

Response to: Control # 574341

<b>NRC FORM 313</b> (8-1999) 10 CFR 30, 32, 33 34, 35, 36, 39 and 40		<b>U. S. NUCLEAR REGULATORY COMMISSION</b> APPROVED BY OMB: NO. 3150-0120 EXPIRES: 08/31/2002			
<b>APPLICATION FOR MATERIAL LICENSE</b>		Estimated burden per response to comply with this mandatory information collection request: 7.4 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the Records Management Branch (T-8 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bjs1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NE08-10202, (3150-0120), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.			
<b>INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.</b>					
<b>APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:</b> DIVISION OF INDUSTRIAL AND MEDICAL NUCLEAR SAFETY OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS U. S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555-0001  <b>ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:</b> <b>IF YOU ARE LOCATED IN:</b> CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, PENNSYLVANIA, RHODE ISLAND, OR VERMONT, SEND APPLICATIONS TO:  LICENSING ASSISTANT SECTION NUCLEAR MATERIALS SAFETY BRANCH U. S. NUCLEAR REGULATORY COMMISSION REGION I 475 ALLENDALE ROAD KING OF PRUSSIA, PA 19406-1415  ALABAMA, FLORIDA, GEORGIA, KENTUCKY, MISSISSIPPI, NORTH CAROLINA, PUERTO RICO, SOUTH CAROLINA, TENNESSEE, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO:  SAM NUNN ATLANTA FEDERAL CENTER U. S. NUCLEAR REGULATORY COMMISSION, REGION II 61 FORSYTH STREET, S.W., SUITE 23785 ATLANTA, GEORGIA 30303-8931		<b>IF YOU ARE LOCATED IN:</b> ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:  MATERIALS LICENSING SECTION U. S. NUCLEAR REGULATORY COMMISSION, REGION III 801 WARRENVILLE RD. Lisle, IL 60532-4351  ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING, SEND APPLICATIONS TO:  NUCLEAR MATERIALS LICENSING SECTION U. S. NUCLEAR REGULATORY COMMISSION, REGION IV 611 RYAN PLAZA DRIVE, SUITE 400 ARLINGTON, TX 76011-8064  <div style="text-align: right; font-size: 1.2em;">MS 16 G-2</div> <div style="text-align: center; font-size: 1.5em; margin-top: 20px;">03035611</div>			
PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.					
1. THIS IS AN APPLICATION FOR (Check appropriate item) <input type="checkbox"/> A NEW LICENSE <input type="checkbox"/> B AMENDMENT TO LICENSE NUMBER <input checked="" type="checkbox"/> C RENEWAL OF LICENSE NUMBER <u>06-30610-01</u>		2. NAME AND MAILING ADDRESS OF APPLICANT (Include Zip code) <b>Q/C Resource Technical Services</b> <b>3 Simm Lane</b> <b>Newtown CT 06470</b>			
3. ADDRESS(ES) WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED  <b>3 Simm Lane</b> <b>Newtown CT 06470</b>		4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION <b>Philip C. Palilla</b> TELEPHONE NUMBER <b>203-426-0200</b>			
SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.					
5. RADIOACTIVE MATERIAL a. Element and mass number; b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time.		6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED			
7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE		8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS			
9. FACILITIES AND EQUIPMENT		10. RADIATION SAFETY PROGRAM			
11. WASTE MANAGEMENT		12. LICENSEE FEES (See 10 CFR 170 and Section 170.31) FEE CATEGORY: _____ AMOUNT ENCLOSED \$ _____			
13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT  THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 39 AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.  WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 82 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION					
CERTIFYING OFFICER - TYPED/PRINTED NAME AND TITLE <b>Philip C. Palilla</b>		SIGNATURE <b>Philip C. Palilla</b>			
DATE <b>4/18/11</b>		DATE <b>4/18/11</b>			
<b>FOR NRC USE ONLY</b>					
TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
			\$		
APPROVED BY _____				DATE _____	

