes	No	Comments
Confirms that individuals have received training in radiation safety			
Training provided in a formal course accepted by NRC or AS, approximately 40 hours in length.			
Confirms individual must pass written examination administered by the certifying entity or its agent			

**2. Require applicants for certification to provide documentation that demonstrates that the applicant has: (a) received training in the topics set forth in Sec. 34.43(g) or equivalent Agreement State regulations; (b) satisfactorily completed a minimum period of on-the-job training; and (c) has received verification by an Agreement State or a NRC licensee that the applicant has demonstrated the capability of independently working as a radiographer**

Decision Element	Yes	No	Comments
Procedures for reviewing and accepting the documentation to verify training			
Procedures for reviewing and accepting the documentation to verify completion of a minimum period of on-the-job training			
Procedures for reviewing and accepting documentation to verify that the applicant has demonstrated to an AS or NRC licensee, the capability of independently working as a radiographer			
Training documentation may include a copy of a course completion certificate or a signed statement from the training provider			
Adopts NRC's two-month (320 hours) OJT requirement or a minimum of 200 hours OJT that do not include such activities as safety meetings, classroom training, darkroom activities, film interpretation, and transportation to and from temporary job sites.			
OJT documentation includes a statement or form signed by appropriate representative - RSO or trainer			

Verification that an individual can work independently as a radiographer may be submitted as a signed affidavit which may be included on the OJT documentation form or otherwise.

**3. Include procedures to ensure that all examination questions are protected from disclosure**

Decision Element	Yes	No	Comments
Procedures for ensuring exam security before, during, and after the administration of the examination			

**4. Include procedures for denying an application, revoking, suspending, and reinstating a certificate**

Decision Element	Yes	No	Comments
Procedures for denying an individual's application			
Procedures for revoking an individual's certification			
Procedures for suspending an individual's certification			
Procedures for reinstating an individual's certification			

**5. Provide a certification period of not less than 3 years nor more than 5 years**

Decision Element	Yes	No	Comments
Specify the certification period			

**6. Include procedures for renewing certifications and, if the procedures allow renewals without examination, require evidence of recent full-time employment and annual refresher training**

Decision Element	Yes	No	Comments
Procedures for renewing certifications			
Requirements include re-examination of individuals			
As an alternative to re-examination, individuals provide evidence of full-time employment during entire previous 12 months			
As an alternative to re-examination, passed a job performance inspection within six months of the renewal application			
As an alternative to re-examination, received annual refresher training			

**7. Provide a timely response to inquiries, by telephone or letter, from members of the public, about an individual's certification status**

Decision Element	Yes	No	Comments
Procedures for responding to requests for information on an individual's certification status			
Inquiries by fax or E-mail			

**III. Requirements for Written Examinations**

**All examinations must be:**

**1. Designed to test an individual's knowledge and understanding of the topics listed in Sec. 34.43(g) or equivalent Agreement State requirements**

Decision Element	Yes	No	Comments
Topics in 10 CFR 34.43(g) or equivalent AS requirements			

**2. Written in a multiple-choice format;**

Decision Element	Yes	No	Comments
Constructed in a multiple-choice format			

**3. Have test items drawn from a question bank containing psychometrically valid questions based on the material in Sec. 34.43(g)**

Decision Element	Yes	No	Comments
Questions written according to appropriate psychometric procedures.			

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*United States  
Nuclear Regulatory Commission*

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*Policy and Guidance Directive (PGD) 1-26  
(Formerly P&GD 84-12, Rev. 2)*

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***PROCESSING OF EXEMPTIONS FOR MATERIAL  
LICENSEES***

*Division of Industrial and Medical Nuclear Safety  
Office of Nuclear Material Safety and Safeguards*

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PROCESSING OF EXEMPTIONS FOR MATERIAL LICENSEES

Table of Contents

Page

1. Purpose	2
2. Background	2
3. General Guidance .....	3
3.1 Exemptions. ....	3
3.2 Temporary Exemptions for Humanitarian or Emergency Reasons .....	3
3.3 Exemptions Requiring Coordination with NMSS. ....	5
4. Administrative Procedures. ....	5
5. Resources	5
APPENDIX A	
Routine Exemptions. ....	A-1
APPENDIX B	
STANDARD LETTER FORMAT for Temporary Exemption from NRC Regulation or License Condition .....	B-1
APPENDIX C	
Examples of Exemptions Requiring Coordination with NMSS .....	C-1

