

Roldan, Lizette

From: Roldan, Lizette
Sent: Monday, July 25, 2011 3:49 PM
To: 'bhpen enterprises@msn.com'
Subject: REQUEST FOR ADDITIONAL INFORMATION REGARDING CONTROL 575036
Attachments: sr1556v18.pdf

License No.: 11-27365-01
Docket No.: 030-32307
Control No.: 575036

Dear Mr. Peterson:

This is in reference to your application dated April 26, 2011 requesting a renewal for Nuclear Regulatory Commission License 11-27365-01. In order to continue our review, we need the following information:

1. Please complete the checklist in Appendix C in the attached NUREG-1556, Volume 18. Chapter 8 may be used as guidance to complete the checklist in Appendix C.

We will continue our review upon receipt of this information. Please reply to my attention at the Region IV Office and refer to Mail Control No. 575036. Please respond to this e-mail by August 25, 2011. You may reply via e-mail as long as you attach the document in a PDF format or by fax to 817-860-8263. If you have any questions you may call me at 817-276-6596.

Thanks,

Lizette Roldán-Otero, Ph.D.

Health Physicist
Nuclear Regulatory Commission
612 E. Lamar Blvd., Suite 400
Arlington, TX 76011
Office: 817-276-6596
Fax: 817-860-8263

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 19408-1415

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 30303-8831

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 76011-8064

RECEIVED

AUG 22 2011

DNMS

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 11-27365-01

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

BHP Enterprises
P.O. Box 267
Middleton, ID 83644

3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED

22351 Lansing Lane
Middleton, ID 83644

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

Bruce H. Peterson

TELEPHONE NUMBER

(208) 585-3948

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 WAS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 38, 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 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.

CERTIFYING OFFICER - TYPED/PRINTED NAME AND TITLE

Bruce H. Peterson RSO/owner

SIGNATURE

Bruce H. Peterson

DATE

4/26/11

FOR NRC USE ONLY

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

11575036

APPENDIX C

5	RADIOACTIVE MATERIAL Sealed Sources and Devices <ul style="list-style-type: none"> Identify each radionuclide that will be used in each sealed source/device. Identify the manufacturer or distributor and model number of each sealed source/device. Confirm that each sealed source/device combination is listed and approved in the SSD registry for the purpose intended. Confirm that the activity per source/maximum activity per device specified in the SSD registration certificate will not be exceeded. 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
----------	--	--	--

Sealed Sources				
Radioisotope	Manufacturer/ Model No.	Quantity	Yes	No
Cs - 137	New England Nuclear NER-570	Not to exceed the maximum activity per source/device as specified in the Sealed Source and Device Registration Sheet	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Not to exceed the maximum activity per source/device as specified in the Sealed Source and Device Registration Sheet	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Not to exceed the maximum activity per source/device as specified in the Sealed Source and Device Registration Sheet	<input type="checkbox"/>	<input type="checkbox"/>

Source Material	
<input type="checkbox"/> Depleted Uranium	_____ Kilograms
<input type="checkbox"/> Uranium-238	_____ Kilograms
<input type="checkbox"/> Thorium-232	_____ Kilograms
<input type="checkbox"/> Other: Specify	_____ Kilograms

Special Nuclear Material				
Radioisotope	Manufacturer/ Model No.	Quantity	Yes	No

<input type="checkbox"/> Uranium-234		Not to exceed the maximum activity per source/device as specified in the Sealed Source and Device Registration Sheet	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Uranium-235				
<input type="checkbox"/> Plutonium-238				
<input type="checkbox"/> Plutonium-239				
<input type="checkbox"/> Other: Specify				

APPENDIX C

Unsealed or Uncontained Materials

Identify each individual isotope requested:

Radioisotope	Chemical or Physical Form				Total Activity Requested
Any by-product material Atomic # 1-96	<input checked="" type="checkbox"/> Gas	<input checked="" type="checkbox"/> Liquid	<input checked="" type="checkbox"/> Solid	<input type="checkbox"/> Other: Specify	Not to exceed 10mCi/nucleide & 100 mCi Total
Any Special Nuclear material	<input checked="" type="checkbox"/> Gas	<input checked="" type="checkbox"/> Liquid	<input checked="" type="checkbox"/> Solid	<input type="checkbox"/> Other: Specify	Not to exceed 10µCi/nucleide & 100 µCi Total
	<input type="checkbox"/> Gas	<input type="checkbox"/> Liquid	<input type="checkbox"/> Solid	<input type="checkbox"/> Other: Specify	
	<input type="checkbox"/> Gas	<input type="checkbox"/> Liquid	<input type="checkbox"/> Solid	<input type="checkbox"/> Other: Specify	

