ARRA	-	<b>1M</b>	

August 1999

## ARIZONA RADIATION REGULATORY AGENCY APPLICATION FOR RADIOACTIVE MATERIALS LICENSE **MEDICAL**

<b>INSTRUCTIONS:</b> Complete all items in this application f necessary. Item 35 must be completed on all applications. <u>Mail one application copy to</u> : Radioactive Material Program Upon approval of this application, the applicant will receive contained in the Arizona Administrative Code	Prepare two co n, Arizona Rad	pies of this a iation Regula	pplication and all associated supplem tory Agency, 4814 South 40th Street	ental sheets or attachments. , Phoenix, Arizona 85040.
1 NAME AND MAILING ADDRESS OF APPLICANT (Institution, Firm, Clinic, Physician, etc.) INCLUDE ZIH	? CODE		Γ ADDRESS(ES) AT WHICH RAD E USED (If different than 1.) INCL	
TELEPHONE NUMBER:				
3. PERSON TO CONTACT REGARDING THIS APPLI TELEPHONE NUMBER:	CATION	□ NI □ RI	AN APPLICATION FOR: (check ap EW LICENSE (Fee required- Comple ENEWAL OF LICENSE NO. MENDMENT TO LICENSE NO.	
<ol> <li>INDIVIDUAL USERS (Name individuals who will use supervise use of radioactive material. Complete Supple and B for each individual.)</li> </ol>		safety o	TION SAFETY OFFICER (Name of fficer if other than individual user. Annee as in Supplement A.)	
7. RADIOACTIVE MATERIAL FOR MEDICAL USE				
RADIOACTIVE MATERIAL LISTED IN:	MAXIN POSSESSIOI		RADIOACTIVE MATERIAL	MAXIMUM POSSESSION LIMITS
R12-1-306.F FOR IN-VITRO STUDIES				
R12-1, ARTICLE 7, EXHIBIT A, GROUP I				
R12-1, ARTICLE 7, EXHIBIT A, GROUP II				
R12-1, ARTICLE 7, EXHIBIT A, GROUP III				
R12-1, ARTICLE 7, EXHIBIT A, GROUP IV				
R12-1, ARTICLE 7, EXHIBIT A, GROUP V				

8. RADIOACTIVE MATERIAL FOR USES NOT LISTED IN ITEM 7. (Small sealed sources (up to 30 mCi) used for calibration and reference standards are authorized under R12-1-711(A) List all sealed sources greater than 30 millicuries on an attached sheet.

## **INFORMATION REQUIRED FOR ITEM 9 THROUGH 33**

For items 9 through 33, check the appropriate boxes and submit detailed description of all the requested information. Submit signed and dated "ready made" attachments or your equivalent procedures. Begin each item on a separate sheet.

9. RADIATION SAFETY COMMITTEE

 Names and specialties attached (Check one)
 Duties as in attachment A, or
 Equivalent duties attached.

10.RADIATION SAFETY OFFICER (Check one)
Duties as in Attachment B, or
Equivalent procedures attached

11. TRAINING AND EXPERIENCE

(Check one)

- Form ARRA-1M Supplements A & B for each user attached. If the RSO is not an authorized user, supply Supplement A, Parts 1& 4
- □ Accepted certification attached for each individual user and/or RSO
- □ Individual user and/or RSO named on another license (license or license number attached)
- 12. INSTRUMENTATION (Check one)
  Attachment C attached, or
  Equivalent list attached
- 13. CALIBRATION OF INSTRUMENTS (Check one)
  Attachment D procedures attached for survey instruments, or
  Equivalent procedures attached; and
  - (Check one) Attachment D procedures attached for Dose Calibrator,
  - □ or Equivalent procedures attached
- 14. FACILITIES AND EQUIPMENT