## PROCESSING OF EXEMPTIONS FOR MATERIAL LICENSEES

### 1. Purpose

This Policy and Guidance Directive (P&GD) provides guidance to the regions for processing requests for exemptions. Material licensees may be granted exemptions from certain sections of the NRC regulations upon provision of information which includes a justification for the exemption request, applicable compensatory safety measures, and assurance that consideration of all reasonable alternatives for compliance with the regulations have been exhausted. Appendix A provides additional guidance on exemptions to sections of the regulation. Some exemptions may be granted on a temporary basis as explained in paragraph 3.2 below and Appendix B.

### 2. Background

P&GD FC 84-12, Revision 2; Granting Exemptions and Special Authorizations, dated November 12, 1986, provided guidance to the regions for granting special authorizations and exemptions from specific NRC regulations. P&GD FC 92-03, Exemptions from 10 CFR 35.400 for Uses not currently Authorized for Iridium-192 Seeds Encased in Nylon Ribbon and Palladium-103 Seeds as Brachytherapy Sources, dated August 17, 1992, provided guidance to the regions for granting exemptions from 10 CFR 35.400. P&GD 2-16, Generic Exemption for Newly-Manufactured Radiography Equipment, dated March 7, 1995, provided guidance to the regions to exempt a licensee from 10 CFR 34.20(e) which specified the ANSI-N432, Section 8.9, prototype endurance test. This P&GD supersedes P&GD FC 84-12, Revision 2 and P&GD 92-03. P&GD 2-16 is superseded by the addition of 10 CFR 34.20(f) to the Part 34 rulemaking published in the Federal Register on May 31, 1995.

This P&GD provides:

1. guidance and a listing of exemptions that may be approved by the regions with accompanying guidance for additional information needed and the applicable license condition;
2. guidance regarding the procedures and criteria for granting temporary exemptions for emergency or humanitarian reasons and a standard form letter; and
3. a listing of exemption requests that should be referred to the Division of Industrial and Medical Nuclear Safety (IMNS) or the appropriate NMSS division for approval.

### 3. General Guidance

### 3.1 Exemptions

The exemptions contained in Appendix A may be granted by the regions without coordination with Headquarters. All requests for an exemption to the regulations must not present an undue risk to public health and safety, and be consistent with the common defense and security.

The request must be accompanied by:

- a. a description of the exemption needed and why;
- b. compensatory safety measures as necessary to provide an equivalent level of health and safety as the regulation for which the exemption is being requested; and
- c. the licensee's assurance that consideration of all reasonable alternatives for complying with the regulation has been exhausted.

Each Appendix A section describes the specific part of the regulation which may be considered for exemption, any other commitment or additional information that the licensee must submit prior to issuance of the exemption, and the license condition to be issued upon review and determination that the exemption should be granted. This guidance will be updated when current rulemaking initiatives preclude the need for issuance of the exemption or other exemptions that the regions may issue without coordination with Headquarters are identified.

### 3.2 Temporary Exemptions for Humanitarian or Emergency Reasons

The regions may grant a temporary exemption to NRC regulations or license conditions, on a case-by-case basis, without referral to the Director, IMNS, NMSS, in certain circumstances in which:

- a. A normal license amendment is not appropriate because of the non-recurring, short duration (normally 7 days or less) nature of the exemption; and
- b. The non-compliance would normally result in a Severity Level IV violation per NUREG-1600, General Statement of Policy and Procedures for NRC Enforcement Actions.

Decisions to grant temporary exemptions should only be exercised when NRC is clearly satisfied that such actions are consistent with the protection of public health and safety. A temporary exemption should be granted only after a determination has been made that the circumstances surrounding

the request are exigent, temporary, and that an exemption will not endanger life, property, or the common defense and security, and is otherwise in the public interest. Such exemptions should not be exercised repeatedly for the same set of circumstances for the same licensee.

All licensee requests for temporary exemption to the regulation must be accompanied by:

- a. A discussion of the requirements for which an exemption is requested and identification of the specific regulation or license condition involved;
- b. A discussion of circumstances surrounding the situation, including the need for prompt action, a description of why the situation could not be avoided, and the probable consequences were the request not granted;
- c. A preliminary evaluation of the safety significance and potential consequence(s) of granting the proposed request; and
- d. A discussion which justifies the duration of the exemption.

