



STATE OF MAINE APPLICATION FOR A RADIOACTIVE MATERIAL LICENSE FOR FIXED GAUGE USE

INSTRUCTIONS: *This application complies with the license requirements of Section C of the State of Maine Radiation Protection Rule (SMRPR). Complete items 1 through 12. Supplemental sheets may be needed for items 5 through 11. Mail the completed application to: Radiation Control Program, 11 State House Station, Augusta, Maine, 04333. Telephone: (207) 287-5676. Facsimile: (207) 287-3059. E-Mail: radiation.dhhs@maine.gov*

1. THIS IS AN APPLICATION FOR (check one)

NEW LICENSE	Office Use Only
RENEWAL of license number >	
AMENDMENT of license number >	

2. NAME AND MAILING ADDRESS OF APPLICANT

3. ADDRESS(ES) WHERE MATERIAL WILL BE USED AND/OR STORED.

PHONE:	PHONE

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

NAME:

PHONE:

ADDRESS: (If different from #2.)

E-Mail:

For items 5 through 11, the requested information may be submitted on standard size paper. Answer all items. For any that do not apply, answer by marking the item number with "not applicable" after it. If this is for an amendment to a current license then only those items that are to be added, changed or removed need to be addressed, and items currently in effect on the license may be marked "No Change". NOTE: a Renewal needs to be completely filled out as new commitments are required for the new license.

5. RADIOACTIVE MATERIAL FOR FIXED GAUGE USE and

6. PURPOSE FOR WHICH MATERIAL WILL BE USED:

Provide the following information; element and mass number for each, chemical and/or physical form, and maximum amount of possession at any one time. NOTE: for sealed sources include manufacturer, model number, and maximum activity of the source. (include calibration date if applicable). Provide a description for which each source will be used. For sealed source devices and/or storage containers include manufacturer, model number, and distributor for each in possession.

Radioisotope	Form or Manufacturer /Model No.	Maximum Quantity	Purpose of Use
		Ci Bq	
		Ci Bq	
		Ci Bq	
		Ci Bq	
		Ci Bq	
		Ci Bq	
		Ci Bq	
		Ci Bq	
		Ci Bq	
		Ci Bq	

*An **Emergency Plan** must be provided if it is required (C.7.G).*

*If Financial Assurance is required then **Evidence of Financial Assurance** must be provided*

7. **INDIVIDUAL RESPONSIBLE FOR RADIATION SAFETY PROGRAM - RADIATION SAFETY OFFICER:** Include training (fixed gauge manufacturer's course and a RSO course that meets the criteria described in NUREG-1556, Vol. 4, Rev. 1 and experience. Form HHE851 or equivalent along with copy of certificates included with application.

Name:

Telephone:

Address:

Fax:

E-mail:

We will ensure that the RSO is authorized to stop unsafe operation; and has sufficient time to perform radiation safety duties and responsibilities.
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8. **AUTHORIZED USERS:** List the names of all individuals who will use or directly supervise use of the radioactive material(s) listed in 5 above. Complete Form HHE851 for each individual and include copies of training certificates

8.1 Initial Training: Must be completed before fixed gauge use.

Complete fixed gauge manufacturer's course;

OR Submit a description of an alternative course that meets the criteria in NUREG-1556, Vol. 4.
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We will provide each user with a copy of and training in the Operations and Emergency Procedures.

8.2 Refresher Training:

We will provide annual refresher training.
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9. **FACILITIES AND EQUIPMENT:** Describe your facility where the source will be used and/or stored.

We will ensure that the location of each fixed gauge meets the criteria in NUREG-1556, Vol.4 ;
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OR Confirm that the fixed gauge is secured to prevent unauthorized removal or access; and submit specific information supporting the new conditions demonstrating that they will not impact the safety or integrity of the source or device.

Provide a description and diagram of facility and storage locations for each address listed in item 3 is.

10. **RADIATION SAFETY PROGRAM:** Describe your Radiation Safety Program.

10.1 Audit Program:

Management will conduct an annual audit of the Radiation Safety Program meeting the criteria in NUREG-1556, Vol. 4 and maintain the records for three years.
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10.2 Instruments:

Surveys pursuant to Part D will be performed by a person specifically authorized by the NRC /AS to perform these surveys;

OR We will use instruments that meet the criteria in NUREG-1556, Vol. 4, and one of the following (circle which): a. Each survey meter will be calibrated by the manufacturer or other person authorized by the NRC/AS to perform survey meter calibration,, b. or we will implement the model survey instrument calibration program in NUREG-1556, Vol. 4;
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OR Submit a description of alternate procedures for to perform surveys pursuant to Part D.

10.3 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;
	OR Submit a description of the procedures for ensuring that no fixed gauges have been lost, stolen, or misplaced and how often they will be conducted.

10.4 Occupational Dosimetry:

	We will perform a prospective evaluation demonstrating that unmonitored individuals are not likely to receive, in 1 year, a radiation dose in excess of 10% of the allowable limits established in Part D;
	OR We will provide dosimetry processed and evaluated by a NVLAP-approved processor that is exchanged at a frequency recommended by the processor.

10.5 Public Dose:

	We will ensure that fixed gauge(s) will be used, transported and stored in such a way that members of the public will not receive more than 1 mSv (100mrem) in one year, and the dose in any unrestricted area will not exceed 0.02 mSv (2 mrem) in any one hour, from licensed operations.
	Submit a description of procedures to prevent unauthorized access, removal, or use of fixed gauges.

10.6 Operating/Emergency Procedures:

	Operating and emergency procedures will be developed, implemented, maintained, and will meet the criteria in NUREG-1556, Vol. 4;
	OR Submit alternate procedures.

10.7 Leak Tests:

	Leak tests will be performed at intervals approved by the NRC/AS and specified in the SSD Registration Certificate. Leak tests will be performed by an organization authorized by NRC/AS to provide leak testing services to other licensees or using a leak test kit supplied by an organization authorized by NRC/AS to provide leak test kits to other licensees and according to the kit supplier's instructions. Records of leak tests will be maintained;
	OR We will implement the model leak test program published in Appendix M to NUREG-1556, Vol. 4 ;
	OR Submit a description of alternative equipment and/or procedures for determining whether there is any radioactive leakage from sources contained in gauges.

10.8 Routine Maintenance:

	We will implement and maintain procedures for routine maintenance of our gauges according to each manufacturer's or distributor's recommendations and instructions;
	OR Submit alternative procedures.

Non-routine Maintenance:

	The gauge manufacturer, distributor or other person authorized by NRC/AS to perform non-routine operations such as installation, initial radiation survey, repair, and maintenance of components related to radiological safety of the gauge, gauge relocation, replacement, and disposal of sealed sources, alignment, or removal of a gauge from service;
	OR Submit the information listed in Appendix J of NUREG-1556, Vol. 4.

11. WASTE DISPOSAL – FIXED GAUGE DISPOSAL & TRANSFER:

	We will dispose of radioactive material by transfer to manufacturer or other licensee authorized to possess material.
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12. TERMINATION:

	We will notify, in writing, within 60 days, when principal activities have not been conducted for a period of 24 months or a decision is made to permanently cease licensed activities.
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13. CERTIFICATION: 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 the State of Maine Rules Relating to Radiation Protection and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief.

DATE:

SIGNATURE OF APPLICANT:

TITLE:

TYPED/PRINTED NAME: