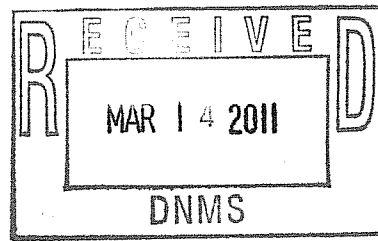


Lic No. 33-27678-01
 Docket: 030-35475



APPENDIX C

Suggested Format for Providing Information Requested in Items 5 through 11 of NRC Form 313

Item No.	Title and Criteria	Yes	Description Attached
5	<p>RADIOACTIVE MATERIAL</p> <p>Sealed Sources and Devices</p> <ul style="list-style-type: none"> Identify each radionuclide that will be used for performing radiography. Identify the manufacturer (or distributor) and model number of each sealed source. Identify the manufacturer (or distributor) and model number of each exposure device. Indicate if a device is only to be used in a permanent radiographic installation. Identify the manufacturer (or distributor) and model number of each source changer. If depleted uranium is used as shielding material, specify the total amount (in kilograms). Confirm that each sealed source, device, and source/device combination possessed is registered as an approved sealed source or device by NRC or an Agreement State and will be possessed and used in accordance with the conditions specified in the registration certificate. Confirm that associated equipment is compatible with the exposure devices, source exchangers, and sealed sources containing byproduct material. Confirm that only radiographic exposure devices, source assemblies or sealed sources, and associated equipment which meet the requirements specified in 10 CFR 34.20 will be used in radiographic operations. Identify each radionuclide and the manufacturer (or distributor) and model number of each sealed source and/or device containing byproduct material that will not be used for performing radiography. 	<p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p>	<p><input checked="" type="checkbox"/> Ir-192</p> <p><input checked="" type="checkbox"/> SPEC Model G-60</p> <p><input checked="" type="checkbox"/> SPEC 150 Temporary Jobsites</p> <p><input checked="" type="checkbox"/> SPEC Model C-1</p> <p><input checked="" type="checkbox"/> 16.7 Kilograms Per Device 37lbs</p> <p><input checked="" type="checkbox"/> None</p>

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Item No.	Title and Criteria	Yes	Description Attached
5	<p>RADIOACTIVE MATERIAL</p> <p>Financial Assurance and Recordkeeping for Decommissioning</p> <ul style="list-style-type: none"> • Pursuant to 10 CFR 30.35(g), we shall maintain drawings and records important to decommissioning and to transfer these records to a new licensee before licensed activities are transferred, or to assign the records to the appropriate NRC regional office before the license is terminated. <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • If financial assurance is required, submit evidence. 	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	<p>PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED</p> <p>Equipment will only be used:</p> <ul style="list-style-type: none"> • industrial radiography. • underwater radiography • lay-barge radiography • off-shore platform radiography • other than radiography 	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

Item No.	Title and Criteria	Yes	Description Attached
7	<p>INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE</p> <p>Radiation Safety Officer (RSO)</p> <ul style="list-style-type: none"> The name of the proposed RSO and other potential designees who will be responsible for ensuring that the licensee's radiation safety program is implemented in accordance with approved procedures. <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> Demonstrate that the RSO has sufficient independence and direct communication with responsible management officials by providing a copy of an organizational chart by position, demonstrating day-to-day oversight of the radiation safety activities. <p style="text-align: center;">AND EITHER</p> <ul style="list-style-type: none"> The specific training and experience of the RSO and other potential designees. Include the specific dates of certification and/or training in radiation safety. Documentation to show that the RSO has a minimum of 2,000 hours of hands-on experience as a qualified radiographer in industrial radiographic operations. Documentation to show that the RSO has obtained formal training in the establishment and maintenance of a radiation protection program. <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> Alternative information demonstrating that the proposed RSO is qualified by training and experience. Documentation to show the RSO has obtained formal training in the establishment and maintenance of a radiation protection program. 		<p>Chapters 4,5 and Appendix A T+K RSAM and attached <input checked="" type="checkbox"/> resumes of Jerry Thompson <input checked="" type="checkbox"/> Ken Kain</p> <hr/> <p><input checked="" type="checkbox"/> Appendix A T+K RSAM</p> <p>Attached <input checked="" type="checkbox"/> } Resume <input checked="" type="checkbox"/> } <input checked="" type="checkbox"/> }</p> <p>[]</p> <p>[]</p>