The licensee's request should normally be faxed to the Director, Division of Nuclear Materials Safety (DNMS) within the appropriate NRC region. The Director, DNMS at each NRC region, is authorized to grant the exemption request per Management Directive 9.29, "Organization and Function: Regional Offices." However, if circumstances do not permit time for the fax, the licensee may make the request orally and read or describe the above information to the NRC staff. The oral request must be followed (within 24 hours) by written documentation of the above information. The follow-up written request must confirm the information submitted orally and upon which the NRC relied in granting the exemption.

The exemption may be granted orally by the Director, DNMS or the acting Director, DNMS. Following the granting of the request, the Director, DNMS, shall promptly send a letter to the licensee utilizing the standard format contained in Appendix B documenting the circumstances surrounding the request, the exemption granted, and the duration of the exemption. The letter will normally be issued within 3 working days of the receipt of the licensee's written request. The license should then be amended to incorporate the temporary exemption and commitments made by the licensee and an entry made to the Licensing Tracking System (LTS). Copies of the letter sent to the licensee should be provided to the Office of Enforcement, and the Director, IMNS, NMSS.

### 3.3 Exemptions Requiring Coordination with NMSS

All requests for exemptions not described in paragraphs 3.1 and 3.2, should be considered as non-routine and should be forwarded to the

appropriate NMSS Division Director. The regions should follow the guidance contained in P&GD 90-4 for technical assistance requests and submission of exemption requests for consideration of approval. All exemption requests should be entered into the LTS upon receipt. Examples of exemptions which require coordination with NMSS before processing by the region, and which also should be recorded in the LTS are identified in Appendix C. In addition, when an exemption is being considered, the region should submit its evaluation of the merits of the exemption from a technical standpoint as well as any generic implications, such as a need for rulemaking.

#### 4. Administrative Procedures

The LTS allows recording of exemptions granted. The LTS worksheet contains an exemption data field which should be annotated to identify the section of the regulation to which the exemption was granted. For example, if an exemption is granted to allow relief from 10 CFR §35.647 to extend the time for servicing and inspection of a teletherapy unit, then the entry should be 35.647. Do not use abbreviations or entries other than the specific section of the regulation. If an exemption is not effective after a specific date, then the date should be entered in the LTS in parentheses following the section, i.e., 35.647 (8/31/98). P&GD 1-22, Rev. 1, Policy and Criteria for Initial Processing of Incoming Licensing Actions, dated April 15, 1997, states that all exemptions requested, granted, and denied will be entered in the LTS. If the LTS has not been modified to accommodate these actions, the regions should continue to maintain a list as directed in P&GD 1-22. If you need assistance regarding entry of data on the LTS worksheet, please contact the regional license reviewer or the licensing management system coordinator.

#### 5. Resources

This directive reduces the overall agency resources required to process several specific exemption requests, by authorizing the regions to grant those specific exemption requests without prior coordination with headquarters. Many of these exemptions may not be necessary once rulemaking is finalized.

## APPENDIX A

The following format is used throughout this Appendix to allow the user to locate information quickly. The following box has a description in each segment that explains the information that will be located in that segment.

The first box segment describes the section of the regulation from which an exemption could be requested by a licensee.

The second box segment describes any additional information a licensee will need to submit or commit to other than information described in paragraph 3.1 of the Policy and Guidance Directive.

The third box segment describes the license condition to be used once the region determines the exemption should be granted.

### APPENDIX CONTENTS

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#### I. 10 CFR 35

Recordkeeping or posting .....	A-2
35.315(a)(4) and 35.415(a)(4) .....	A-3
35.400(d) and (g) .....	A-4
35.404(a) .....	A-5
35.647 .....	A-6

#### II. 10 CFR 36

36.23(a) .....	A-7
36.23(b) .....	A-8
36.23(c) .....	A-9
36.23(d) .....	A-10
36.23(f) .....	A-11
36.27(a) and 36.27(b) .....	A-12
36.31(a) .....	A-13
36.31(b) .....	A-14
36.67(b)(2) .....	A-15

I. 10 CFR 35

A. Recordkeeping or posting

Requests for relief from recordkeeping or posting requirements, in Part 35.

