

## APPLICATION FOR MATERIAL LICENSE

Estimated burden per response to comply with this mandatory collection request: 7.4 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the Records Management Branch (T-6 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to bjs1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0000), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.

## APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:

DIVISION OF INDUSTRIAL AND MEDICAL NUCLEAR SAFETY  
OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS  
U.S. NUCLEAR REGULATORY COMMISSION  
WASHINGTON, DC 20555-0001

## ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:

## IF YOU ARE LOCATED IN:

CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, MAINE, MARYLAND,  
MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, PENNSYLVANIA,  
RHODE ISLAND, OR VERMONT, SEND APPLICATIONS TO:

LICENSING ASSISTANT SECTION  
NUCLEAR MATERIALS SAFETY BRANCH  
U.S. NUCLEAR REGULATORY COMMISSION, REGION I  
475 ALLENDALE ROAD  
KING OF PRUSSIA, PA 19406-1415

ALABAMA, FLORIDA, GEORGIA, KENTUCKY, MISSISSIPPI, NORTH CAROLINA, PUERTO  
RICO, SOUTH CAROLINA, TENNESSEE, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA,  
SEND APPLICATIONS TO:

SAM NUNN ATLANTA FEDERAL CENTER  
U. S. NUCLEAR REGULATORY COMMISSION, REGION II  
61 FORSYTH STREET, S.W., SUITE 23T85  
ATLANTA, GEORGIA 30303-8931

## IF YOU ARE LOCATED IN:

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND  
APPLICATIONS TO:

MATERIALS LICENSING BRANCH  
U.S. NUCLEAR REGULATORY COMMISSION, REGION III  
801 WARRENVILLE RD.  
LISLE, IL 60532-4351

ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS,  
LOUISIANA, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA,  
OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR  
WYOMING, SEND APPLICATIONS TO:

NUCLEAR MATERIALS LICENSING SECTION  
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV  
611 RYAN PLAZA DRIVE, SUITE 400  
ARLINGTON, TX 76011-8084

PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.

## 1. THIS IS AN APPLICATION FOR (Check appropriate item)

☐

A. NEW LICENSE

☐

B. AMENDMENT TO LICENSE NUMBER

☒

C. RENEWAL OF LICENSE NUMBER

29-19155-01

## 2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code)

Porcello Engineering, Inc.  
P. O. Box 728, 12 Maple Avenue  
Pine Brook, NJ 07058

## 3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED

12 Maple Avenue  
Pine Brook, NJ 07058

## 4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

Frederick A. Porcello, P.E., P.P.  
President

## TELEPHONE NUMBER

(973) 882-8377

SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

## 5. RADIOACTIVE MATERIAL

a. Element and mass number; b. chemical and/or physical form; and c. maximum amount  
which will be possessed at any one time.

## 6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.

7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR  
TRAINING EXPERIENCE.

## 8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.

## 9. FACILITIES AND EQUIPMENT.

## 10. RADIATION SAFETY PROGRAM.

## 11. WASTE MANAGEMENT.

## 12. LICENSE FEES (See 10 CFR 170 and Section 170.31)

## FEE CATEGORY

AMOUNT  
ENCLOSED \$

## 13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 82 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.

## CERTIFYING OFFICER - TYPED/PRINTED NAME AND TITLE

Frederick A. Porcello, P.E., P.P.

## SIGNATURE

DATE 3/25/05

## FOR NRC USE ONLY

TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
			\$		
APPROVED BY				DATE	

136877  
NMSS/RGNI MATERIALS-002

## **Appendix B**

### **Suggested Format for Providing Information Requested in Items 5 through 11**

# ITEMS 5 AND 6: MATERIALS TO BE POSSESSED AND PROPOSED USES

Yes	No	Radioisotope	Manufacturer or Distributor Model No.	Quantity	Use As Listed on SSD Certificate	Specify Other Uses Not Listed on SSD Certificate
X		Cesium-137	Sealed source manufacturer or distributor and model number:  Device manufacturer or distributor and model number:  Toxler Electronic Labs. Inc. Gauge Model 3440	Not to exceed either the maximum activity per source or maximum activity per device as specified in Sealed Source and Device Registration Certificate	Yes <input checked="" type="checkbox"/> <del>X</del> Specific description of the gauge use:       	<input type="checkbox"/> Not applicable  <input type="checkbox"/> Uses are:  (Submit safety analysis supporting safe use)
X		Americium-241	Sealed source manufacturer or distributor and model number:  Device manufacturer or distributor and model number:  Troxler Electronic Labs. Inc. Gauge Model 3440	Not to exceed either the maximum activity per source or maximum activity per device as specified in Sealed Source and Device Registration Certificate	Yes <input checked="" type="checkbox"/> <del>X</del> Specific description of the gauge use:       	<input type="checkbox"/> Not applicable  <input type="checkbox"/> Uses are:  (Submit safety analysis supporting safe use)