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Item No.	Title and Criteria	Yes	Description Attached
8	<p>TRAINING FOR RADIOGRAPHERS AND RADIOGRAPHER'S ASSISTANTS</p> <ul style="list-style-type: none"> • Submit an outline of the training to be given to prospective radiographers and radiographer's assistants. Submit your procedures for experienced radiographers who have worked for another licensee. • Provide a copy of a typical examination and the correct answers to the examination questions. Indicate the passing grade. • Prior to June 27, 1999, you may affirm that all individuals acting as radiographers will be certified in radiation safety in lieu of providing a description of your training and examination program in the topics listed in 10 CFR 34.43(g). (All other training program descriptions must still be submitted.) • Specify the qualifications of your instructors in radiation safety principles and describe their experience with radiography. If training will be conducted by someone outside the applicant's organization, identify the course by title and provide the name and address of the company providing the training. • Describe the field (practical) examination that will be given to prospective radiographers and radiographer's assistants. • Describe the annual refresher training program, including topics to be covered and how the training will be conducted. • Submit your procedures for verifying and documenting the certification status of radiographers and for verifying that their certification remains valid. • Submit a description of your program for inspecting the job performance of each radiographer and radiographers' assistant at intervals not to exceed 6 months as described in 10 CFR 34.43(e). 	<p><input checked="" type="checkbox"/></p>	<p><input checked="" type="checkbox"/> 5.1 RSAM</p> <p><input checked="" type="checkbox"/> Attached with Original Application</p> <p><input checked="" type="checkbox"/> Attached with Original App.</p> <p><input checked="" type="checkbox"/> Attached - Original</p> <p><input checked="" type="checkbox"/> 5.1 (i) RSAM</p> <p><input checked="" type="checkbox"/> 5.1 RSAM</p> <p><input checked="" type="checkbox"/> Attached Original</p>

Item No.	Title and Criteria	Yes	Description Attached
9	<p data-bbox="294 421 740 453">FACILITIES AND EQUIPMENT</p> <p data-bbox="294 491 786 523">Permanent Radiography Installations</p> <p data-bbox="294 561 1103 629">Provide the following information for each permanent radiography installation:</p> <ul data-bbox="299 661 1149 1513" style="list-style-type: none"> <li data-bbox="299 661 976 729">• An annotated sketch or drawing of the facility and its surroundings. <li data-bbox="299 736 938 768">• The scale to which the sketch or drawing is made. <li data-bbox="299 774 1129 842">• The type, thickness and density of shielding materials on all sides, including the floor and the roof. <li data-bbox="299 849 1108 917">• The locations of entranceways and other points of access to the facility. <li data-bbox="299 923 1129 1017">• A description of the areas adjacent to the facility and the distance to these areas. Include information on areas adjacent to, above, and below the facility. <li data-bbox="299 1023 1141 1117">• A description of the general location of each proposed permanent facility listed in Item 3 (e.g., located in an industrial park, an office complex, etc.) and its current use. <li data-bbox="299 1123 1125 1264">• If a proposed permanent facility is a private residence, provide diagrams of the facility that include the building, the proposed restricted area(s), and adjacent areas, including above and below the restricted areas. <li data-bbox="299 1270 964 1302">• Restricted areas do not include residential quarters. <li data-bbox="299 1308 1025 1376">• Explain how radiation levels in unrestricted areas will be maintained at less than 1 mSv (100 millirem) per year. <li data-bbox="299 1383 1080 1451">• A description of the visible-audible signal system or entrance control system and its locations. <li data-bbox="299 1457 1075 1513">• The results of radiation-level calculations or actual radiation measurements adjacent to, above, and below the facility. 	<p data-bbox="1186 1264 1219 1295">[]</p> <p data-bbox="1186 1302 1219 1334">[]</p> <p data-bbox="1186 1340 1219 1372">[]</p> <p data-bbox="1186 1378 1219 1410">[]</p> <p data-bbox="1186 1417 1219 1449">[]</p> <p data-bbox="1186 1455 1219 1487">[]</p> <p data-bbox="1186 1493 1219 1525">[]</p>	<p data-bbox="1252 412 1554 634"><i>No Permanent Radiography Installations</i></p> <p data-bbox="1295 655 1328 687">[]</p> <p data-bbox="1295 725 1328 757">[]</p> <p data-bbox="1295 763 1328 795">[]</p> <p data-bbox="1295 834 1328 866">[]</p> <p data-bbox="1295 904 1328 936">[]</p> <p data-bbox="1295 1012 1328 1044">[]</p> <p data-bbox="1295 1121 1328 1153">[]</p> <p data-bbox="1186 1264 1219 1295">[]</p> <p data-bbox="1295 1302 1328 1334">[]</p> <p data-bbox="1295 1372 1328 1404">[]</p> <p data-bbox="1295 1442 1328 1474">[]</p>