Information as described in paragraph 3.1 is sufficient.

The following license condition should be used:

"Notwithstanding the requirements of 10 CFR 35.\_\_\_\_, the licensee may use the alternative method for \_\_\_\_ (recordkeeping or posting) \_\_\_\_ as described in the letter/application dated \_\_\_\_."

**B. §35.315(a)(4) and §35.415(a)(4)**

Regions may grant exemptions from §35.315(a)(4) and §35.415(a)(4) which require surveys in contiguous areas after the administration of a therapeutic radiopharmaceutical dosage or implantation of sealed sources for brachytherapy, respectively.

The following describes additional information needed:

1. The licensee must provide a detailed description of the rooms used for therapy, including the adjacent areas and the area above and below such rooms used for therapy. A sketch of the treatment rooms and adjacent areas should be submitted with the layout of the rooms and adjacent areas indicated.
2. The licensee must describe how it will evaluate the dose rates in areas adjacent to treatment rooms, and provide sample calculations. All assumptions used in the evaluation must be clearly identified. The licensee must describe what shielding is present in the walls/floor/ceiling. The licensee must state that if any of the parameters used in the initial evaluations change, (room layout, increase in source activity, ...), a new evaluation will be performed.
3. The licensee must provide enough information to determine that the requirements in §20.1301(a) will be met. The licensee must also address how it will determine that dose limits to members of the public and other patients in unrestricted areas from multiple therapy patients or subsequent hospital stays in the same calendar year will not exceed 100 millirem per calendar year.

The following license condition should be used for exemptions from 10 CFR 35.315(a)(4):

"Notwithstanding the requirements of 10 CFR 35.315(a)(4), the licensee may use the alternative method for determining the dose rates in contiguous restricted and unrestricted areas described in the letter/application dated \_\_\_\_\_."

The following license condition should be used for exemptions from 10 CFR 35.415(a)(4):

"Notwithstanding the requirements of 10 CFR 35.415(a)(4), the licensee may use the alternative method for determining the dose rates in contiguous restricted and unrestricted areas described in the letter/application dated \_\_\_\_\_."

**C. §35.400(d) and §35.400(g)**

Regions may grant exemptions from the use requirement in §35.400(d) for iridium-192 and §35.400(g) for palladium-103 to allow other than interstitial treatment of cancer.

For the exemption to be granted, the licensee must specify iridium-192 (Ir-192) encased in nylon ribbon and palladium-103 (Pd-103) seeds. No additional radiation safety procedures need to be identified. Ir-192 and Pd-103 have been used for intracavitary use for many years and sources in the Sealed Source and Device Registry which have passed the testing criteria for interstitial use can be used in intracavitary or topical applications. Requests for authorization of gold-198 and iodine-125 seeds for intracavitary and topical applications should be coordinated with NMSS as identified in Appendix C.

The following license condition should be used:

“Notwithstanding the requirements of 10 CFR 35.400(d) and (g), the licensee may use iridium-192 as seeds encased in nylon ribbon and palladium-103 as seeds for topical, interstitial, and intracavitary treatment of cancer. The licensee may deviate from the manufacturer’s radiation safety and handling instructions only to the extent that the instructions are not applicable to the type of use proposed by the licensee.”

D. §35.404(a)

Regions may grant exemptions from the requirement in §35.404(a), that prohibits the release from confinement for medical care, a patient or human research subject with eye plaque implants until all sources have been removed.

Although the eye plaque implant is temporary, in that it will be removed after several days, the manner in which it is used is similar to a permanent implant. Because the implant is sutured into place, the device cannot be removed by the average patient, nor is it likely to become dislodged or lost.

For the exemption to be granted, the licensee must adequately commit to comply with the requirements described below to ensure adequate protection of public health and safety and to meet the survey requirements for permanent implant patients specified in §35.75(b). Specifically, the licensee must commit to comply with the following provisions:

1. The measured dose rate from the patient must be less than 5 millirems per hour at a distance of 1 meter;
2. The patient will be provided with radiation safety guidance on how to maintain doses to other individuals as low as reasonably achievable.
3. A radiation survey of the patient will be made with a radiation detection survey instrument after removing the eye plaque, prior to release of the patient to ensure that all sources have been removed.
4. Upon removal of the eye plaque, the plaque will be disassembled and a physical inventory of the seeds will be conducted to confirm that all sources have been recovered.
5. The licensee must also address any specific radiation safety instructions to be provided to patients.

