



CONVERSATION RECORD

NAME OF PERSON(S)/TITLE CONTACTED OR IN CONTACT WITH YOU		DATE OF CONTACT	TYPE OF CONVERSATION	
Nathan R. Waggner		12/09/2020	<input type="checkbox"/> E-MAIL	<input type="checkbox"/> INCOMING
E-MAIL ADDRESS	TELEPHONE NUMBER		<input checked="" type="checkbox"/> TELEPHONE	<input checked="" type="checkbox"/> OUTGOING
nwaggner@tis-inc.net	(812) 631-3964			
ORGANIZATION	DOCKET NUMBER(S)			
Testing & Inspection Services, Inc.	030-38354			
LICENSE NAME AND NUMBER(S)	MAIL CONTROL NUMBER(S)			
Testing & Inspection Services, Inc.	CN 623413			
SUBJECT				
Pending Renewal Request for Testing & Inspection Services, Inc. - Additional Information Required				
SUMMARY AND ACTION REQUIRED (IF ANY)				
<p>This is a record of the conversation between Laura Cender of the NRC and Nathan Waggner of Testing and Inspection Services, Inc.</p> <p>As we discussed today, please provide your response to the following items by no later than Thursday, December 31, 2020. Please ensure that your response includes a signed and dated cover letter, and please submit your response to me directly as an attachment via email to laura.cender@nrc.gov.</p> <ol style="list-style-type: none"> Complete the attached portable gauge licensing application. Additional information on each application item is located in Section 8 of the NRC's guidance document NUREG 1556 Vol. 1 Rev. 2. <ul style="list-style-type: none"> - In addition to providing the gauge manufacturer and model number in your response to Item 5 please provide the manufacturer and model number of the sealed sources used in each type of device. - Please note that application Item 9 "Facilities and Equipment" requires that a facility diagram be provided for the location of use. - Please note that Item 10.8 requires that two responses be provided. Provide a copy of the Delegation of Authority memo for the proposed Radiation Safety Officer. A sample memo is attached for your convenience. Provide a copy of your RSO training records. 				
NAME OF PERSON DOCUMENTING CONVERSATION				
Laura B. Cender				
SIGNATURE			DATE OF SIGNATURE	
			12/09/2020	

APPENDIX B

**SUGGESTED FORMAT FOR PROVIDING INFORMATION REQUESTED IN
ITEMS 5 THROUGH 11 OF
U.S. NUCLEAR REGULATORY COMMISSION FORM 313**

**Suggested Format for Providing Information Requested in
Items 5 through 11 of
U.S. Nuclear Regulatory Commission Form 313**

Items 5 and 6: Materials To Be Possessed and Proposed Uses

Yes	No	Radionuclide	Manufacturer or Distributor Model No.	Quantity	Use as Listed on SSD Registration Certificate	Specify Other Uses Not Listed on SSD Registration Certificate
		Cesium-137	Gauge manufacturer (or distributor) and model number:	Specify activity per source and number of gauges requested.	Yes <input type="checkbox"/> Specific description of the gauge use:	<input type="checkbox"/> Not applicable <hr/> <input type="checkbox"/> Uses are: <hr/> (Submit safety analysis supporting safe use.)
		Americium-241	Gauge manufacturer (or distributor) and model number:	Specify activity per source and number of gauges requested.	Yes <input type="checkbox"/> Specific description of the gauge use:	<input type="checkbox"/> Not applicable <hr/> <input type="checkbox"/> Uses are: <hr/> (Submit safety analysis supporting safe use.)

Yes	No	Radionuclide	Manufacturer or Distributor Model No.	Quantity	Use as Listed on SSD Registration Certificate	Specify Other Uses Not Listed on SSD Registration Certificate
		Californium-252	Gauge manufacturer (or distributor) and model number:	Specify activity per source and number of gauges requested.	Yes Specific description of the gauge use:	<input type="checkbox"/> Not applicable <hr/> Uses are: <hr/> (Submit safety analysis supporting safe use.)
		Radium-226	Gauge manufacturer (or distributor) and model number:	Specify activity per source and number of gauges requested.	Yes Specific description of the gauge use:	<input type="checkbox"/> Not applicable <hr/> <input type="checkbox"/> Uses are: <hr/> (Submit safety analysis supporting safe use.)
		Other Isotope (Specify):	Gauge manufacturer (or distributor) and model number:	Specify activity per source and number of gauges requested.	Yes Specific description of the gauge use:	<input type="checkbox"/> Not applicable <hr/> <input type="checkbox"/> Uses are: <hr/> (Submit safety analysis supporting safe use.)
Is financial assurance required? If yes, submit evidence of financial assurance.						