OR

Identify your request for Type B or Type C quantities of material by filling out the table below:

Radioisotope	Yes	No
• Any radioisotope identified in 10 CFR 33.100, Schedule A, Column I — (Type B License of Broad Scope)	<input type="checkbox"/>	<input type="checkbox"/>
OR		
• Any radioisotope identified in 10 CFR 33.100, Schedule A, Column II — (Type C License of Broad Scope)	<input type="checkbox"/>	<input type="checkbox"/>

AND IF APPLICABLE

Identify *individual isotopes* identified in 10 CFR 33.100 Schedule A, Column I or II, that requested quantities exceeding amounts authorized in Column I or II.

Radioisotope	Chemical or Physical Form				Total Activity Requested
	<input type="checkbox"/> Gas	<input type="checkbox"/> Liquid	<input type="checkbox"/> Solid	<input type="checkbox"/> Other: Specify	
	<input type="checkbox"/> Gas	<input type="checkbox"/> Liquid	<input type="checkbox"/> Solid	<input type="checkbox"/> Other: Specify	
	<input type="checkbox"/> Gas	<input type="checkbox"/> Liquid	<input type="checkbox"/> Solid	<input type="checkbox"/> Other: Specify	
	<input type="checkbox"/> Gas	<input type="checkbox"/> Liquid	<input type="checkbox"/> Solid	<input type="checkbox"/> Other: Specify	

AND

APPENDIX C

Identify any uncontained source or special nuclear materials that should be included in the license:

Source Material	
<input type="checkbox"/> Depleted Uranium	_____ Kilograms
<input type="checkbox"/> Uranium-238	_____ Grams
<input type="checkbox"/> Thorium-232	_____ Grams
<input type="checkbox"/> Other:	_____ Grams

Special Nuclear Material Less than Critical Mass Quantities	
<input type="checkbox"/> Uranium-234	_____ Grams
<input type="checkbox"/> Uranium-235	_____ Grams
<input type="checkbox"/> Plutonium-238	_____ Grams
<input type="checkbox"/> Plutonium-239	_____ Grams

For those individuals who will provide commercial services on sealed sources/devices and will be required to *take possession of materials incident to providing services*:

Sealed Sources/Devices Possessed Incident to Providing Services				
Radioisotope	Manufacturer/ Model No.	Quantity	Yes	No
		Not to exceed the maximum activity per source/device as specified in the Sealed Source and Device Registration Sheet	<input type="checkbox"/>	<input type="checkbox"/>
		Not to exceed the maximum activity per source/device as specified in the Sealed Source and Device Registration Sheet	<input type="checkbox"/>	<input type="checkbox"/>

Source Material	
<input type="checkbox"/> Uranium-238	_____ Kilograms
<input type="checkbox"/> Thorium-232	_____ Grams
<input type="checkbox"/> Other:	_____ Grams
<input type="checkbox"/> Depleted Uranium	_____ Kilograms

Special Nuclear Material Less than Critical Mass Quantities

<input type="checkbox"/> Uranium-234	_____	Grams
<input type="checkbox"/> Uranium-235	_____	Grams
<input type="checkbox"/> Plutonium-238	_____	Grams
<input type="checkbox"/> Plutonium-239	_____	Grams

For those individuals who will provide commercial services involving unsealed or uncontained material and will be required to take possession of these materials incident to providing services:

Unsealed or Uncontained Materials

Identify each individual isotope requested:

Radioisotope	Chemical or Physical Form				Total Activity Requested
	<input type="checkbox"/> Gas	<input type="checkbox"/> Liquid	<input type="checkbox"/> Solid	<input type="checkbox"/> Other: Specify	
	<input type="checkbox"/> Gas	<input type="checkbox"/> Liquid	<input type="checkbox"/> Solid	<input type="checkbox"/> Other: Specify	
	<input type="checkbox"/> Gas	<input type="checkbox"/> Liquid	<input type="checkbox"/> Solid	<input type="checkbox"/> Other: Specify	
	<input type="checkbox"/> Gas	<input type="checkbox"/> Liquid	<input type="checkbox"/> Solid	<input type="checkbox"/> Other: Specify	

OR

Identify your request for Type B or Type C quantities of materials by filling out the table below:

Radioisotope	Yes	No
<ul style="list-style-type: none"> Any radioisotope identified in 10 CFR 33.100, Schedule A, Column I — (Type B License of Broad Scope) 	<input type="checkbox"/>	<input type="checkbox"/>
OR		
<ul style="list-style-type: none"> Any radioisotope identified in 10 CFR 33.100, Schedule A, Column II — (Type C License of Broad Scope) 	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX C

AND IF APPLICABLE

Identify *individual isotopes* identified in 10 CFR 33.100 Schedule A, Column I or II, that requested quantities exceeding amounts authorized in Column I or II.

Radioisotope	Chemical or Physical Form				Total Activity Requested
	<input type="checkbox"/> Gas	<input type="checkbox"/> Liquid	<input type="checkbox"/> Solid	<input type="checkbox"/> Other: Specify	
	<input type="checkbox"/> Gas	<input type="checkbox"/> Liquid	<input type="checkbox"/> Solid	<input type="checkbox"/> Other: Specify	
	<input type="checkbox"/> Gas	<input type="checkbox"/> Liquid	<input type="checkbox"/> Solid	<input type="checkbox"/> Other: Specify	
	<input type="checkbox"/> Gas	<input type="checkbox"/> Liquid	<input type="checkbox"/> Solid	<input type="checkbox"/> Other: Specify	

AND

Identify any uncontained source or special nuclear materials that should be included in the license:

Source Material	
<input type="checkbox"/> Depleted Uranium	_____ Kilograms
<input type="checkbox"/> Uranium-238	_____ Grams
<input type="checkbox"/> Thorium-232	_____ Grams
<input type="checkbox"/> Other:	_____ Grams

Special Nuclear Material	
<input type="checkbox"/> Uranium-234	_____ Grams
<input type="checkbox"/> Uranium-235	_____ Grams
<input type="checkbox"/> Plutonium-238	_____ Grams
<input type="checkbox"/> Plutonium-239	_____ Grams

Item No.	Title and Criteria	Yes	No	N/A	Description Attached
5	<p>RADIOACTIVE MATERIAL</p> <p>Financial Assurance and Recordkeeping For Decommissioning</p> <ul style="list-style-type: none"> Pursuant to 10 CFR 30.35(g), we shall maintain drawings and records important to decommissioning and transfer these records to a new licensee before licensed activities are transferred, or assign the records to the appropriate NRC Regional Office before the license is terminated. <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> If financial assurance is required, submit evidence. 	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>

APPENDIX C

Item No.	Title and Criteria	Yes	No	N/A	Description Attached
6	PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED				
	<ul style="list-style-type: none"> • Leak Test Analysis • Environmental Sample Analysis • Instrument/Dosimeter Calibration • Instruction 	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		
	Possession Incident to Performing the Following Services on Sealed Sources and Devices			<input checked="" type="checkbox"/>	
	<ul style="list-style-type: none"> • Installation • Radiation Surveys • Removal • Disposal • Relocation • Repair • Source Exchange • Routine Maintenance • Non-routine Maintenance • Source Retrieval • Transportation • Packaging • Leak Test Sample Acquisition • Customer Training • Other Services not identified above, excluding activities involving critical mass quantities of special nuclear material: Specify. 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Item No.	Title and Criteria	Yes	No	N/A	Description Attached
6	<p>PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED (<i>Cont'd.</i>)</p> <p>Possession Incident to Performing Commercial Services Utilizing Unsealed or Uncontained Licensed Material:</p> <p>Nuclear Laundry</p> <p>Waste Management Services:</p> <ul style="list-style-type: none"> • Commercial Incineration • Commercial Compaction/Super Compaction • Commercial Solidification/Vitrification • Packaging, Repackaging, and Transportation of Radioactive Waste • Decontamination • Decommissioning • Site Characterization • Radiation protection or health physics training and instruction • Other Services not identified above, excluding activities involving critical mass quantities of special nuclear material: Specify. 	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Item No.	Title and Criteria	Yes	No	N/A	Description Attached
7	<p>INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE</p> <p>Radiation Safety Officer</p> <ul style="list-style-type: none"> The name of the proposed RSO: <i>Bruce H. Peterson</i> AND EITHER The specific training and experience of the RSO; <p>OR</p> <ul style="list-style-type: none"> Alternative information demonstrating that the proposed RSO is qualified by training and experience, e.g., listed by name as an authorized user or the RSO on an NRC or Agreement State license that requires a radiation safety program of comparable size and scope. 	<p>X</p> <p>X</p>			<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