The following license condition should be used:

"Notwithstanding the requirements of 10 CFR 35.404(a), the licensee may release from confinement for medical care a patient with a temporary eye plaque implant in place, in accordance with procedures described in letter/application dated \_\_\_\_\_."

E. §35.647

Regions may grant exemptions to §35.647 to extend the time for servicing and inspection of a teletherapy unit.

Information as described in paragraph 3.1 is sufficient.

Standard License Condition 91 should be used. In general, the maximum interval from one inspection and servicing to the next is 6 years.

II. 10 CFR 36

Although many provisions of 10 CFR Part 36 apply to converted teletherapy units, compliance with certain applicable provisions of the rule may be impractical, and exemptions will be granted from specific sections of 10 CFR Part 36, provided that the licensee requests and technically justifies the exemption. The following are technical justifications and commitments acceptable for exemptions from specific sections of 10 CFR Part 36.

A. §36.23(a)

Regions may grant exemptions to §36.23(a) which states, in part, that "... The personnel entrance door or barrier must have a lock that is operated by the same key used to move the sources." ...

Provided that the licensee commits to have the operator present for the entire period of time that the key is in the control panel. For converted teletherapy units, the use of a single key or even several keys on a key-ring may be impractical. The key-switch on many control panels is a 3-position switch which controls electrical power to the teletherapy unit. The key can only be inserted/removed in the "off" position, and in this position the main power and control circuits are without electrical power. Power is required to move collimators, activate field lights, align system, etc. Requiring a single key would not allow the licensee to operate these powered systems.

The following license condition should be used:

"Notwithstanding the requirements of 10 CFR 36.23(a), the licensee may use separate keys to operate the lock on the personnel entrance door or barrier and to move the sources in accordance with procedures described in the letter/application dated \_\_\_\_\_."

B. §36.23(b)

Regions may grant exemptions to §36.23(b) which states, in part, that "... each entrance to a radiation room at a panoramic irradiator must have an independent backup access control to detect personnel entry while the sources are exposed."....

The region may grant the licensee an exemption from this requirement provided that the licensee has an electrical interlock system meeting all of the conditions specified in §35.615(b) on each entrance to the radiation room. Alterations of the electrical interlocks of the teletherapy unit to meet the requirements of 36.23(b), may cause the interlock system to function incorrectly. A working electrical interlock system on each entrance suffices to prevent personnel entry while the source is exposed. In addition, the licensee must commit to having an operator present during the entire irradiation who can visually observe the entrance, and to having a radiation monitor that can be read prior to entering the radiation area.

The following license condition should be used:

"Notwithstanding the requirements of 10 CFR 35.23(b), the licensee is exempt from having an independent backup access control to detect personnel entry while sources are exposed based on the commitments described in the letter/application dated \_\_\_\_\_."

C. §36.23(c)

Regions may grant exemptions to §36.23(c) which states, in part, that ..."The monitor must be integrated with personnel access door locks to prevent room access when radiation levels are high."....

Alteration of the interlock system to meet this requirement would prevent entry to the treatment room to remove a patient in the event of a stuck source. The region may grant the licensee an exemption from this requirement provided that the licensee has an electrical interlock system which will retract the source, upon opening access doors to the irradiation room and commits to its use. In addition, the licensee must commit to having an operator present and having a radiation monitor in the room, as discussed above.

The following license condition should be used:

"Notwithstanding the requirements of 10 CFR 35.23(c), the licensee is exempt from having the monitor integrated with personnel access door locks to prevent room access when radiation levels are high based on the commitments described in the letter/application dated \_\_\_\_\_."

D. §36.23(d)

Regions may grant exemptions to §36.23(d) which states, in part, that ..."visible and audible alarms to alert people in the radiation room that the sources will be moved from their shielded position."...

An acceptable justification is that an audible alarm within the treatment room may cause undue distress to the patients (human or animal). If the licensee commits to having a visual alarm provided on the outside of the treatment room, and to having the operator visually check the room prior to starting treatments, the regions may grant the licensee an exemption from this provision of the regulations.