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Item No.	Title and Criteria	Yes	Description Attached
9	<p>FACILITIES AND EQUIPMENT</p> <p>Permanent Radiography Installations</p> <p>Provide the following information to obtain approval for a variance if construction requirements preclude shielding the roof to meet the requirement not to exceed 0.02 mSv (2 mrem) in any one hour:</p> <ul style="list-style-type: none"> • Means of access to the roof. • Procedures for ensuring that no individual is on the roof or could gain access to the roof during radiography. • A commitment that the roof will be posted with "Caution (or Danger) Radiation Area" sign(s). • Steps taken to minimize radiation on the roof. • Limitations (if needed) on positioning of sources or type (isotope) and amount of radioactive material that may be used in the installation to ensure that areas adjacent to, above, and below the installation will be unrestricted areas during the performance of radiography. <p>Provide the following information to obtain approval for a variance if radiation levels on the radiography installation roof exceed 1.0mSv (100 mrem) in any one hour:</p> <ul style="list-style-type: none"> • A commitment that the roof will be posted with a "Caution (or Danger) High Radiation Area" sign(s). • Evidence of constant surveillance of the roof by closed-circuit TV. • Fluctuation of the dose rate. • A description of a control device that would automatically reduce the radiation level to 1 mSv (100 mrem) in any one hour at 30 cm from the radiation source if someone enters the roof. • A description of a control device that activates a visible-audible signal so that both an individual entering the roof and the radiographer on duty are made aware of the entry. 		<p>N/A</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

Item No.	Title and Criteria	Yes	Description Attached
9	<p>FACILITIES AND EQUIPMENT</p> <p>Field Stations</p> <p>Provide the following information for each field station:</p> <ul style="list-style-type: none"> Describe the storage location(s) at the address(es) listed in Item 3 of the application and submit a diagram showing where the radiography camera will be stored at the field stations. Indicate whether radiography will be performed at the place of business outside of a permanent facility as if the work was "in the field." For radiography performed at the place of business as if the work was "in the field," provide a diagram of the location where radiography may be performed and its surroundings, including a description of adjacent property. 	<p>[]</p> <p>[]</p>	<p>Item 9 Drawing ☒ Attached</p> <p>[]</p>
10	<p>RADIATION SAFETY PROGRAM</p> <p>Audit Program</p> <p>The applicant is <u>not</u> required to, and should not, submit its audit program to the NRC for review during the licensing phase.</p> <p>Instruments</p> <p>We will possess and use calibrated and operable radiation survey meters.</p> <p>Calibration will be performed by a NRC or Agreement State licensee specifically authorized to perform instrument calibration.</p> <p>Calibration is to be performed in-house and the model procedures in Appendix J will be followed.</p> <p>Calibration is to be performed in-house and alternate procedures will be followed.</p> <p>Identify the qualifications of the individuals who will perform the calibrations.</p>	<p>[]</p> <p>☒</p> <p>☒</p> <p>[]</p> <p>[]</p> <p>[]</p>	<p>Need Not Be Submitted With Application</p> <p>[]</p> <p>[]</p>