C-13

APPENDIX C

Item No.	Title and Criteria	Yes	No	N/A	Description Attached
9	FACILITIES AND EQUIPMENT				
	Permanent Facilities Specifically Identified on the License				
	• Leak Test and Environmental Sample Analysis Providers: No response required for facilities. (Equipment is discussed in Item 10, Radiation Safety Program.)				No Response is Necessary for this Section
	• Instrument Calibration: If only sealed sources are possessed in registered devices designed to emit a collimated beam for the purpose of instrument calibration, no response required. (Equipment is discussed in Item 10, Radiation Safety Program.)				No Response is Necessary for this Section
	• Services that involve handling of sealed sources in a shielded container: No response required. (Equipment is discussed in Item 10, Radiation Safety Program.)				No Response is Necessary for this Section
	• Services that involve handling of sealed sources outside a shielded container:	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	– Submit a drawing or sketch of the proposed permanent facility identifying areas where radioactive materials, including radioactive wastes, will be used or stored.				<input type="checkbox"/>
	– Show in the drawings the relationship and distance between restricted areas and adjacent unrestricted areas.				<input type="checkbox"/>
	– Specify in the drawings shielding materials (concrete, lead, etc.) and means for securing radioactive materials from unauthorized removal.				<input type="checkbox"/>
	– Drawings, sketches, diagrams, etc. should indicate the scale or include dimensions on each drawing or sketch.				<input type="checkbox"/>
	– Describe engineered safety systems, e.g., area monitors, interlocks, alarms, etc.				<input type="checkbox"/>

Item No.	Title and Criteria	Yes	No	N/A	Description Attached
9	FACILITIES AND EQUIPMENT (<i>Cont'd.</i>) Permanent Facilities Specifically Identified on the License Requesting the Use of Unsealed or Uncontained Material <ul style="list-style-type: none"> Leak Test and Environmental Sample Analysis Providers: No response required for facilities. (Equipment is discussed in Item 10, Radiation Safety Program.) Other services that involve handling of unsealed radioactive material at permanent facilities or field stations identified on the license: <ul style="list-style-type: none"> Describe the permanent facilities and equipment to be made available at each location where unsealed radioactive material will be used or handled. Include a description of the area(s) assigned for the receipt, storage, security, preparation, handling, waste storage and measurement of radioactive materials. Submit a facility diagram showing the proximity of licensed materials to unrestricted areas. Drawings, sketches, diagrams, etc. should indicate the scale, or include dimensions on each drawing or sketch. Submit a diagram, sketch, or drawing, when applicable, that identifies areas where radioactive materials may become airborne. The diagram should contain descriptions of the ventilation systems, with pertinent airflow rates, filtration equipment, sample collection points, and monitoring systems. Submit a diagram of radioactive waste handling equipment that includes incinerators, compactors, solidification equipment, hold-up tanks, sample collection points, etc. 	No Response is Necessary for this Section			
		<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX C