The following license condition should be used:

"Notwithstanding the requirements of 10 CFR 36.23(d), the licensee is exempt from having a visible and audible alarm within the treatment area, based on the commitments described in the letter/application dated

\_\_\_\_\_."

E. §36.23(f)

Regions may grant exemptions to §36.23(f) which states, in part, that "Each radiation room at a panoramic irradiator must contain a control that prevents the sources from moving from the shielded position unless the control has been activated and the door...has been closed within a preset time..."

Exemptions may be granted to licensees having teletherapy units that are being used for irradiation of materials only (no patients), provided the licensee commits to the operator visually verifying that the room is not occupied prior to closing the door, and that the converted teletherapy unit (irradiator) activates a visual and audible alarm in the teletherapy room for at least 15 seconds prior to moving the source from the shielded position. This visual/audible alarm must be interlocked with the teletherapy unit such that the source will not move to the exposed position until the visual/audible alarm has been activated and is finished alarming. The use of a visual/audible alarm in a patient treatment room may cause anxiety for patients. Therefore, licensees having teletherapy units that are being used for both patient treatment (human or animal) and object or material irradiation may be authorized an exemption from §36.23(f) without the need to have a visual/audible alarm, if the licensee commits to having an operator visually verify that the room is not occupied prior to closing the door and if the licensee has a means of visual observation of the area as required in §35.615(e). If the unit is not used for patients, then the audible/visible alarm described above is required.

The following license condition should be used:

"Notwithstanding the requirements of 10 CFR 35.23(f), the licensee is exempt from having a control that prevents the sources from moving from the shielded position unless the control has been activated and the door or barrier to the radiation room has been closed within a preset time based on the commitments described in the letter/application dated \_\_\_\_\_."

F. §36.27(a) and 36.27(b)

Regions may grant exemptions to §36.27(a) which states, in part, that .. "The sources must automatically become fully shielded if a fire is detected." and §36.27(b) which states, "The radiation room at a panoramic irradiator must be equipped with a fire extinguishing system capable of extinguishing a fire without the entry of personnel into the room. The system for the radiation room must have a shut-off valve to control flooding into unrestricted areas."

The Statements of Consideration state that the purpose of fire extinguishing system is to prevent a fire from damaging the access control system or preventing the sources from being shielded. Most converted teletherapy units are designed to retract the source when the electrical power fails, as may occur during a fire. The licensee may be granted an exemption from these requirements by the region provided that the licensee commits: to have smoke detectors, fire extinguisher and a fire alarm at the site to detect and fight small fires, and to alert authorities of the fire; to have a means of measuring the radiation levels in the radiation room during an electrical failure; and to instruct the operators to retract the source prior to exiting for a fire involving major portions of the facility, provided this action does not jeopardize the operator's safety.

The following license condition should be used:

"Notwithstanding the requirements of 10 CFR 36.27(a) and (b), the licensee is exempt from (as requested by licensee) based on the commitments described in the letter/application dated \_\_\_\_\_."

G. §36.31(a)

Regions may grant exemptions to §36.31(a) which states, in part, that .. "The key must be attached to a portable radiation survey meter by a chain or cable. [...] The door to the radiation room must require the same key."

Converted teletherapy units require that the source activation key be inserted in the console to provide power to the unit to activate field lights and align the head; therefore, the region may grant the licensee an exemption from this requirement provided that the licensee commits to having administrative controls in place to insure that personnel entering the radiation room use a portable survey meter to verify that the source has retracted. The licensee must also commit to attach the survey meter to the exposure room door key.

The following license condition should be used:

"Notwithstanding the requirements of 10 CFR 36.31(a), the licensee is exempt from the requirement to have console key attached to a portable survey meter by a chain or cable and that the door to the radiation room require the same key, based on the commitments described in the letter/application dated \_\_\_\_\_." The radiation room door key shall be attached to the portable survey meter

H. §36.31(b)

Regions may grant exemptions to §36.31(b) which states, in part, that "The console of a panoramic irradiator must have a source position indicator that indicates when the sources are in...transit."

In converted teletherapy units the source is moved nearly instantaneously from the shielded to the exposed position. Most teletherapy units are designed with two indicator lights. The green light indicates the source is in the fully shielded position; the red light indicates the source is exposed. During transit both lights are on indicating that the source is in transit. To require that the licensee install an electronic system to indicate "in transit" for the period of time the source is in transit, less than a second, does not provide any additional protection. Illumination of both lights simultaneously accomplishes the same safety goal as an "in transit" indicator; therefore, the region may grant this exemption provided the licensee submits a description of its device indicators.