15. PERSONNEL TRAINING PROGRAM	
(Check one)	

- $\hfill\square$  Attachment E procedures attached, or
- Equivalent procedures attached
- 16. PROCEDURES FOR ORDERING AND RECEIVING RADIOACTIVE MATERIAL (Check one)
   Attachment F procedures attached, or
   Equivalent procedures attached
- 17. PROCEDURES FOR OPENING PACKAGES CONTAINING RADIOACTIVE MATERIAL
  Attachment G procedures attached, or
  Equivalent procedures attached
- 18. RULES FOR THE SAFE USE OF RADIOACTIVE MATERIAL
  Attachment H-1 procedures attached, or
  Equivalent procedures attached; and (Check one)
  Attachment H-2 procedures attached, or
  - Equivalent procedures attached
- 19. EMERGENCY PROCEDURES (Check one)
  - Attachment I procedures attached, or procedures attached
- 20. AREA SURVEY PROCEDURES (Check one)
  - □ Attachment J procedures attached, or □ Equivalent procedures attached
- 21. WASTE DISPOSAL
  - (Check one)
  - Attachment K attached, or
  - Equivalent procedures attached

- 22. THERAPEUTIC USE OF RARADIOPHARMACEUTICALS
  - (Check one)
  - □ Attachment L procedures attached
  - Equivalent procedures attached
  - Palliative procedures are described on a separate sheet
  - No therapeutic use of radiopharmaceuticals
- 23. THERAPEUTIC USE OF SEALED SOURCES (Check one)
  - Detailed information attached; and (Check one)
  - □ Attachment M procedures attached
  - Equivalent procedures attached
  - □ No therapeutic use of sealed sources

24. PULMONARY FUNCTION STUDIES (Check one)

- Attachment N attached, or
- Equivalent supporting information and calculations attached, or
- Radiouersols will be used (Procedures attached)
- 25. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE MATERIAL IN ANIMALS (Check one)
  Equivalent
  Detailed information attached, or
  - □ No radioactive material used in animals
- 26. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE MATERIAL SPECIFIED IN ITEM 8
  Detailed information attached, or
  No material listed in item 8

- 27. PERSONNEL DOSIMETRY AND
  - BIOASSAY PROGRAMS (Check one)
  - Attachment O procedures attached, or
  - Equivalent detailed information attached
- 28. LEAK TEST PROGRAM
  - (Check one)
    Attachment P procedures attached, or
    Equivalent detailed information attached

29. PRIVATE PRACTICE APPLICANT PROGRAMDetailed information attached

- 30. ALARA PROGRAM
  (Radiation Levels As Low As Reasonably Achieved)
  (Check one)
  Attachment Q program attached, or
  - Equivalent program attached
  - Equivalent program attached
- 31. QUALITY MANAGEMENT PROGRAM
  - Attachment R program attached, or
  - Equivalent program attached
- 32. □ Records shall be maintained as specified in Appendix B
- 33. □ Letter to local governing authority attached (Not necessary with renewal)
- 34. LICENSE FEE REQUIRED (See AAC Article 13 for fees) a. LICENSE FEE CATEGORY

## b. LICENSE FEE ENCLOSED

(Do not pay a fee with a license renewal application)

35. LEGAL STRUCTURE

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ITEM 36 - CERTIFICATION (This item must be completed by applicant official)

THE APPLICANT, OR ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT NAMED IN ITEM 1, CERTIFIES THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH ARIZONA RADIATION REGULATORY AGENCY RULES FOR THE CONTROL OF IONIZING RADIATION, AND THAT ALL INFORMATION CONTAINED HEREIN, INCLUDING ANY SUPPLEMENTS ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

	BY:
APPLICANT NAMED IN ITEM 1	SIGNATURE
ATE:	TYPED OR PRINTED NAME OF CERTIFYING OFFICIAL
	TTED OK FRINTED NAME OF CERTIFTING OFFICIAL
	TITLE OF CERTIFYING OFFICIAL AUTHORIZED TO ACT ON BEHALF OF THE APPLICANT