REC'D IN LAT APR 22 2011

574341  
NMSS/RGN1 MATERIALS-002

# Item 5+6 Sources + Instruments used in

Sealed Sources				
Radioisotope	Manufacturer/ Model No.	Quantity	Yes	No
CS 137	USA-0356-S IntroTek 3500	Not to exceed the maximum activity per source/device as specified in the Sealed Source and Device Registration Sheet	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CS 137	USA-0634-S-96 IntroTek 3500	Not to exceed the maximum activity per source/device as specified in the Sealed Source and Device Registration Sheet	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Am 241: Be	CZ-1009-S-96 IntroTek 3500	Not to exceed the maximum activity per source/device as specified in the Sealed Source and Device Registration Sheet	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Am 241: Be	USA-0632-S-96 IntroTek 3500	Not to exceed the maximum activity per source/device as specified in the Sealed Source and Device Registration Sheet	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CS 137	USA/0634/S CPN MC series	Not to exceed the maximum activity per source/device as specified in the Sealed Source and Device Registration Sheet	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CS 137	USA/0356/S CPN MC series	Not to exceed the maximum activity per source/device as specified in the Sealed Source and Device Registration Sheet	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Am 241: Be	USA/0627/S CPN MC series	Not to exceed the maximum activity per source/device as specified in the Sealed Source and Device Registration Sheet	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Am 241: Be	CZ-1009/S CPN MC series	Not to exceed the maximum activity per source/device as specified in the Sealed Source and Device Registration Sheet	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CS 137	x.8 Humboldt 5001 series	Not to exceed the maximum activity per source/device as specified in the Sealed Source and Device Registration Sheet	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CS 137	A3045-1 Humboldt series 5001	Not to exceed the maximum activity per source/device as specified in the Sealed Source and Device Registration Sheet	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Am 241: Be	x.1 + x.1/2 Humboldt 5001 series	Not to exceed the maximum activity per source/device as specified in the Sealed Source and Device Registration Sheet	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Am 241: Be	AM2.No2 Humboldt 5001 series	Not to exceed the maximum activity per source/device as specified in the Sealed Source and Device Registration Sheet	<input checked="" type="checkbox"/>	<input type="checkbox"/>

# Sealed Sources

Radioisotope	Manufacturer/ Model No.	Quantity	Yes	No
CS 137	X.1214, X.8 Troxler Model 3400 series 4640	Not to exceed the maximum activity per source/device as specified in the Sealed Source and Device Registration Sheet	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Am 241:Be	X.1, X.1/2 Troxler Model 3400 series	Not to exceed the maximum activity per source/device as specified in the Sealed Source and Device Registration Sheet	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Not to exceed the maximum activity per source/device as specified in the Sealed Source and Device Registration Sheet	<input type="checkbox"/>	<input type="checkbox"/>
<u>All</u> CS 137 sources used to measure density		Not to exceed the maximum activity per source/device as specified in the Sealed Source and Device Registration Sheet	<input type="checkbox"/>	<input type="checkbox"/>
		Not to exceed the maximum activity per source/device as specified in the Sealed Source and Device Registration Sheet	<input type="checkbox"/>	<input type="checkbox"/>
		Not to exceed the maximum activity per source/device as specified in the Sealed Source and Device Registration Sheet	<input type="checkbox"/>	<input type="checkbox"/>
		Not to exceed the maximum activity per source/device as specified in the Sealed Source and Device Registration Sheet	<input type="checkbox"/>	<input type="checkbox"/>
		Not to exceed the maximum activity per source/device as specified in the Sealed Source and Device Registration Sheet	<input type="checkbox"/>	<input type="checkbox"/>
		Not to exceed the maximum activity per source/device as specified in the Sealed Source and Device Registration Sheet	<input type="checkbox"/>	<input type="checkbox"/>
		Not to exceed the maximum activity per source/device as specified in the Sealed Source and Device Registration Sheet	<input type="checkbox"/>	<input type="checkbox"/>
<u>All</u> Am 241:Be used to measure moisture		Not to exceed the maximum activity per source/device as specified in the Sealed Source and Device Registration Sheet	<input type="checkbox"/>	<input type="checkbox"/>
		Not to exceed the maximum activity per source/device as specified in the Sealed Source and Device Registration Sheet	<input type="checkbox"/>	<input type="checkbox"/>
		Not to exceed the maximum activity per source/device as specified in the Sealed Source and Device Registration Sheet	<input type="checkbox"/>	<input type="checkbox"/>

Item No.	Title and Criteria	Yes	No	N/A	Description Attached
5	<p><b>RADIOACTIVE MATERIAL</b></p> <p><b>Financial Assurance and Recordkeeping For Decommissioning</b></p> <ul style="list-style-type: none"> <li>Pursuant to 10 CFR 30.35(g), we shall maintain drawings and records important to decommissioning and transfer these records to a new licensee before licensed activities are transferred, or assign the records to the appropriate NRC Regional Office before the license is terminated.</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>If financial assurance is required, submit evidence.</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