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Item No.	Title and Criteria	Yes	Description Attached
10	<p>RADIATION SAFETY PROGRAM</p> <p>Material Receipt And Accountability</p> <p>Physical inventories will be conducted and documented at quarterly intervals (not to exceed 3 months) to account for all sealed sources containing byproduct material and devices containing depleted uranium received and possessed under the license.</p> <p>Minimization Of Contamination</p> <p>The applicant is <i>not</i> required to provide a response to the minimization of contamination if the applicant's responses meet the criteria for the following sections: "Radioactive Material - Sealed Sources and Devices," "Facilities and Equipment," "Radiation Safety Program - Leak Tests," "Radiation Safety Program - Operating and Emergency Procedures," and "Waste Management - Sealed Source / DU Device Transfer and Disposal."</p> <p>Leak Tests</p> <p>Leak tests will be performed by an organization authorized by NRC or an Agreement State to provide leak testing services to other licensees; or by using a leak test kit supplied by an organization licensed by NRC or an Agreement State to provide leak test kits and/or services to other licensees and according to the instructions provided in the leak test kit.</p> <p style="text-align: center;">OR</p> <p>Leak testing will be done by the applicant.</p> <ul style="list-style-type: none"> • The information in Appendix K supporting a request to perform leak testing and sample analysis is attached. • We will follow the model procedures in Appendix K. • We will follow alternate procedures. 	<p><input checked="" type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p></p> <p>Need Not Be Submitted With Application</p> <p></p> <p>[]</p> <p>[]</p> <p>[]</p>

Item No.	Title and Criteria	Yes	Description Attached
10	<p>RADIATION SAFETY PROGRAM</p> <p>Occupational Dosimetry</p> <p>Film or TLD dosimetry, processed and evaluated by a NVLAP-accredited processor and exchanged at the required frequency, will be worn by radiography personnel.</p> <p>The required personnel monitoring equipment, including 0 to 2 mSv (200 mrem) dosimeters or electronic personal dosimeters, will be worn by radiographic personnel.</p> <p>Alarming ratemeters set to alarm @ $\pm 20\%$ of 500 mrem/hour will be worn by all radiography personnel except those at permanent radiography installations where other appropriate alarming or warning devices are in use.</p> <p>Pocket dosimeters and alarm ratemeters will be checked for correct response at intervals not to exceed 12 months.</p> <ul style="list-style-type: none"> • If adjustment is necessary, the devices will be returned to the manufacturer. • If adjustment is necessary, in-house procedures for adjustments are described. <p>Public Dose</p> <p>The applicant is <u>not</u> required to, and should not, submit a response to the public dose section during the licensing phase. This matter will be inspected during an inspection.</p>	<p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p>	<p>[]</p> <p>Need Not Be Submitted With Application</p>

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Item No.	Title and Criteria	Yes	Description Attached
10	<p>RADIATION SAFETY PROGRAM</p> <p>Quarterly Maintenance</p> <p>Submit the procedures to NRC for review and approval as Operating and Emergency Procedures and/or as Shipping Package Procedures as needed.</p> <p>Before using a new sealed source/device combination, we will have written inspection and maintenance procedures that address the use of the new equipment as a Type B transport package. In addition, we will provide training to radiographic personnel before using a new sealed source/device combination.</p> <p>Operating And Emergency Procedures</p> <p>Handling And Use Of Sealed Sources And Radiography Exposure Devices</p> <p>Submit operating and emergency procedures which provide step-by-step instructions for using each type of radiographic device. Instructions for crankout devices should be separate from those for pipeliner devices.</p> <p>Submit operating and emergency procedures which provide instructions for performing source exchanges.</p> <p>Methods And Occasions For Conducting Radiation Surveys</p> <p>Submit operating and emergency procedures which, where applicable, include each of the surveys included in Table 8.1</p> <p>Methods For Controlling Access To Radiographic Areas</p> <p>Submit the procedures to control access to radiographic operations and storage areas.</p>	<p><input type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>TJK O+E Appendix "E" X</p> <p>TJK O+E Section 10 X</p> <p>TJK O+E X Section 10.7</p> <p>TJK O+E X Section 10.2</p> <p>TJK O+E X Section 9.</p>