# ITEMS 5 AND 6: MATERIALS TO BE POSSESSED AND PROPOSED USES

Yes	No	Radioisotope	Manufacturer or Distributor Model No.	Quantity	Use As Listed on SSD Certificate	Specify Other Uses Not Listed on SSD Certificate
X		Cesium-137	Sealed source manufacturer or distributor and model number:  Device manufacturer or distributor and model number:  Troxler Electronic Labs. Inc. Gauge Model 3430	Not to exceed either the maximum activity per source or maximum activity per device as specified in Sealed Source and Device Registration Certificate	Yes <input checked="" type="checkbox"/> Specific description of the gauge use:       	<input type="checkbox"/> Not applicable  <input type="checkbox"/> Uses are:  (Submit safety analysis supporting safe use)
X		Americium-241	Sealed source manufacturer or distributor and model number:  Device manufacturer or distributor and model number:  Troxler Electronic Labs, Inc. Gauge Model 3430	Not to exceed either the maximum activity per source or maximum activity per device as specified in Sealed Source and Device Registration Certificate	Yes <input checked="" type="checkbox"/> Specific description of the gauge use:       	<input type="checkbox"/> Not applicable  <input type="checkbox"/> Uses are:  (Submit safety analysis supporting safe use)

# ITEMS 5 AND 6: MATERIALS TO BE POSSESSED AND PROPOSED USES

Yes	No	Radioisotope	Manufacturer or Distributor Model No.	Quantity	Use As Listed on SSD Certificate	Specify Other Uses Not Listed on SSD Certificate
X		Cesium-137	Sealed source manufacturer or distributor and model number: _____ Device manufacturer or distributor and model number: Troxler Electronic Lab, Inc. Gauge Model 3430	Not to exceed either the maximum activity per source or maximum activity per device as specified in Sealed Source and Device Registration Certificate	Yes <input checked="" type="checkbox"/> <del>XX</del> Specific description of the gauge use: _____ _____ _____ _____ _____ _____	<input type="checkbox"/> Not applicable _____ <input type="checkbox"/> Uses are: _____ (Submit safety analysis supporting safe use)
X		Americium-241	Sealed source manufacturer or distributor and model number: _____ Device manufacturer or distributor and model number: _____ Troxler Electronic Labs. Inc. Gauge Model 3430	Not to exceed either the maximum activity per source or maximum activity per device as specified in Sealed Source and Device Registration Certificate	Yes <input checked="" type="checkbox"/> <del>XX</del> Specific description of the gauge use: _____ _____ _____ _____ _____ _____	<input type="checkbox"/> Not applicable _____ <input type="checkbox"/> Uses are: _____ (Submit safety analysis supporting safe use)

# ITEMS 5 AND 6: MATERIALS TO BE POSSESSED AND PROPOSED USES

Yes	No	Radioisotope	Manufacturer or Distributor Model No.	Quantity	Use As Listed on SSD Certificate	Specify Other Uses Not Listed on SSD Certificate
X		Cesium-137	Sealed source manufacturer or distributor and model number: _____ Device manufacturer or distributor and model number: <u>Troxler Electronic Labs. Inc.</u> Gauge Model 4640	Not to exceed either the maximum activity per source or maximum activity per device as specified in Sealed Source and Device Registration Certificate	Yes <input checked="" type="checkbox"/> Specific description of the gauge use: _____ _____ _____ _____ _____ _____	<input type="checkbox"/> Not applicable _____ <input type="checkbox"/> Uses are: _____ (Submit safety analysis supporting safe use)
		Americium-241	Sealed source manufacturer or distributor and model number: _____ Device manufacturer or distributor and model number: _____	Not to exceed either the maximum activity per source or maximum activity per device as specified in Sealed Source and Device Registration Certificate	Yes Specific description of the gauge use: _____ _____ _____ _____ _____ _____	<input type="checkbox"/> Not applicable _____ <input type="checkbox"/> Uses are: _____ (Submit safety analysis supporting safe use)

