

P 30

APPLICATION FOR BYPRODUCT MATERIAL LICENSE
INDUSTRIAL

X

a. NEW LICENSE

b. AMENDMENT TO:
LICENSE NUMBERc. RENEWAL OF:
LICENSE NUMBER

L+L 19769

See attached instructions for details.

Completed applications are filed in duplicate with the Division of Fuel Cycle and Material Safety,
Office of Nuclear Material Safety, and Safeguards, U.S. Nuclear Regulatory Commission,
Washington, DC 20555 or applications may be filed in person at the Commission's office at
1717 H Street, NW, Washington, D. C. or 7915 Eastern Avenue, Silver Spring, Maryland.

2. APPLICANT'S NAME (Institution, firm, person, etc.)

Isomedix (Puerto Rico), Inc.

TELEPHONE NUMBER: AREA CODE - NUMBER EXTENSION
(201) 887-4700

3. NAME OF PERSON TO BE CONTACTED REGARDING THIS APPLICATION

George R. Dietz

TELEPHONE NUMBER: AREA CODE - NUMBER EXTENSION
(201) 887-4700

4. APPLICANT'S MAILING ADDRESS (Include Zip Code)

80 South Jefferson Road
Whippany, New Jersey 079815. STREET ADDRESS WHERE LICENSED MATERIAL WILL BE USED
(Include Zip Code)Macco Industrial Park
State Road 690 Km. 1.7
Vega Alta, Puerto Rico 00762

(IF MORE SPACE IS NEEDED FOR ANY ITEM, USE ADDITIONAL PROPERLY KEYED PAGES.)

6. INDIVIDUAL(S) WHO WILL USE OR DIRECTLY SUPERVISE THE USE OF LICENSED MATERIAL

(See Items 16 and 17 for required training and experience of each individual named below)

FULL NAME

TITLE

a. George B. Baker

Group General Manager

b. Luis E. Watlington

Plant Manager

George R. Dietz,
c. John Masefield, William M. Owens

Corporate Staff

7. RADIATION PROTECTION OFFICER

Luis E. Watlington (on-site)
George R. Dietz (corporate)Attach a resume of person's training and experience as outlined in Items
16 and 17 and describe his responsibilities under Item 15.

See Supplement, Parts 9 and 10

B. LICENSED MATERIAL

L I N E NO.	ELEMENT AND MASS NUMBER	CHEMICAL AND/OR PHYSICAL FORM	NAME OF MANUFACTURER AND MODEL NUMBER <i>(If Sealed Source)</i>	MAXIMUM NUMBER OF MILLICURIES AND/OR SEALED SOURCES AND MAXIMUM ACTI- VITY PER SOURCE WHICH WILL BE POSSESSED AT ANY ONE TIME
	A	B	C	D
(1)	See Part 1, Supplemental Information			
(2)				
(3)				
(4)				

DESCRIBE USE OF LICENSED MATERIAL
E

(1) See Part 1, Supplemental Information

(2)

(3)

8603040191 851227
PDR FOIA
ROBINOWB5-774 PDR

(4)

08013

LINE NO.	A.	B.	C.
1)	AECL Standard Irradiator	Atomic Energy of Canada Limited	IR-107
2)			
3)	See also Part 4 of Supplemental Information		
4)			

10. RADIATION DETECTION INSTRUMENTS

LINE NO.	TYPE OF INSTRUMENT A	MANUFACTURER'S NAME B	MODEL NUMBER C	NUMBER AVAILABLE D	RADIATION DETECTED (alpha, beta, gamma, neutron) E	SENSITIVITY RANGE (milliroentgens/hour or counts/minute) F
1)	Geiger	Berthold	RATO/F)	3		
2)	Geiger	Eberline	E-130G))	
3)	Geiger	AECL	L118) See also Part 2	to Supplement
4)	Geiger	AECL	L119			

11. CALIBRATION OF INSTRUMENTS LISTED IN ITEM 10

<input type="checkbox"/> a. CALIBRATED BY SERVICE COMPANY NAME, ADDRESS, AND FREQUENCY See Part 2 of Supplement	<input type="checkbox"/> b. CALIBRATED BY APPLICANT Attach a separate sheet describing method, frequency and standards used for calibrating instruments.
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12. PERSONNEL MONITORING DEVICES