The following license condition should be used:

"Notwithstanding the requirements of 10 CFR 36.31(b), the licensee is exempt from the requirement to have a separate position indicator to indicate when the source is in transit, in accordance with letter/application dated \_\_\_\_\_."

I. §36.67(b)(2)

Regions may grant exemptions to §36.67(b)(2) which states, that a licensee must, "Activate a control in the radiation room that permits the sources to be moved from the shielded position only if the door to the radiation room is locked within a preset time after setting the control."

Due to the risk of malfunction associated with alterations to the existing electrical interlocks of the teletherapy unit necessary to comply with this regulation, and the licensee's commitment to administratively control access to the room to meet the intent of this regulation, the region may grant this exemption, if the licensee demonstrates that a retrofit to install such a control would not be possible with the teletherapy unit; and the licensee commits to the following:

- a. The operator will close the doors immediately upon completion of the visual inspection required by §36.67(b)(1).
- b. The operator will verify that each door has locked automatically before stepping to the control panel.

The following license condition should be used:

"Notwithstanding the requirements of 10 CFR 36.67(b)(2), the licensee is exempt from the requirement to have a control in the radiation room which must be activated prior to irradiation which would not allow the source to be moved from the shielded position unless the door to the radiation room is locked within a preset time, based on the commitments described in the letter/application dated \_\_\_\_\_."

## APPENDIX B

### Standard Letter Format for Temporary Exemption from NRC Regulation or License Condition

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DOCKET NO. \_\_\_\_\_  
LICENSE NO. \_\_\_\_\_

\_\_\_\_\_  
(Name of Licensee)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_

SUBJECT: TEMPORARY EXEMPTION TO NRC (REGULATION OR LIST THE LICENSE CONDITION)

Pursuant to the written request dated (date of request) for temporary exemption(s) from the requirements of (NRC regulation or license condition) by (name and position of requestor representing the licensee), the following temporary exemption(s) is (are) granted for the specified period of time:

[Each temporary exemption granted should be listed separately with documentation of the circumstances surrounding the request and the duration of time for which the exemption is granted.]

If your understanding of the above temporary exemption differs from that set forth above, you are to notify (Contact) immediately, at (Tel. Number).

\_\_\_\_\_, Director  
Division of Nuclear Materials Safety

## APPENDIX C

### Examples of Exemptions Requiring Coordination with NMSS

1. All exemption requests pursuant to §§20.2002, 20.2301, 30.11(a), 34.51, 35.19, 36.17(a), 39.91, 40.14(a), and 70.14(a), with the exception of those listed in Sections 3.1 and 3.2 of this guidance, or specifically listed in other policy and guidance directives.
2. Relief from any of the provisions of the revised 10 CFR Part 20, including, but not limited to:
  - a. Requests to increase the dose limit for individual members of the public from 100 millirem in a year to 500 millirem in a year, pursuant to §20.1301(c).
  - b. Relief from the 2 millirem in any hour limit for an unrestricted area in §20.1301(a)(2).
  - c. Pursuant to §20.1204(c)(2), requests to adjust the Derived Air Concentration (DAC) or Annual Limit on Intake (ALI) values to reflect the actual physical and chemical characteristics of airborne radioactive material.
  - d. Any requests for relief from the provisions for disposal into sanitary sewerage (§20.2003), including relief from or special authorization concerning the solubility criteria in §20.2003(a).
3. Requests for relaxation of, or exemptions from the training and experience requirements of 10 CFR Part 35 for physicians, teletherapy physicists, nuclear pharmacists, and radiation safety officers. These requests are coordinated with the NRC's Advisory Committee on the Medical Use of Isotopes (ACMUI).
4. Authorization to use "decay-in-storage" as a means of disposal, and other decay-in-storage issues (e.g., maximum half life greater than 120 days or number of half lives kept less than 10), other than that authorized in §35.92. See Policy and Guidance Directive 94-05, Updated Guidance for Decay-in-Storage for Specific Guidance.
5. Requests for relief from 35.400 (d) and (g) for authorization of gold-198 and iodine-125 seeds for intracavitary and topical applications.