APPENDIX B

Yes	No	Radioisotope	Manufacturer or Distributor Model No.	Quantity	Use As Listed on SSD Certificate	Specify Other Uses Not Listed on SSD Certificate
	X	Californium-252	Sealed source manufacturer or distributor and model number: <hr/> Device manufacturer or distributor and model number: <hr/>	Not to exceed either the maximum activity per source or maximum activity per device as specified in Sealed Source and Device Registration Certificate	Yes <input type="checkbox"/> Specific description of the gauge use: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> Not applicable <hr/> <input type="checkbox"/> Uses are: <hr/> (Submit safety analysis supporting safe use)
	X	Other Isotope (Specify):	Sealed source manufacturer or distributor and model number: <hr/> Device manufacturer or distributor and model number: <hr/>	Not to exceed either the maximum activity per source or maximum activity per device as specified in Sealed Source and Device Registration Certificate	Yes <input type="checkbox"/> Specific description of the gauge use: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> Not applicable <hr/> <input type="checkbox"/> Uses are: <hr/> (Submit safety analysis supporting safe use)
<i>Financial Assurance Required and Evidence of Financial Assurance Provided</i>						

# **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
<b>7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING AND EXPERIENCE – RADIATION SAFETY OFFICER</b>  Name: <u>Henry S. Moreira</u>	Before obtaining licensed materials, the proposed RSO will have successfully completed one of the training courses described in Criteria in the section entitled "Individual(s) Responsible for Radiation Safety Program and Their Training and Experience – Radiation Safety Officer" in NUREG-1556, Vol. 1, Rev. 1, dated November 2001.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS</b>	Before using licensed materials, authorized users will have successfully completed one of the training course described in Criteria in the section entitled "Training for Individuals Working In or Frequenting Restricted Areas" in NUREG-1556, Vol. 1, Rev 1, dated November 2001.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>9. FACILITIES AND EQUIPMENT</b>	No information needs to be submitted in response to this item; key issues are addressed under "Radiation Safety Program – Public Dose" and "Radiation Safety Program – Operating and Emergency Procedures."	<b>Separate Item 9 Response</b>  <b>Need Not Be Submitted With Application</b>	
<b>10. RADIATION SAFETY PROGRAM – AUDIT PROGRAM</b>	The applicant is <i>not</i> required to, and should not, submit its audit program to NRC for review during the licensing phase.	<b>Need Not Be Submitted With Application</b>	
<b>10. RADIATION SAFETY PROGRAM – TERMINATION OF ACTIVITIES</b>	The applicant is <i>not</i> required to submit a response to the termination of activities section during the initial application. However, when the license expires when the licensee ceases operation, NRC Form 314 must be submitted.	<b>Need Not Be Submitted With Application</b>	
<b>10. RADIATION SAFETY PROGRAM – SURVEY INSTRUMENTS</b>	We will either possess and use, or have access to and use, a radiation survey meter that meets the Criteria in the section entitled "Radiation Safety Program – Instruments" in NUREG-1556, Vol. 1, Rev. 1, dated November 2001.	<input checked="" type="checkbox"/>	<input type="checkbox"/>



APPENDIX B

Item No. And Title	Suggested Response	Yes	Alternative Procedures Attached
10. RADIATION SAFETY PROGRAM – 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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. RADIATION SAFETY PROGRAM – OCCUPATIONAL DOSIMETRY	Either we will maintain, for inspection by NRC, documentation demonstrating that unmonitored individuals are not likely to receive a radiation dose in excess of 10 percent of the allowable limits in 10 CFR Part 20, or we will provide dosimetry processed and evaluated by an NVLAP-approved processor that is exchanged at a frequency recommended by the processor.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. RADIATION SAFETY PROGRAM – PUBLIC DOSE	The applicant is <i>not</i> required to submit a response to the public dose section during the licensing phase. This matter will be examined during an inspection.	Need Not Be Submitted With Application	
10. RADIATION SAFETY PROGRAM – OPERATING AND EMERGENCY PROCEDURES	We will implement and maintain the operating and emergency procedures in Appendix H of NUREG-1556, Vol. 1, Rev. 1, dated November 2001, and provide copies of these procedures to all gauge users and at each job site.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	OR Operating and emergency procedures will be developed, implemented, and maintained and will meet the criteria in the section entitled "Radiation Safety Program – Operating and Emergency Procedures" in NUREG-1556, Vol. 1, Rev. 1, dated November 2001.	<input type="checkbox"/>	
10. RADIATION SAFETY PROGRAM – LEAK TEST	Leak tests will be performed at intervals approved by NRC or an Agreement State and specified in the Sealed Source and Device Registration Sheet. Leak tests will be performed by an organization authorized by NRC or an Agreement State to provide leak testing services for other licensees or using a leak test kit supplied by an organization authorized by NRC or an Agreement State to provide leak test kits to other licensees and according to the kit supplier's instructions.	<input checked="" type="checkbox"/>	<input type="checkbox"/> The information in Appendix J supporting a request to perform leak testing and sample analysis is attached.