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Item No.	Title and Criteria	Yes	No	N/A	Description Attached
6	<b>PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED</b> <ul style="list-style-type: none"> <li>Leak Test Analysis</li> <li>Environmental Sample Analysis</li> <li>Instrument/Dosimeter Calibration</li> <li>Instruction</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		
	<b>Possession Incident to Performing the Following Services on Sealed Sources and Devices</b>			<input type="checkbox"/>	
	<ul style="list-style-type: none"> <li>Installation</li> <li>Radiation Surveys</li> <li>Removal</li> <li>Disposal</li> <li>Relocation</li> <li>Repair</li> <li>Source Exchange</li> <li>Routine Maintenance</li> <li>Non-routine Maintenance</li> <li>Source Retrieval</li> <li>Transportation</li> <li>Packaging</li> <li>Leak Test Sample Acquisition</li> <li>Customer Training</li> <li>Other Services not identified above, excluding activities involving critical mass quantities of special nuclear material: Specify.</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Repair - The Cs 137 source rods in the gauging devices will be removed for cleaning. The Am 241:Be sources remain in the gauges. No repairs will be done to the source encapsulations, ei: opening of sealed sources.

Item No.	Title and Criteria	Yes	No	N/A	Description Attached
6	<b>PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED (<i>Cont'd.</i>)</b>  <b>Possession Incident to Performing Commercial Services Utilizing Unsealed or Uncontained Licensed Material:</b>  <b>Nuclear Laundry</b>  Waste Management Services: <ul style="list-style-type: none"> <li>• Commercial Incineration</li> <li>• Commercial Compaction/Super Compaction</li> <li>• Commercial Solidification/Vitrification</li> <li>• Packaging, Repackaging, and Transportation of Radioactive Waste</li> <li>• Decontamination</li> <li>• Decommissioning</li> <li>• Site Characterization</li> <li>• Radiation protection or health physics training and instruction</li> <li>• Other Services not identified above, excluding activities involving critical mass quantities of special nuclear material: Specify.</li> </ul>				

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Item No.	Title and Criteria	Yes	No	N/A	Description Attached
7	<p><b>INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE</b></p> <p><b>Radiation Safety Officer</b></p> <ul style="list-style-type: none"> <li>The name of the proposed RSO:  <i>Philip C Palilla</i>  <b>AND EITHER</b></li> <li>The specific training and experience of the RSO;</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>Alternative information demonstrating that the proposed RSO is qualified by training and experience, e.g., listed by name as an authorized user or the RSO on an NRC or Agreement State license that requires a radiation safety program of comparable size and scope.</li> </ul>				<p><b>Below</b></p> <p><input type="checkbox"/></p>

*The RSO has been working with said sources/devices since 1983 and has been an RSO since 1993.*

*The individual has also been servicing sealed source devices since 2001 per USNAC*

<b>Item No.</b>	<b>Title and Criteria</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Description Attached</b>
<b>8</b>	<p><b>TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS</b></p> <p><b>Authorized Users</b></p> <ul style="list-style-type: none"> <li>• “Before using licensed material, authorized users will receive the training described in Appendix H of NUREG-1556, Vol. 18, ‘Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Service Provider Licenses,’ dated November 2000.”</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>• A description of the training and experience for proposed authorized users.</li> </ul> <p><b>Ancillary Personnel</b></p> <ul style="list-style-type: none"> <li>• “Before using licensed materials, ancillary personnel will have successfully completed the classroom training portion of the training course described in Appendix H of NUREG-1556, Vol. 18, ‘Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Service Provider Licenses,’ dated November 2000.”</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>• A description of the radiation safety training program, including topics covered, groups of workers, assessment of training, qualifications of instructors, and the method and frequency of training.</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>          <input type="checkbox"/>



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Item No.	Title and Criteria	Yes	No	N/A	Description Attached
9	<b>FACILITIES AND EQUIPMENT</b>				
	<b>Permanent Facilities Specifically Identified on the License</b>				
	• Leak Test and Environmental Sample Analysis Providers: No response required for facilities. (Equipment is discussed in Item 10, Radiation Safety Program.)	No Response is Necessary for this Section			
	• Instrument Calibration: If only sealed sources are possessed in registered devices designed to emit a collimated beam for the purpose of instrument calibration, no response required. (Equipment is discussed in Item 10, Radiation Safety Program.)	No Response is Necessary for this Section			
	• Services that involve handling of sealed sources in a shielded container: No response required. (Equipment is discussed in Item 10, Radiation Safety Program.)	No Response is Necessary for this Section			
	• Services that involve handling of sealed sources outside a shielded container:	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
	– Submit a drawing or sketch of the proposed permanent facility identifying areas where radioactive materials, including radioactive wastes, will be used or stored.				<input type="checkbox"/>
	– Show in the drawings the relationship and distance between restricted areas and adjacent unrestricted areas.				<input type="checkbox"/>
	– Specify in the drawings shielding materials (concrete, lead, etc.) and means for securing radioactive materials from unauthorized removal.				<input type="checkbox"/>
	– Drawings, sketches, diagrams, etc. should indicate the scale or include dimensions on each drawing or sketch.				<input type="checkbox"/>
	– Describe engineered safety systems, e.g., area monitors, interlocks, alarms, etc.				<input type="checkbox"/>

<b>Item No.</b>	<b>Title and Criteria</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Description Attached</b>
<b>10</b>	<b>RADIATION SAFETY PROGRAM</b>				
	The applicant is required to establish and submit its radiation protection program. Each item listed below should be addressed in the corresponding sections of this guide.				
	• Development and implementation of an ALARA program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Description of equipment and facilities adequate to protect personnel, the public and the environment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Confirmation that licensed activities are conducted only by individuals qualified by training and experience.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Development and maintenance of written operating and emergency procedures.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Implementation of an audit program to ensure that, at least annually, the radiation safety program is reviewed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Description of organization structure and individuals responsible for ensuring day-to-day oversight of the radiation safety program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Establishment and management of a radiation safety and decommissioning records system.				
	• Methods or procedures for preventing the release of contaminated material and equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	• Methods or procedures for preventing personnel contamination. Radiation safety procedures and the authorized users responsibilities unique to each type of service operation requested in the application.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	• Radiation safety procedures.				
	• Equipment, techniques, and corresponding radiation safety procedures associated with providing services involving either sealed sources or unsealed materials.	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	<b>Audit Program</b>	<b>Need Not Be Submitted With Application</b>			

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Item No.	Title and Criteria	Yes	No	N/A	Description Attached
10	<b>RADIATION SAFETY PROGRAM (Cont'd.)</b>  <b>Occupational Dosimetry (Cont'd.)</b>  OR <ul style="list-style-type: none"> <li>Contract with an outside group for bioassay services. Provide a commitment that each vendor is licensed or otherwise authorized by NRC or Agreement State to provide required bioassay services.</li> </ul> <b>Public Dose</b>  The applicant is not required to, and should not, submit a response to the public dose section during the licensing phase. This matter will be addressed during an inspection.  <b>Operating and Emergency Procedures</b> <ul style="list-style-type: none"> <li>Procedure for obtaining an agreement with customers outlining the responsibilities of both the customer and service provider, when performing service operations at a customer's facility</li> <li>Instructions for handling and using licensed materials.</li> <li>Instructions for maintaining security during storage and transportation.</li> <li>Instructions to keep licensed material under control and immediate surveillance during use.</li> <li>Steps to take to keep radiation exposures ALARA.</li> <li>Steps to maintain accountability during use.</li> <li>Steps to control access to work sites.</li> <li>Steps to take and whom to contact when an emergency occurs.</li> <li>Instructions for using remote handling tools when handling sealed sources, except low-activity calibration sources.</li> <li>Methods and occasions for conducting radiation surveys, including surveys for detecting contamination.</li> </ul>				<input type="checkbox"/>
		Need Not Be Submitted With Application			
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Item No.	Title and Criteria	Yes	No	N/A	Description Attached
10	<b>RADIATION SAFETY PROGRAM (<i>Cont'd.</i>)</b>				
	<b>Operating and Emergency Procedures (<i>Cont'd.</i>)</b>				
	• Procedures to minimize personnel exposure during routine use and in the event of an incident, including exposures from inhalation and ingestion of licensed unsealed materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	• Methods and occasions for locking and securing stored licensed materials.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Procedures for the implementation and adherence to good health physics practices while performing service operations:				
	– Minimization of distance to areas, to the extent practicable, where licensed materials are used and stored	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	– Maximization of survey frequency, within reason, to enhance detection of contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	– Segregation of radioactive material in waste storage areas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	– Segregation of sealed sources and tracer materials to prevent cross-contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	– Separation of radioactive material from explosives	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	– Separation of potentially contaminated areas from clean areas by barriers or other controls.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	• Personnel monitoring, including bioassays, and the use of personnel monitoring equipment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Transportation of licensed materials to temporary job sites, packaging of licensed materials for transport in vehicles, placarding of vehicles when needed, and physically securing licensed materials in transport vehicles during transportation to prevent accidental loss, tampering, or unauthorized removal.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Procedures for picking up, receiving, and opening packages containing licensed materials, in accordance with 10 CFR 20.1906.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Instructions for maintaining records in accordance with the regulations and the license conditions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Item No.</b>	<b>Title and Criteria</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Description Attached</b>
<b>10</b>	<b>RADIATION SAFETY PROGRAM (<i>Cont'd.</i>)</b>				
	<b>Operating and Emergency Procedures (<i>Cont'd.</i>)</b>				
	• Procedures for identifying and reporting to NRC defects and noncompliance as required by 10 CFR 21.21(a) of this chapter.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Procedures and actions to be taken if a sealed source is ruptured, including actions to prevent the spread of contamination and minimize inhalation and ingestion of licensed materials and actions to obtain suitable radiation survey instruments.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Instructions for the proper storage and disposal of radioactive waste.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Procedures to be followed in the event of uncontrolled release of radioactive unsealed licensed material to the environment, including notification of the RSO, NRC, and other Federal and state agencies.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	• Procedures for identifying and reporting to NRC defects and noncompliance. See Table 8.4, which describes the typical incident notifications required by NRC regulations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



