



CONVERSATION RECORD

05/12/2015

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU

David B. Marshall, P.E.

DATE OF CONTACT

05/12/2015

TYPE OF CONVERSATION

E-MAIL

TELEPHONE

INCOMING

OUTGOING

E-MAIL ADDRESS

dbmarshall@fredweberinc.com

TELEPHONE NUMBER

(314) 344-0070

ORGANIZATION

Radiation Safety Officer  
Fred Weber, Inc.

DOCKET NUMBER(S)

030-36883

LICENSE NUMBER(S)

24-32558-01

CONTROL NUMBER(S)

585827

SUBJECT

Additional Information Needed for License Renewal

SUMMARY

During our review of your license renewal application dated January 21, 2015, it appeared that your application had not been completely prepared in accordance with the guidance in NUREG 1556, Vol. 1, Rev. 1, "Consolidated Guidance about Materials Licenses: Program-Specific Guidance about Portable Gauge Licenses, dated November 2001." This omission has resulted in an incomplete application.

Please resubmit your application to renew your license in entirety, focusing on the responses and commitments in Appendix B to the aforementioned NUREG. A copy of Appendix B has been attached for your convenience. When submitting the application, please provide a signed and currently date NRC Form 313.

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ACTION REQUIRED (IF ANY)

Please submit your response by June 1, 2015 and reference it to my attention as "additional information to control number 585827" to facilitate proper handling in our office. Your response must be currently dated and signed. If you have any questions or require clarification of any of the information stated above, please do not hesitate to contact me at 630-829-9607

In accordance with 10 CFR 2.390 of the NRC's "Rules of Practice," a copy of this letter and its enclosure will be available electronically for public inspection in the NRC Public Document Room or from the NRC's Agencywide Documents Access and Management System (ADAMS), accessible from the NRC Web site at <http://www.nrc.gov/reading-rm/adams.html>.

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NAME OF PERSON DOCUMENTING CONVERSATION

Jennifer L. Bishop

SIGNATURE

CONVERSATION RECORD (continued)

SUMMARY: (Continued from page 1)

Please note that certain sections of this NUREG have been modified since its last revision, as noted below:

A. We now require a total possession limit for each radionuclide requested, as well as providing the "per source" activity you need, which should match the Sealed Source and Device Registry certificate procured by the vendor.

RESPONSE: Please provide this information and it is acceptable to request more sealed sources than you may actually need immediately, to allow for some growth, so long as the request is reasonable and realistic.

B. You will not be able to change and name your RSO internally; NRC must do that for you via the amendment process.

RESPONSE: Please include the name and qualifications of your proposed RSO. Each proposed RSO must be qualified in accordance with the guidance in NUREG 1556, Vol 1, Rev. 1, Section 8.7, Item 7: Individual(s) Responsible for Radiation Safety Program and Their Training and Experience.

C. In NRC Form 313, Item 3, "Address of Use," you included the address where material will be stored and used. However, you did not include a request to use the gauges at temporary job sites.

RESPONSE: Please indicate if the gauges will be used at temporary job sites.

For guidance on preparing all licensing correspondence, please use NUREG 1556 Vol. 1, Rev. 1, "Consolidated Guidance About Materials Licenses - Program-Specific Guidance About Portable Gauge Licenses." This document can be found at:

<http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/v1/r1/>

## **Appendix B**

### **Suggested Format for Providing Information Requested in Items 5 through 11**

**ITEMS 5 AND 6: MATERIALS TO BE POSSESSED AND PROPOSED USES**

Yes	No	Radioisotope	Manufacturer or Distributor Model No.	Quantity	Use As Listed on SSD Certificate	Specify Other Uses Not Listed on SSD Certificate
		Cesium-137	Sealed source manufacturer or distributor and model number: _____ Device manufacturer or distributor and model number: _____	Not to exceed either the maximum activity per source or maximum activity per device as specified in Sealed Source and Device Registration Certificate	Yes <input type="checkbox"/> Specific description of the gauge use: _____ _____ _____ _____ _____	<input type="checkbox"/> Not applicable _____ <input type="checkbox"/> Uses are: _____ (Submit safety analysis supporting safe use)
		Americium-241	Sealed source manufacturer or distributor and model number: _____ Device manufacturer or distributor and model number: _____	Not to exceed either the maximum activity per source or maximum activity per device as specified in Sealed Source and Device Registration Certificate	Yes <input type="checkbox"/> Specific description of the gauge use: _____ _____ _____ _____ _____	<input type="checkbox"/> Not applicable _____ <input type="checkbox"/> Uses are: _____ (Submit safety analysis supporting safe use)