## APPENDIX B

Item No. And Title	Suggested Response	Yes	Alternative Procedures Attached
10. RADIATION SAFETY PROGRAM – MAINTENANCE	<i>Routine Cleaning and Lubrication</i> We will implement and maintain procedures for routine maintenance of our gauges according to each manufacturer's recommendations and instructions.	X	<input type="checkbox"/>
	<i>Non-Routine Maintenance</i> We will send the gauge to the manufacturer or other person authorized by NRC or an Agreement State to perform non-routine maintenance or repair operations that require the removal of the source or source rod from the gauge.	X	<input type="checkbox"/>  The information listed in Appendix G supporting a request to perform non-routine maintenance in-house is attached.
10. RADIATION SAFETY PROGRAM – TRANSPORTATION	The applicant is <i>not</i> required to submit its response to transportation during the licensing process. However, this issue will be reviewed during inspection.	Need Not Be Submitted With Application	
11. WASTE MANAGEMENT – GAUGE DISPOSAL AND TRANSFER	The applicant is <i>not</i> required to submit a response to waste management during the licensing process. However, the licensee should develop, implement, and maintain gauge transfer and disposal procedures in its radiation protection program.	Need Not Be Submitted With Application	

**Appendix M**

**Review Checklist for Portable Gauge  
Application**

**ITEM 1: ACTION TYPE**

<u><b>ACTION TYPE:</b></u> <input type="checkbox"/> New <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Renewal	<u><b>ADMINISTRATIVE REVIEW:</b></u> <input type="checkbox"/> Current Guidance Used <input type="checkbox"/> References in Application Based On Current Regulations
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**ITEM 2: LEGAL IDENTITY**

<b>NAME:</b>	Porcello Engineering, Inc.
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**ITEMS 2 AND 3: ADDRESS**

<b>STORAGE &amp; LOCATION OF USE</b> 12 Maple Ave. Pine Brook, NJ 07058	<b>MAILING ADDRESS</b> PO Box 728 Pine Brook, NJ 07058
Temporary Job Sites <input type="checkbox"/> YES <input type="checkbox"/> NO	

**ITEM 4: PERSON TO BE CONTACTED ABOUT THIS APPLICATION**

<b>CONTACT PERSON:</b>	Henry Moreira
<b>TELEPHONE:</b>	(973) 882-8377

## ITEMS 5 AND 6: MATERIALS TO BE POSSESSED AND USES

Yes	No	Radioisotope	Model No.	Quantity	Use As Listed on SSD Certificate	Specify Other Uses Not Listed on SSD Certificate
X		Cesium-137  Troxler Electronic Labs Inc. Model#3430	Sealed source manufacturer or distributor and model number:  Device manufacturer or distributor and model number:	Not to exceed either the maximum activity per source or maximum activity per device as specified in Sealed Source and Device Registration (SSDR) Certificate	Yes <input checked="" type="checkbox"/>  Specific description of the gauge use: _____ _____ _____ _____	<input type="checkbox"/> Not applicable  <input type="checkbox"/> Uses are: _____ _____
X		Americium- 241  Troxler Electronic Labs Inc. Model#3430	Sealed source manufacturer or distributor and model number:  Device manufacturer or distributor and model number:	Not to exceed either the maximum activity per source or maximum activity per device as specified in SSDR Certificate	Yes <input checked="" type="checkbox"/>  Specific description of the gauge use: _____ _____ _____ _____	<input type="checkbox"/> Not applicable  <input type="checkbox"/> Uses are: _____ _____
		Californium- 252	Sealed source manufacturer or distributor and model number:  Device manufacturer or distributor and model number:	Not to exceed either the maximum activity per source or maximum activity per device as specified in SSDR Certificate	Yes <input type="checkbox"/>  Specific description of the gauge use: _____ _____ _____ _____	<input type="checkbox"/> Not applicable  <input type="checkbox"/> Uses are: _____ _____