TYPE (Check and/or complete as appropriate.) A	SUPPLIER (Service Company) B	EXCHANGE FREQUENCY C
<input type="checkbox"/> (1) FILM BADGE <input type="checkbox"/> (2) THERMOLUMINESCENCE DOSIMETER (TLD) <input type="checkbox"/> (3) OTHER (Specify): _____ _____ _____	See Part 3 to Supplement	<input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> OTHER (Specify): _____ _____ _____

13. FACILITIES AND EQUIPMENT (Check where appropriate and attach annotated sketch(es) and description(s).)

<input type="checkbox"/> a. LABORATORY FACILITIES, PLANT FACILITIES, FUME HOODS (Include filtration, if any), ETC. <input type="checkbox"/> b. STORAGE FACILITIES, CONTAINERS, SPECIAL SHIELDING (fixed and/or temporary), ETC. <input type="checkbox"/> c. REMOTE HANDLING TOOLS OR EQUIPMENT, ETC. See Part 4 to Supplement <input type="checkbox"/> d. RESPIRATORY PROTECTIVE EQUIPMENT, ETC.

14. WASTE DISPOSAL

a. NAME OF COMMERCIAL WASTE DISPOSAL SERVICE EMPLOYED Atomic Energy of Canada Limited - CP, See Part 5 to Supplement.
b. IF COMMERCIAL WASTE DISPOSAL SERVICE IS NOT EMPLOYED, SUBMIT A DETAILED DESCRIPTION OF METHODS WHICH WILL BE USED FOR DISPOSING OF RADIOACTIVE WASTES AND ESTIMATES OF THE TYPE AND AMOUNT OF ACTIVITY INVOLVED. IF THE APPLICATION IS FOR SEALED SOURCES AND DEVICES AND THEY WILL BE RETURNED TO THE MANUFACTURER, SO STATE.

INFORMATION REQUIRED FOR ITEMS 15, 16 AND 17

Describe in detail the information required for Items 15, 16 and 17. Begin each item on a separate page and key to the application as follows:

See Parts 6 - 10 of Supplement.

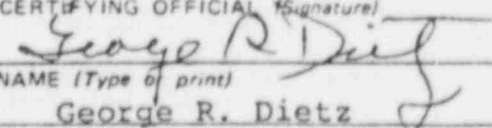
15. **RADIATION PROTECTION PROGRAM.** Describe the radiation protection program as appropriate for the material to be used including the duties and responsibilities of the Radiation Protection Officer, control measures, bioassay procedures (if needed), day-to-day general safety instruction to be followed, etc. If the application is for sealed source's also submit leak testing procedures, or if leak testing will be performed using a leak test kit, specify manufacturer and model number of the leak test kit.
16. **FORMAL TRAINING IN RADIATION SAFETY.** Attach a resume for each individual named in Items 6 and 7. Describe individual's formal training in the following areas where applicable. Include the name of person or institution providing the training, duration of training, when training was received, etc.
 - a. Principles and practices of radiation protection.
 - b. Radioactivity measurement standardization and monitoring techniques and instruments.
 - c. Mathematics and calculations basic to the use and measurement of radioactivity.
 - d. Biological effects of radiation.
17. **EXPERIENCE.** Attach a resume for each individual named in Items 6 and 7. Describe individual's work experience with radiation, including where experience was obtained. Work experience or on-the-job training should be commensurate with the proposed use. Include list of radioisotopes and maximum activity of each used.

18. CERTIFICATE

(This item must be completed by applicant)

The applicant and any official executing this certificate on behalf of the applicant named in Item 2, 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.