Item No.	Title and Criteria	Yes	No	N/A	Description Attached
9	<p>FACILITIES AND EQUIPMENT (<i>Cont'd.</i>)</p> <p>Permanent Facilities Specifically Identified on the License Requesting the Use of Unsealed or Uncontained Material (<i>Cont'd.</i>)</p> <ul style="list-style-type: none"> - Describe proposed laundry facilities, if applicable, used for contaminated protective equipment and clothing. Specify how the contaminated waste water from the laundry machines or sinks is disposed. Operating and emergency procedures should address decontamination of the laundry area and equipment. - Describe protective clothing (such as rubber gloves, coveralls, respirators, and face shields), auxiliary shielding, absorbent materials, secondary containers for waste water storage for decontamination purposes, plastic bags for storing contaminated items, etc., that will be available. - Identify specialized handling tools, facility interlocks designed to prevent operation of systems in the event that operation of the system could result in accidental exposure or release of material (e.g., HEPA filters, ventilation system, etc.) or equipment. <p>Temporary Job Site Locations</p> <ul style="list-style-type: none"> • No facility description is required for use of materials at temporary job sites. 			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Need Not Be Submitted With Application			

[illegible]

[illegible]

Item No.	Title and Criteria	Yes	No	N/A	Description Attached
10	RADIATION SAFETY PROGRAM (Cont'd.)				
	Occupational Dosimetry (Cont'd.)				
	OR				
	<ul style="list-style-type: none"> Contract with an outside group for bioassay services. Provide a commitment that each vendor is licensed or otherwise authorized by NRC or Agreement State to provide required bioassay services. 				<input type="checkbox"/>
	Public Dose	Need Not Be Submitted With Application			
	The applicant is not required to, and should not, submit a response to the public dose section during the licensing phase. This matter will be addressed during an inspection.				
	Operating and Emergency Procedures				
	<ul style="list-style-type: none"> Procedure for obtaining an agreement with customers outlining the responsibilities of both the customer and service provider, when performing service operations at a customer's facility 	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Instructions for handling and using licensed materials. 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Instructions for maintaining security during storage and transportation. 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Instructions to keep licensed material under control and immediate surveillance during use. 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Steps to take to keep radiation exposures ALARA. 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Steps to maintain accountability during use. 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Steps to control access to work sites. 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Steps to take and whom to contact when an emergency occurs. 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Instructions for using remote handling tools when handling sealed sources, except low-activity calibration sources. 	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Methods and occasions for conducting radiation surveys, including surveys for detecting contamination. 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Item No.	Title and Criteria	Yes	No	N/A	Description Attached
10	RADIATION SAFETY PROGRAM (<i>Cont'd.</i>)				
	Operating and Emergency Procedures (<i>Cont'd.</i>)				
	• Procedures to minimize personnel exposure during routine use and in the event of an incident, including exposures from inhalation and ingestion of licensed unsealed materials.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Methods and occasions for locking and securing stored licensed materials.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Procedures for the implementation and adherence to good health physics practices while performing service operations:				
	– Minimization of distance to areas, to the extent practicable, where licensed materials are used and stored	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	– Maximization of survey frequency, within reason, to enhance detection of contamination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	– Segregation of radioactive material in waste storage areas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	– Segregation of sealed sources and tracer materials to prevent cross-contamination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	– Separation of radioactive material from explosives	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	– Separation of potentially contaminated areas from clean areas by barriers or other controls.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	• Personnel monitoring, including bioassays, and the use of personnel monitoring equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	• Transportation of licensed materials to temporary job sites, packaging of licensed materials for transport in vehicles, placarding of vehicles when needed, and physically securing licensed materials in transport vehicles during transportation to prevent accidental loss, tampering, or unauthorized removal.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	• Procedures for picking up, receiving, and opening packages containing licensed materials, in accordance with 10 CFR 20.1906.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Instructions for maintaining records in accordance with the regulations and the license conditions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Item No.	Title and Criteria	Yes	No	N/A	Description Attached
10	RADIATION SAFETY PROGRAM (Cont'd.)				
	Operating and Emergency Procedures (Cont'd.)				
	<ul style="list-style-type: none"> Procedures for identifying and reporting to NRC defects and noncompliance as required by 10 CFR 21.21(a) of this chapter. 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Procedures and actions to be taken if a sealed source is ruptured, including actions to prevent the spread of contamination and minimize inhalation and ingestion of licensed materials and actions to obtain suitable radiation survey instruments. 	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Instructions for the proper storage and disposal of radioactive waste. 	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Procedures to be followed in the event of uncontrolled release of radioactive unsealed licensed material to the environment, including notification of the RSO, NRC, and other Federal and state agencies. 	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Procedures for identifying and reporting to NRC defects and noncompliance. See Table 8.4, which describes the typical incident notifications required by NRC regulations. 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX C