Item No.	Title and Criteria	Yes	Description Attached
10	<p>RADIATION SAFETY PROGRAM</p> <p>Methods And Occasions For Locking And Securing Radiographic Exposure Devices, Storage Containers, And Sealed Sources</p> <p>Submit operating and emergency procedures that include procedures for locking and securing radiographic equipment.</p> <p>Personnel Monitoring And The Use Of Personnel Monitoring Equipment</p> <p>Submit operating procedures that include instructions for proper use of personnel monitoring equipment.</p> <p>Transporting Sealed Sources To Field Locations, Securing Exposure Devices And Storage Containers In Vehicles, Posting Vehicles, And Controlling Sealed Sources During Transportation</p> <p>Submit operating and emergency procedures for transporting sealed sources containing byproduct material, exposure devices, and source exchangers.</p> <p>Daily Inspection And Maintenance Of Radiographic Equipment</p> <p>Submit operating and emergency procedures for daily inspection and maintenance of radiographic equipment.</p> <p>Ratemeter Alarms Or Off-Scale Dosimeter Readings</p> <p>Submit operating and emergency procedures to address ratemeter alarms or off-scale dosimeters.</p> <p>Procedure For Identifying And Reporting Defects And Non-Compliance As Required By 10 CFR Part 21</p> <p>Submit operating and emergency procedures for notifying management of equipment malfunction or defect.</p>		<p>T+K O+E <input checked="" type="checkbox"/> Section 10.6</p> <p>T+K O+E <input checked="" type="checkbox"/> Section 5.1</p> <p>T+K O+E <input checked="" type="checkbox"/> 8.0</p> <p>T+K O+E <input checked="" type="checkbox"/> 13.0</p> <p>T+K O+E <input checked="" type="checkbox"/> Section 5.1.5</p> <p><input checked="" type="checkbox"/> T+K O+K Appendix P</p>

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Item No.	Title and Criteria	Yes	Description Attached
10	<p>RADIATION SAFETY PROGRAM</p> <p>Notification Of Proper Persons In The Event Of An Accident</p> <p>Submit operating and emergency procedures that include appropriate instructions for notifying the RSO and/or other personnel in the event of an emergency.</p> <p>Minimizing Exposure Of Persons In The Event Of An Accident--Emergency Procedures</p> <p>Submit operating and emergency procedures that include instructions for minimizing exposure of persons in the event of an accident.</p> <p>Source Retrieval</p> <p>We will not perform source retrievals and will use the services of a person specifically licensed by the NRC or an Agreement State to perform the retrievals of our sources.</p> <p>Submit operating and emergency procedures that include instructions for source retrieval procedures and specific training.</p> <p>Maintenance Of Records</p> <p>Submit operating and emergency procedures which ensure proper maintenance of records.</p>	<p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input checked="" type="checkbox"/></p>	<p>T+K O+E Section 11 <input checked="" type="checkbox"/></p> <p>T+K O+E Section 11 <input checked="" type="checkbox"/></p> <p><input type="checkbox"/></p> <p>T+K O+E <input checked="" type="checkbox"/> Append. x "o"</p> <p><input checked="" type="checkbox"/></p>
11	<p>WASTE MANAGEMENT</p> <p>Disposal or Transfer of Radiography Sealed Sources Containing Byproduct Material or Devices Containing Depleted Uranium</p> <p>The applicant does not need to provide a response to this item during the licensing process. However, the applicant should establish and include waste disposal procedures in its radiation safety program.</p>	<p><input type="checkbox"/></p>	<p>Need Not Be Submitted With Application</p>