APPENDIX M

ITEMS 5 AND 6: MATERIALS TO BE POSSESSED AND USES

Yes	No	Radioisotope	Model No.	Quantity	Use As Listed on SSD Certificate	Specify Other Uses Not Listed on SSD Certificate
X		Cesium-137  Troxler Electronics Labs Inc. Model #3430	Sealed source manufacturer or distributor and model number:  Device manufacturer or distributor and model number:	Not to exceed either the maximum activity per source or maximum activity per device as specified in Sealed Source and Device Registration (SSDR) Certificate	Yes <input checked="" type="checkbox"/>  Specific description of the gauge use: _____ _____ _____ _____	<input type="checkbox"/> Not applicable  <input type="checkbox"/> Uses are: _____
X		Americium- 241  Troxler Electronics Labs Inc. Model #3430	Sealed source manufacturer or distributor and model number:  Device manufacturer or distributor and model number:	Not to exceed either the maximum activity per source or maximum activity per device as specified in SSDR Certificate	Yes <input checked="" type="checkbox"/>  Specific description of the gauge use: _____ _____ _____ _____	<input type="checkbox"/> Not applicable  <input type="checkbox"/> Uses are: _____
		Californium- 252	Sealed source manufacturer or distributor and model number:  Device manufacturer or distributor and model number:	Not to exceed either the maximum activity per source or maximum activity per device as specified in SSDR Certificate	Yes <input type="checkbox"/>  Specific description of the gauge use: _____ _____ _____ _____	<input type="checkbox"/> Not applicable  <input type="checkbox"/> Uses are: _____

APPENDIX M

ITEMS 5 AND 6: MATERIALS TO BE POSSESSED AND USES

Yes	No	Radioisotope	Model No.	Quantity	Use As Listed on SSD Certificate	Specify Other Uses Not Listed on SSD Certificate
X		Cesium-137  Troxler Electronics Labs Inc. Model#3440	Sealed source manufacturer or distributor and model number:  Device manufacturer or distributor and model number:	Not to exceed either the maximum activity per source or maximum activity per device as specified in Sealed Source and Device Registration (SSDR) Certificate	Yes <input checked="" type="checkbox"/>  Specific description of the gauge use: _____ _____ _____ _____	<input checked="" type="checkbox"/> Not applicable  <input type="checkbox"/> Uses are: _____ _____
X		Americium- 241  Troxler Electronics Labs Inc. Model#3440	Sealed source manufacturer or distributor and model number:  Device manufacturer or distributor and model number:	Not to exceed either the maximum activity per source or maximum activity per device as specified in SSDR Certificate	Yes <input checked="" type="checkbox"/>  Specific description of the gauge use: _____ _____ _____ _____	<input type="checkbox"/> Not applicable  <input type="checkbox"/> Uses are: _____ _____
		Californium- 252	Sealed source manufacturer or distributor and model number:  Device manufacturer or distributor and model number:	Not to exceed either the maximum activity per source or maximum activity per device as specified in SSDR Certificate	Yes <input type="checkbox"/>  Specific description of the gauge use: _____ _____ _____ _____	<input type="checkbox"/> Not applicable  <input type="checkbox"/> Uses are: _____ _____

APPENDIX M

ITEMS 5 AND 6: MATERIALS TO BE POSSESSED AND USES

Yes	No	Radioisotope	Model No.	Quantity	Use As Listed on SSD Certificate	Specify Other Uses Not Listed on SSD Certificate
X		Cesium-137  Troxler Electronics Labs Inc. Model#4640	Sealed source manufacturer or distributor and model number:  Device manufacturer or distributor and model number:	Not to exceed either the maximum activity per source or maximum activity per device as specified in Sealed Source and Device Registration (SSDR) Certificate	Yes <input checked="" type="checkbox"/>  Specific description of the gauge use: _____ _____ _____ _____	<input type="checkbox"/> Not applicable  <input type="checkbox"/> Uses are: _____ _____
		Americium- 241	Sealed source manufacturer or distributor and model number:  Device manufacturer or distributor and model number:	Not to exceed either the maximum activity per source or maximum activity per device as specified in SSDR Certificate	Yes <input type="checkbox"/>  Specific description of the gauge use: _____ _____ _____ _____	<input type="checkbox"/> Not applicable  <input type="checkbox"/> Uses are: _____ _____
		Californium- 252	Sealed source manufacturer or distributor and model number:  Device manufacturer or distributor and model number:	Not to exceed either the maximum activity per source or maximum activity per device as specified in SSDR Certificate	Yes <input type="checkbox"/>  Specific description of the gauge use: _____ _____ _____ _____	<input type="checkbox"/> Not applicable  <input type="checkbox"/> Uses are: _____ _____



