

TRAINING AND EXPERIENCE OF EACH INDIVIDUAL NAMED IN ITEM 4 (Use supplemental sheets if necessary)

B TYPE OF TRAINING	WHERE TRAINED	DURATION OF TRAINING	ON THE JOB (Circle answer)		FORMAL COURSE (Circle answer)	
			Yes	No	Yes	No
a Principles and practices of radiation protection	Attachment A		Yes	No	Yes	No
b Radioactivity measurement standardization and monitoring techniques and instruments	Attachment A		Yes	No	Yes	No
c Mathematics and calculations basic to the use and measurement of radioactivity	Attachment A		Yes	No	Yes	No
d Biological effects of radiation	Attachment A		Yes	No	Yes	No

9 EXPERIENCE WITH RADIATION (Actual use of radioisotopes or equivalent experience)

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
----- Attachment A -----				

10 RADIATION DETECTION INSTRUMENTS (Use supplemental sheets if necessary)

TYPE OF INSTRUMENTS (Include make and model number of each)	NUMBER AVAILABLE	RADIATION DETECTED	SENSITIVITY RANGE (mR/hr)	WINDOW THICKNESS (mg/cm ²)	USE (Monitoring, surveying, measuring)
----- Attachment B -----					

11 METHOD, FREQUENCY, AND STANDARDS USED IN CALIBRATING INSTRUMENTS LISTED ABOVE
 ----- Attachment C -----

12 FILM BADGES, DOSIMETERS, AND BIO-ASSAY PROCEDURES USED (For film badges, specify method of calibrating and processing, or name of supplier)
 Beta, gamma and fast neutron badges are processed on a monthly basis by Searle Services.

INFORMATION TO BE SUBMITTED ON ADDITIONAL SHEETS IN DUPLICATE

- 13 FACILITIES AND EQUIPMENT Describe laboratory facilities and remote handling equipment, storage containers, shielding, fume hood, etc. Explanatory sketch of facility is attached. (Circle answer) Yes No N/A No Facilities in Non-Agreement States
- 14 RADIATION PROTECTION PROGRAM Describe the radiation protection program including control measures. If application covers sealed sources, submit leak testing procedures where applicable, name, training, and experience of person to perform leak tests, and arrangements for performing initial radiation survey, servicing, maintenance and repair of the source.
N/A See SOP 3 & SOP 1
- 15 WASTE DISPOSAL If a commercial waste disposal service is employed, specify name of company. Otherwise, submit detailed description of methods which will be used for disposing of radioactive wastes and estimates of the type and amount of activity involved.
N/A

CERTIFICATE (This item must be completed by applicant)

16 THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATE ON BEHALF OF THE APPLICANT NAMED IN ITEM 1, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PART 30, AND THAT ALL INFORMATION CONTAINED HEREIN, INCLUDING ANY SUPPLEMENTS ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF.

License Fee Category 9 ~~\$1000~~ \$415.00
 Fee Enclosed \$ ~~\$1000~~ \$415.00

Radiac Research Corp.
 Applicant named in item 1
 By John Tekin
 President
 Title of certifying official

Date March 1, 1977