**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. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING AND EXPERIENCE— RADIATION SAFETY OFFICER</p> <p>Name: _____</p>	<p>Documentation demonstrating the proposed radiation safety officer's training and experience (e.g., certificate of completion of the RSO's course and/or the authorized user's course).</p>	<p>Submit applicable documentation.</p>	
<p>8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS</p>	<p>Before using licensed materials, authorized users will have successfully completed one of the training courses described in the "Criteria" part of the section titled, "Training for Individuals Working in or Frequenting Restricted Areas" in NUREG-1556, Vol. 1, Rev. 2, "Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Portable Gauge Licenses."</p>	<p align="center"><input type="checkbox"/></p>	<p align="center"><input type="checkbox"/></p>
<p>9. FACILITIES AND EQUIPMENT</p>	<p>Provide a facility diagram for each permanent portable gauge storage location. Include on the diagram the use of adjacent areas (including above and below), and information relevant to public dose and security as discussed in Sections 8.10.5, "Public Dose," and 8.10.6, "Operating, Emergency, and Security Procedures," respectively, in NUREG-1556, Vol. 1, Rev. 2, "Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Portable Gauge Licenses"</p>	<p>Submit applicable documentation.</p>	

Item No. and Title	Suggested Response	Yes	Alternative Procedures Attached
10.1 RADIATION SAFETY PROGRAM—AUDIT PROGRAM	The applicant should not submit its audit program to the NRC for review during the licensing phase. The audit program will be reviewed during NRC inspections.	Need Not Be Submitted with Application	
10.2 RADIATION SAFETY PROGRAM—RADIATION MONITORING INSTRUMENTS	We will either possess and use, or have access to and use, a radiation survey meter that meets the criteria in the section titled, “Radiation Safety Program—Radiation Monitoring Instruments” in NUREG–1556, Vol. 1, Rev. 2, “Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Portable Gauge Licenses,” in the event of an incident.	<input type="checkbox"/>	<input type="checkbox"/>
10.3 RADIATION SAFETY PROGRAM—MATERIAL RECEIPT AND ACCOUNTABILITY	Physical inventories will be conducted every 6 months or at other intervals approved by the NRC to account for all sealed sources and devices received and possessed under the license. AND We will develop, implement, and maintain procedures for ensuring accountability of licensed materials at all times.	<input type="checkbox"/>	<input type="checkbox"/>
10.4 RADIATION SAFETY PROGRAM—OCCUPATIONAL DOSE	We will maintain, for inspection by the NRC, documentation demonstrating that unmonitored individuals are not likely to receive a radiation dose in excess of the limits in 10 CFR 20.1502(a). OR We will provide and require the use of individual monitoring devices (dosimetry). All personnel dosimeters that require processing to determine the radiation dose will be processed and evaluated by a NVLAP-approved processor.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

Model Delegation of Authority to Radiation Safety Officer

Memo To: Radiation Safety Officer

From: Management Representative

Subject: Delegation of Authority

You, _____, have been appointed radiation safety officer and are responsible for ensuring the safe use of radiation. You are responsible for managing the Radiation Protection Program; identifying radiation protection problems; initiating, recommending, or providing corrective actions; verifying implementation of corrective actions; stopping unsafe activities; and ensuring compliance with regulations. You are hereby delegated the authority necessary to meet those responsibilities, including prohibiting the use of byproduct material by employees who do not meet the necessary requirements and shutting down operations, when justified, to maintain radiation safety. You are required to notify management if staff does not cooperate and does not address radiation safety issues. In addition, you are free to raise issues with the U.S. Nuclear Regulatory Commission at any time. It is estimated that you will spend _____ hours per week conducting radiation protection activities.

Signature of Management Representative (Name)
Manager Title

Date

I accept the above responsibilities,

Signature of Radiation Safety Officer

Date

cc: Affected department heads