Item No.	Title and Criteria	Yes	No	N/A	Description Attached
10	<p>RADIATION SAFETY PROGRAM (Cont'd.)</p> <p>Surveys</p> <ul style="list-style-type: none"> • “We will survey our facility and maintain contamination levels in accordance with the survey frequencies and contamination levels published in NUREG-1556, Vol. 18, ‘Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Service Provider Licenses,’ dated November 2000.” <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • Submit description of alternative method for demonstrating how to evaluate a radiological hazard. <p>Leak Tests</p> <ul style="list-style-type: none"> • “Leak tests, when required by the license, 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 to 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.” <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • “Leak testing will follow the model procedures in Appendix O of NUREG-1556, Vol. 18, ‘Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Service Provider Licenses,’ dated November 2000.” 	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Item No.	Title and Criteria	Yes	No	N/A	Description Attached
10	<p>RADIATION SAFETY PROGRAM (Cont'd.)</p> <p>Leak Tests (Cont'd.)</p> <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> “Leak testing procedures and analysis will be done by the applicant.” Provide the information in supporting a request to perform leak testing. Appendix O of NUREG-1556, Vol. 18, “Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Service Provider Licenses,” dated November 2000, may serve as guidance. <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> “We will provide commercial leak test kits as described in the model leak test kit description in Section 8.9.8 of NUREG-1556, Vol. 18, ‘Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Service Provider Licenses,’ dated November 2000.” <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> “We will provide leak test kits as described in the model leak test kit description in Section 8.9.8 of NUREG-1556, Vol. 18.” Provided is a sample of the leak test kits that will be distributed commercially for each type of sealed source/device combination we plan to provide. 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX C

Item No.	Title and Criteria	Yes	No	N/A	Description Attached
10	RADIATION SAFETY PROGRAM (Cont'd.) Maintenance <ul style="list-style-type: none"> • “We will implement and maintain procedures for conducting routine maintenance of our device according to each manufacturer’s (or distributor’s) written recommendations and instructions.” <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • Alternative procedures are provided for NRC’s review. • “We will have the device manufacturer (or distributor) or other person authorized by NRC or an Agreement State to perform non-routine maintenance on our devices.” <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • Information requested in Appendix P of NUREG-1556, Vol. 18, “Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Service Provider Licenses,” dated November 2000, is provided to support requests to conduct non-routine maintenance procedures. 	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Minimization of Contamination <ul style="list-style-type: none"> • NRC will consider that the criteria for minimization of contamination has been met if the applicant’s responses satisfy the criteria in the following sections: “Radioactive Material – Unsealed and/or Sealed Sources,” “Facilities and Equipment,” “Radiation Safety Program – Safe Use of Radioisotopes and Emergency Procedures,” “Radiation Safety Program – Surveys,” and “Radiation Safety Program – Waste Management.” 	No Response is Necessary for this Section			

Item No.	Title and Criteria	Yes	No	N/A	Description Attached
10	RADIATION SAFETY PROGRAM (Cont'd.)				
	Transportation	No Response is Necessary for this Section			
	No response is needed from applicants during the licensing phase.				
	Waste Management				
	<ul style="list-style-type: none"> • “We will use the model waste procedures published in Appendix N of NUREG-1556, Vol. 18, ‘Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Service Provider Licenses,’ dated November 2000.” 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> • If the applicant wishes to use only selected model procedures, provide a statement that: “We will use the (specify either: (1) Decay-In-Storage; or (2) Disposal of Liquids Into Sanitary Sewerage) model waste procedures that are published in Appendix N of NUREG-1556, Vol. 18, ‘Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Service Provider Licenses,’ dated November 2000.” 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	OR				
	<ul style="list-style-type: none"> • Provided are procedures for waste collection, storage, and disposal by any of the authorized methods described in this section. 				<input type="checkbox"/>
	OR				
	<ul style="list-style-type: none"> • If access to a radioactive waste burial site is unavailable, the applicant should request authorization for extended interim storage of waste. Applicant should refer to NRC IN 90-09, “Extended Interim Storage of Low-Level Radioactive Waste by Fuel Cycle and Materials Licensees,” dated February 1990, for guidance if extended storage is required. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>