

ALABAMA DEPARTMENT OF PUBLIC HEALTH

APPLICATION FOR A RADIOACTIVE MATERIAL LICENSE

Instructions - Complete all items (1-16). If application is for renewal of a license, only Item 8. may be completed by referring to information on file. Use supplemental sheets where necessary. Mail the original to: Alabama Office of Radiation Control, P.O. Box 303017, Montgomery, Alabama, 36130-3017. Upon approval of this application, the applicant will receive an Alabama Radioactive Materials License. An Alabama Radioactive Materials License is issued in accordance with the general requirements contained in Rule 420-3-26-.02 of Chapter 420-3-26, and the licensee is subject to other applicable parts of the same rules, as well as any applicable fees.

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| <p>1(a). Name, mailing address of applicant (Institution, firm, hospital, persons, etc.)</p> <p>Adm. Telephone No: Area Code () _____</p> <p>Adm. E-mail Address: _____</p> | <p>1(b). Street address(es) at which radioactive material will be used</p> | |
| <p>2. Location where all records will be kept</p> | <p>3. This is an application for (check and complete appropriate items):</p> <p style="padding-left: 40px;"> <input type="checkbox"/> a. New License <input type="checkbox"/> b. Amendment to License No. _____ <input type="checkbox"/> c. Renewal of License No. _____ </p> | |
| <p>4. Individual user(s) (Name and title of person(s) requested to be named on the license to use or physically supervise the use of radioactive material. Give training and experience in Item 8.)</p> | <p>5. Radiation Safety Officer (Name of person to be designated as the Radiation Safety Officer. Attach resume of training and experience.)</p> <p>RSO Telephone No: Area Code () _____</p> <p>RSO Fax No: Area Code () _____</p> <p>RSO E-mail Address: _____</p> | |
| <p>6. Radioactive Material</p> | | |
| <p>a. Element and Mass Number</p> | <p>b. Chemical and/or Physical Form (If sealed sources, also state manufacturer's name and model number)</p> | <p>c. Maximum Activity to be Possessed at any Time (If sealed sources, number of sources, and maximum activity per source.)</p> |

7. Describe purpose for which radioactive material will be used. (If radioactive material is for “human use”, supplement A (Form RM-HU) must be completed and submitted. If the radioactive material is in the form of sealed sources, include the make and model number of the storage container(s) and/or device(s) in which the source(s) will be stored and/or used.)

8. Training and Experience in Radiation Safety

- a. Formal Training in Radiation Safety: Attach a resumé for each individual named in Items 4 and 5. Describe each individual’s formal training in the principles and practices of radiation protection; radioactivity measurement standardization and monitoring techniques and use of instruments; mathematics and calculations basic to the use and measurement of radioactivity; and biological effects of radiation. Include the name of the person or institution providing the training, duration of training and when training was received. Attach a copy of a training certificate from an approved training course, where applicable.
- b. Experience: Attach a resumé for each individual named in Items 4 and 5. Describe each individual’s work experience with radiation, including where the experience was obtained. Include a list of radioisotopes and the maximum activity of each use.
- c. Are medical use physicians listed as individual users in Item 4 licensed to practice medicine in Alabama? **YES** ___ **NO** ___

9. Radiation detection instruments (Use supplemental sheets if necessary)

| Type of instruments (make and model # of each) | Number available | Radiation Detected | Sensitivity Range (mR/hr) | Use (monitoring, surveying, measuring) |
|---|---------------------|--------------------|------------------------------|---|
| | | | | |

10. Calibration of the radiation detection instruments (specify the frequency and methods to be used in calibrating radiation detection instruments)

Submit Items 11 through 15 on supplemental sheets and attach all supplemental sheets to this application

- 11. Describe what personal dosimetry, if any, will be used. Specify the type (film badge, TLD, OSL, etc.), frequency of change, and supplier.
- 12. Describe what, if any, bio-assay procedures will be used. Submit the frequency at which bio-assays will be performed, and the calibration and analysis procedures to be used.
- 13. Describe facilities and equipment (including storage containers, shielding, fume hoods, etc.). Attach an explanatory sketch or diagram of the areas of use and/or storage, including adjacent areas.
- 14. Describe the radiation protection program as appropriate for the material to be used. Include methods and procedures for receiving handling, servicing, using and storing radioactive material as well as emergency procedures. If the application includes a request for sealed sources, submit leak testing procedures. If leak test kits will be used, include the manufacturer’s name and model number of the kit, and the name of the individual or company that will perform analysis of the leak test sample.
- 15. Submit a detailed description of methods that will be used for disposing of radioactive wastes, and estimates of the type and amount of activity involved. If a commercial waste disposal service is to be employed, specify the name of the company.

16. Certification: The applicant and any official executing this certificate on behalf of the applicant named in Item 1, certifies that this application is prepared in conformity with Chapter 420-3-26, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief.

Signature of Certifying Official

Printed Name and Title of Certifying Official

Date

(Continued on Reverse Side)