Yes	No	Radioisotope	Model No.	Quantity	Use As Listed on SSD Certificate	Specify Other Uses Not Listed on SSD Certificate
	X	Other Isotope (Specify):	Sealed source manufacturer or distributor and model number:  Device manufacturer or distributor and model number:	Not to exceed either the maximum activity per source or maximum activity per device as specified in SSDR Certificate	Yes <input type="checkbox"/>  Specific description of the gauge use: _____ _____ _____ _____	<input type="checkbox"/> Not applicable  <input type="checkbox"/> Uses are: _____ _____ _____
<i>Financial Assurance Required and Evidence of Financial Assurance Provided</i>						

# **ITEMS 7 THROUGH 11: TRAINING AND EXPERIENCE, FACILITIES AND EQUIPMENT, RADIATION SAFETY PROGRAM, AND WASTE MANAGEMENT**

ITEM NUMBER AND TITLE	SUGGESTED RESPONSE	APPLICANT'S RESPONSE			
		YES	NO	OTHER	
				YES	NO
<p>ITEM 7 INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING AND EXPERIENCE – RADIATION SAFETY OFFICER</p> <p>NAME <u>Henry S. Moreira</u></p>	<p>Before obtaining licensed materials, the proposed RSO will have successfully completed one of the training courses described in Criteria in the section entitled "Individual(s) Responsible for Radiation Safety Program and Their Training and Experience – Radiation Safety Officer" in NUREG-1556, Vol. 1, Rev. 1, dated November 2001.</p> <p><i>Optional Response</i></p> <p>Criteria for Acceptable Training Courses for Radiation Safety Officer Portable Gauge Users</p> <p>Course Content</p> <ul style="list-style-type: none"> <li>• 1.5 to 2 hours of radiation safety and regulatory requirements;</li> <li>• 1.5 to 2 hours practical explanation of gauge theory and operation (including test runs).</li> </ul> <p>Course Examination</p> <ul style="list-style-type: none"> <li>• 25- to 50-question written (closed book) test – 70 percent grade.</li> </ul> <p>Course Instructor Qualifications</p> <ul style="list-style-type: none"> <li>• Bachelor's degree in a physical or life science or engineering with successful completion of both a portable gauge user course and 8-hour radiation safety course and 8 hours hands-on of experience with portable gauges.</li> </ul> <p><b>OR</b></p>	XXX			

ITEM NUMBER AND TITLE	SUGGESTED RESPONSE	APPLICANT'S RESPONSE			
		YES	NO	OTHER	
				YES	NO
ITEM 7 (CONTINUED)	<ul style="list-style-type: none"> <li>An individual with the following training:               <ul style="list-style-type: none"> <li>Successful completion of portable gauge user course;</li> <li>Successful completion of 40-hour radiation safety course;</li> <li>30 hours of hands-on experience with portable gauges.</li> </ul> </li> </ul>				
ITEM 8 TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS	<p>Before using licensed materials, authorized users will have successfully completed one of the training courses described in Criteria in the section entitled "Training for Individuals Working In or Frequenting Restricted Areas" in NUREG-1556, Vol. 1, Rev. 1, dated November 2001.</p> <p><i>Optional Response</i> Review optional response against criteria listed under Item 7.</p>	XXX			
ITEM 9 FACILITIES AND EQUIPMENT	No information needs to be submitted in response to this item; key issues are addressed under "Radiation Safety Program – Public Dose" and "Radiation Safety Program – Operating and Emergency Procedures."	Separate Item 9 Response Need Not Be Submitted With Application			
ITEM 10 RADIATION SAFETY PROGRAM – AUDIT PROGRAM	The applicant is <i>not</i> required to, and should not, submit its audit program to NRC for review during the licensing phase.	Need Not Be Submitted With Application			
ITEM 10 RADIATION SAFETY PROGRAM – TERMINATION OF ACTIVITIES	The applicant is <i>not</i> required to submit a response to the termination of activities section during the initial application. However, when the license expires or at the time the licensee ceases operations, NRC Form 314 must be submitted.	Need Not Be Submitted With An Individual With the Following Training			
ITEM 10 RADIATION SAFETY PROGRAM – INSTRUMENTS	<p>We will either possess and use, or have access to and use, a radiation survey meter that meets the Criteria in the section entitled "Radiation Safety Program – Instruments" in NUREG-1556, Vol. 1, Rev. 1, dated November 2001, in the event of an incident.</p> <p><i>Optional Response</i> A radiation survey meter should satisfy the following criteria:</p> <ul style="list-style-type: none"> <li>Be capable of detecting gamma radiation;</li> <li>Be checked for functionality before use.</li> </ul>	XXX			