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Yes	No	Radioisotope	Manufacturer or Distributor Model No.	Quantity	Use As Listed on SSD Certificate	Specify Other Uses Not Listed on SSD Certificate
		Californium-252	Sealed source manufacturer or distributor and model number: _____ Device manufacturer or distributor and model number: _____	Not to exceed either the maximum activity per source or maximum activity per device as specified in Sealed Source and Device Registration Certificate	Yes <input type="checkbox"/> Specific description of the gauge use: _____ _____ _____ _____ _____	<input type="checkbox"/> Not applicable _____ <input type="checkbox"/> Uses are: _____ (Submit safety analysis supporting safe use)
		Other Isotope (Specify):	Sealed source manufacturer or distributor and model number: _____ Device manufacturer or distributor and model number: _____	Not to exceed either the maximum activity per source or maximum activity per device as specified in Sealed Source and Device Registration Certificate	Yes <input type="checkbox"/> Specific description of the gauge use: _____	<input type="checkbox"/> Not applicable _____ <input type="checkbox"/> Uses are: _____ (Submit safety analysis supporting safe use)
<i>Financial Assurance Required and Evidence of Financial Assurance Provided</i>						

## ITEMS 7 THROUGH 11: TRAINING AND EXPERIENCE, FACILITIES AND EQUIPMENT, RADIATION SAFETY PROGRAM, AND WASTE DISPOSAL

Item No. And Title	Suggested Response	Yes	Alternative Procedures Attached
<p>7. <b>INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING AND EXPERIENCE – RADIATION SAFETY OFFICER</b></p> <p>Name: _____</p>	Before obtaining licensed materials, the proposed RSO will have successfully completed one of the training courses described in Criteria in the section entitled "Individual(s) Responsible for Radiation Safety Program and Their Training and Experience – Radiation Safety Officer" in NUREG-1556, Vol. 1, Rev. 1, dated November 2001.	<input type="checkbox"/>	<input type="checkbox"/>
8. <b>TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS</b>	Before using licensed materials, authorized users will have successfully completed one of the training course described in Criteria in the section entitled "Training for Individuals Working In or Frequenting Restricted Areas" in NUREG-1556, Vol. 1, Rev 1, dated November 2001.	<input type="checkbox"/>	<input type="checkbox"/>
9. <b>FACILITIES AND EQUIPMENT</b>	No information needs to be submitted in response to this item; key issues are addressed under "Radiation Safety Program – Public Dose" and "Radiation Safety Program – Operating and Emergency Procedures."	<b>Separate Item 9 Response Need Not Be Submitted With Application</b>	
10. <b>RADIATION SAFETY PROGRAM – AUDIT PROGRAM</b>	The applicant is <i>not</i> required to, and should not, submit its audit program to NRC for review during the licensing phase.	<b>Need Not Be Submitted With Application</b>	
10. <b>RADIATION SAFETY PROGRAM – TERMINATION OF ACTIVITIES</b>	The applicant is <i>not</i> required to submit a response to the termination of activities section during the initial application. However, when the license expires when the licensee ceases operation, NRC Form 314 must be submitted.	<b>Need Not Be Submitted With Application</b>	
10. <b>RADIATION SAFETY PROGRAM – SURVEY INSTRUMENTS</b>	We will either possess and use, or have access to and use, a radiation survey meter that meets the Criteria in the section entitled "Radiation Safety Program – Instruments" in NUREG-1556, Vol. 1, Rev. 1, dated November 2001.	<input type="checkbox"/>	<input type="checkbox"/>

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Item No. And Title	Suggested Response	Yes	Alternative Procedures Attached
10. RADIATION SAFETY PROGRAM – MATERIAL RECEIPT AND ACCOUNTABILITY	Physical inventories will be conducted at intervals not to exceed 6 months, to account for all sealed sources and devices received and possessed under the license.	<input type="checkbox"/>	<input type="checkbox"/>
10. RADIATION SAFETY PROGRAM – OCCUPATIONAL DOSIMETRY	Either we will maintain, for inspection by NRC, documentation demonstrating that unmonitored individuals are not likely to receive a radiation dose in excess of 10 percent of the allowable limits in 10 CFR Part 20, or we will provide dosimetry processed and evaluated by an NVLAP-approved processor that is exchanged at a frequency recommended by the processor.	<input type="checkbox"/>	<input type="checkbox"/>
10. RADIATION SAFETY PROGRAM – PUBLIC DOSE	The applicant is <i>not</i> required to submit a response to the public dose section during the licensing phase. This matter will be examined during an inspection.	<b>Need Not Be Submitted With Application</b>	
10. RADIATION SAFETY PROGRAM – OPERATING AND EMERGENCY PROCEDURES	<p>We will implement and maintain the operating and emergency procedures in Appendix H of NUREG-1556, Vol. 1, Rev. 1, dated November 2001, and provide copies of these procedures to all gauge users and at each job site.</p> <p style="text-align: center;"><b>OR</b></p> <p>Operating and emergency procedures will be developed, implemented, and maintained and will meet the criteria in the section entitled “Radiation Safety Program – Operating and Emergency Procedures” in NUREG-1556, Vol. 1, Rev. 1, dated November 2001.</p>	<input type="checkbox"/>          <input type="checkbox"/>	<input type="checkbox"/>
10. RADIATION SAFETY PROGRAM – LEAK TEST	Leak tests 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 for 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.	<input type="checkbox"/>	<input type="checkbox"/>          <b>The information in Appendix J supporting a request to perform leak testing and sample analysis is attached.</b>