WARNING.—18 U.S.C., Section 1001; Act of June 25, 1948; 62 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.

a. LICENSE FEE REQUIRED (See Section 170.31, 10 CFR 170) \$460.00	b. CERTIFYING OFFICIAL (Signature)  c. NAME (Type or print) George R. Dietz
(1) LICENSE FEE CATEGORY: 10CFR170.31, para. 3	d. TITLE President
(2) LICENSE FEE ENCLOSED: \$ 460.00	e. DATE May 22, 1981

ISOMEDIX, INC.
80 South Jefferson Road
Whippany, N.J. 07981

SUPPLEMENTAL INFORMATION

Application for Byproduct Material License

Vega Alta, Puerto Rico

08013 3
3-1

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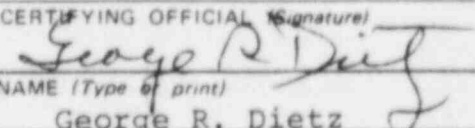
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(2) LICENSE FEE ENCLOSED: \$ \$460.00	e. DATE May 22, 1981

CONVERSATION RECORD

TIME

10:00 AM

DATE

Sept 17, 1981

TYPE

☐ VISIT

☐ CONFERENCE

☒ TELEPHONE

☐ INCOMING

☒ OUTGOING

ROUTING

NAME/SYMBOL INT

Location of Visit/Conference:

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

John Masefield &
George Baker

ORGANIZATION (Office, dept., bureau, etc.)

Isomedia

TELEPHONE NO.

(201)
887-4700

SUBJECT

Lic Appl for Med. Supply Trans. for Puerto Rico
Control 08013

SUMMARY

Questions related to application review.

1. page 4-10 Ref to Source Activity Transported on Carrier

What protection is provided if carrier gets off monorail?

Ans Carriers are solid 10 ft high aluminum boxes butting up against one another and form a solid barrier and if a monorail wheel slips off track the carrier keel drops into the double angle retainer about 1" and is held in place. The retainer tube is just at the edge (cell exit) and if any source material being moved over the rail.

2. Pool water replaced automatically; how would leak be detected? (Pg 4-10)

Ans Small leak not probable as water table is 2 ft high (that is reasonable level of membrane on outside of pool). Low water level alarm will

ACTION REQUIRED

Isomedia will send letter to Puerto Rico mailed 9/17/81

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

George Kligfield

PK Clifford

Sept 17, 1981

ACTION TAKEN

Ltr on Sprinklers Rec'd Oct 1, 1981 ok to release lic.

SIGNATURE

TITLE

DATE

G Kligfield

Cons.

10/1/81

G-1

CONVERSATION RECORD

TIME

DATE

10 00 AM

Sept 17 1981

TYPE

☐ VISIT

☐ CONFERENCE

☐ TELEPHONE

☐ INCOMING

☒ OUTGOING

Location of Visit/Conference:

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

ORGANIZATION (Office, dept., bureau, etc.)

TELEPHONE NO.

SUBJECT

Isomedix Pg 2 control
08013

ROUTING

NAME/SYMBOL

INT

SUMMARY

notify operations if a major pool failure occurs. Also a water meter is provided and any excessive use beyond normal evaporation rate would be checked.

3. Page 4-32 noted plan for unattended operation - How long would this be as only 18 carries can be stored? ans. For only short periods where customer would specify high dose requirement. System is automatically programmed and dwell times set and the plant would shut down after dose was achieved.

4. Page 8-24 Warning Sign - Will signs be in local language? ans. Yes. Manager is bi lingual & Spanish will be used.

5. Explain "Training as defined by NRC" page 8-21, PG ans. This was intended to refer to training courses previously submitted to NRC and

ACTION REQUIRED

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

ACTION TAKEN

SIGNATURE

TITLE

DATE

CONVERSATION RECORD

TIME

DATE

10:00

Sept 17, 1981

TYPE

☐ VISIT

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Location of Visit/Conference:

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TELEPHONE NO.

ROUTING

NAME/SYMBOL

INT

SUBJECT

Isomedix Controls 06013

SUMMARY

Were accepted for Isomedix to be able to train and qualify irradiation operators
6. Fire protection is not indicated - what is the plan.
ans. Isomedix has come up with a system to run sprinkler system thru maze and into cell - will send info into US.

ACTION REQUIRED

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

JK [Signature]

Sept 17, 1981

ACTION TAKEN

SIGNATURE

TITLE

DATE