## APPENDIX M

ITEM NUMBER AND TITLE	SUGGESTED RESPONSE	APPLICANT'S RESPONSE			
		YES	NO	OTHER	
				YES	NO
ITEM 10 RADIATION SAFETY PROGRAM – MATERIAL RECEIPT AND ACCOUNTABILITY	<p>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.</p> <p><i>Optional Response</i> Frequency and procedures to ensure no gauge is lost, stolen or misplaced, and if possession exceeds threshold, comply with financial assurance requirements in 10 CFR 30.35.</p>	XXX			
ITEM 10 RADIATION SAFETY PROGRAM – OCCUPATIONAL DOSIMETRY	<p>Either we will maintain, for inspection by NRC, documentation demonstrating that unmonitored individuals are not likely to receive a radiation dose in excess of 10 percent of the allowable limits in 10 CFR Part 20 or we will provide dosimetry processed and evaluated by an NVLAP-approved processor that is exchanged at a frequency recommended by the processor.</p> <p><i>Optional Response</i> Alternative response demonstrates compliance with 10 CFR Part 20 requirements.</p>	XXX			
ITEM 10 RADIATION SAFETY PROGRAM – PUBLIC DOSE	The applicant is <i>not</i> required to submit a response to public dose section during the licensing phase. This matter will be examined during an inspection.	Need Not Be Submitted With Application			

ITEM NUMBER AND TITLE	SUGGESTED RESPONSE	APPLICANT'S RESPONSE			
		YES	NO	OTHER	
				YES	NO
ITEM 10 RADIATION SAFETY PROGRAM – OPERATING & EMERGENCY PROCEDURES	We will implement and maintain the operating and emergency procedures in Appendix H of NUREG-1556, Vol. 1, Rev. 1, dated November 2001 and provide copies of these procedures to all gauge users and at each job site.	XXX			
	<p style="text-align: center;"><b>OR</b></p> <p>Operating and emergency procedures will be developed, implemented, and maintained and will meet the criteria in the section entitled "Radiation Safety Program – Operating and Emergency Procedures" in NUREG-1556, Vol. 1, Rev. 1, dated November 2001.</p> <p style="text-align: center;"><i>Optional Response</i></p> <ul style="list-style-type: none"> <li>• Instructions to use gauge and perform routine maintenance per manufacturer's recommendations and instructions;</li> <li>• Instructions to maintain security during storage and transportation;</li> <li>• Instructions to keep the gauge under control and immediate surveillance during use;</li> <li>• Steps to take to keep radiation exposures ALARA;</li> <li>• Steps to maintain accountability during use;</li> <li>• Steps to control access to damaged gauge;</li> <li>• Steps to take, and whom to contact, when a gauge has been damaged;</li> <li>• If gauges are used for measurements greater than 3 feet beneath the surface: use of surface casing or other procedures to ensure free movement of source in hole; instructions, procedures to retrieve a stuck source; NRC reporting requirements;</li> <li>• Copies provided to personnel and available at each job site.</li> </ul>	XXX			

APPENDIX M

ITEM NUMBER AND TITLE	SUGGESTED RESPONSE	APPLICANT'S RESPONSE			
		YES	NO	OTHER	
				YES	NO
ITEM 10 RADIATION SAFETY PROGRAM – LEAK TEST	<p>Leak tests will be performed at intervals approved by NRC or an Agreements State and will be specified in the SSDR Sheet. Leak tests will be performed by an organization authorized by NRC or an Agreement State to provide leak testing services for other licensees or using a leak test kit supplied by an organization authorized by NRC or an Agreements State to provide leak test kits to other licensees and according to the kit supplier's instructions.</p> <p><i>Optional Response</i> Provide the information in Appendix J supporting a request to perform leak testing and sample analysis:</p> <ul style="list-style-type: none"> <li>• Individual who will make the analysis; qualifications to make quantitative measurements;</li> <li>• Leak test frequency as specified in the appropriate SSDR Sheet;</li> <li>• How and where test samples taken; materials to be used; methods of handling samples to prevent or minimize exposure to personnel;</li> <li>• Type of instrument(s) used, counting efficiency, and minimum levels of detection for each radionuclide.</li> </ul> <p><i>Note: An instrument capable of making quantitative measurements should be used; hand-held survey meters will not normally be considered adequate for measurements.</i></p> <ul style="list-style-type: none"> <li>• Standard calibration sources including for each: the radionuclide, quantity, accuracy, and traceability to primary radiation standards;</li> </ul> <p><i>Note: Accuracy of standards should be within <math>\pm 5</math> percent of the stated value and traceable to a primary radiation standard such as those maintained by the National Institutes of Standards and Technology (NIST).</i></p> <ul style="list-style-type: none"> <li>• Sample calculation to convert measurement data to becquerels (or microcuries);</li> <li>• Instructions on actions, notifications regarding leaking source.</li> </ul>	XXX			