APPENDIX C

Item No.	Title and Criteria	Yes	No	N/A	Description Attached
10	<p><b>RADIATION SAFETY PROGRAM (Cont'd.)</b></p> <p><b>Surveys</b></p> <ul style="list-style-type: none"> <li>• “We will survey our facility and maintain contamination levels in accordance with the survey frequencies and contamination levels published in NUREG-1556, Vol. 18, ‘Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Service Provider Licenses,’ dated November 2000.”</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li><del>• Submit description of alternative method for demonstrating how to evaluate a radiological hazard.</del></li> </ul> <p><b>Leak Tests</b></p> <ul style="list-style-type: none"> <li>• “Leak tests, when required by the license, will be performed at intervals approved by NRC or an Agreement State and specified in the Sealed Source and Device Registration Sheet. Leak tests will be performed by an organization authorized by NRC or an Agreement State to provide leak testing services to other licensees or using a leak test kit supplied by an organization authorized by NRC or an Agreement State to provide leak test kits to other licensees and according to the kit supplier’s instructions.”</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li><del>• “Leak testing will follow the model procedures in Appendix O of NUREG-1556, Vol. 18, ‘Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Service Provider Licenses,’ dated November 2000.”</del></li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>		



## APPENDIX C

[illegible]

Item No.	Title and Criteria	Yes	No	N/A	Description Attached
10	<b>RADIATION SAFETY PROGRAM (Cont'd.)</b>				
	<b>Transportation</b>	No Response is Necessary for this Section			
	No response is needed from applicants during the licensing phase.				
	<b>Waste Management</b>				
	<ul style="list-style-type: none"> <li>• “We will use the model waste procedures published in Appendix N of NUREG-1556, Vol. 18, ‘Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Service Provider Licenses,’ dated November 2000.”</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	<ul style="list-style-type: none"> <li>• If the applicant wishes to use only selected model procedures, provide a statement that: “We will use the (specify either: (1) Decay-In-Storage; or (2) Disposal of Liquids Into Sanitary Sewerage) model waste procedures that are published in Appendix N of NUREG-1556, Vol. 18, ‘Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Service Provider Licenses,’ dated November 2000.”</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	<b>OR</b>				
	<ul style="list-style-type: none"> <li>• Provided are procedures for waste collection, storage, and disposal by any of the authorized methods described in this section.</li> </ul>				<input type="checkbox"/>
	<b>OR</b>				
	<ul style="list-style-type: none"> <li>• If access to a radioactive waste burial site is unavailable, the applicant should request authorization for extended interim storage of waste. Applicant should refer to NRC IN 90-09, “Extended Interim Storage of Low-Level Radioactive Waste by Fuel Cycle and Materials Licensees,” dated February 1990, for guidance if extended storage is required.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Training:

Q/C Resource Technical Services has been providing acceptable training for ASO and operators of portable moisture/density gauges. Philip C Palilla is the only person authorized to conduct such training for users of Troxler Electronics, Humboldt Scientific, InstronTek, and CPN gauges. Said course meets all criteria as listed in Appendix H of NUREG-1556, Vol 18. Classes/certifications have been provided by Philip C Palilla since 1983. The class also meets 10CFR 30.34(i) regarding security & transportation.

### Quantity of Radioactive Material:

Q/C Resource Technical Services will NOT exceed a possession limit of 1300 millicuries of AM-241.

Philip C Palilla  
4/18/11

Non-Routine Maintenance Checklist:

Q/c Resource Technical Services has been providing service/calibration of sealed source portable devices since 2001. We have been meeting all the criteria as set for in Appendix P of NUREG-1556 VOL 18.

Phil C. Pallela  
4/18/11