ITEM NUMBER AND TITLE	SUGGESTED RESPONSE	APPLICANT'S RESPONSE			
		YES	NO	OTHER	
				YES	NO
ITEM 10 RADIATION SAFETY PROGRAM – MAINTENANCE	<p><i>Routine Cleaning and Lubrication</i></p> <p>We will implement and maintain procedures for routine maintenance of our gauges according to each manufacturer's recommendations and instructions.</p> <p><i>Optional Response</i></p> <ul style="list-style-type: none"> <li>• Considers ALARA;</li> <li>• Ensures gauge functions as designed;</li> <li>• Ensures source integrity not compromised.</li> </ul> <p><i>Non-Routine Maintenance</i></p> <p>We will send the gauge to the manufacturer or other person authorized by NRC or an Agreement State to perform non-routine maintenance or repair operations that require the removal of the source or source rod from the gauge.</p> <p><i>Optional Response</i></p> <p>Provide the information listed in Appendix G supporting a request to perform non-routine maintenance in-house.</p> <ul style="list-style-type: none"> <li>• Types of work to be performed;</li> <li>• Who will perform maintenance, training, experience, why competent;</li> <li>• Handling procedures: doses to public, personnel ALARA and regulatory limits; security; posting; manufacturing instructions and recommendations;</li> <li>• Use of whole-body and extremity monitoring or evaluation to demonstrate that individuals are not likely to receive greater than 10 percent of allowable limits;</li> <li>• Possess survey instrument (detects gamma radiation; range 1-50 mrem hr; annual calibration w point source at 2 points scale; readings within <math>\pm 20</math> percent; calibrated by NRC Agreement State licensee; checked before use);</li> <li>• 10 CFR 20.1301 surveys (when and where instrument survey performed, records for 3 years).</li> </ul>	XXX			

APPENDIX M

ITEM NUMBER AND TITLE	SUGGESTED RESPONSE	APPLICANT'S RESPONSE			
		YES	NO	OTHER	
				YES	NO
ITEM 10 RADIATION SAFETY PROGRAM – TRANSPORTATION	The applicant is <i>not</i> required to submit a response to transportation section during the licensing process. However, this issue will be reviewed during inspection.	Need Not Be Submitted With Application			
ITEM 11 WASTE DISPOSAL – GAUGE DISPOSAL AND TRANSFER	The applicant is <i>not</i> required to submit a response to waste management section during the licensing process. However, the licensee should develop, implement, and maintain gauge transfer and disposal procedures in its radiation safety program.	Need Not Be Submitted With Application			



This is to acknowledge the receipt of your letter/application dated

3/25/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Renew 29-19155-01 There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

☐ Please provide to this office within 30 days of your receipt of this card

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A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned Mail Control Number 136877.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

: (FOR LFMS USE)  
: INFORMATION FROM LTS  
: -----  
:  
: Program Code: 03121  
: Status Code: 2  
: Fee Category: 3P  
: Exp. Date: 20050430  
: Fee Comments: \_\_\_\_\_  
: Decom Fin Assur Req'd: N  
: ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: PORCELLO ENGINEERING, INC.  
Received Date: 20050415  
Docket No: 3017053  
Control No.: 136877  
License No.: 29-19155-01  
Action Type: Renewal

2. FEE ATTACHED

Amount: /  
Check No.: /

3. COMMENTS

Signed Rebecca J. Juncos  
Date 4/22/2005

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /\_\_/)

1. Fee Category and Amount: \_\_\_\_\_

2. Correct Fee Paid. Application may be processed for:

Amendment \_\_\_\_\_  
Renewal \_\_\_\_\_  
License \_\_\_\_\_

3. OTHER \_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_  
Date \_\_\_\_\_