

Official Use Only - Security-Related Information

Licensee Name: E. R. Squibb & Sons, Inc.

Mail Control No. 143448 License No. 29-00139-02 Docket No. 03005222 Program Codes(s): 03610

REVIEWER DETERMINATION OF APPLICABILITY OF LICENSING CHECKLISTS

Checklists:	✓ If Applicable	✓ If Not Applicable
(b)(7)(F)		
Basis for Confidence		X
Pre-Licensing Visit		X
Renewal - Performance Evaluation		X
Renewal - Limited Review		X
Identification of Significant Licensing Action	X	

Signature and Date Required:

Betsy Ullrich

/ RA /

3/24/09

Reviewer

Date

Information in this record was deleted in
accordance with the Freedom of Information Act.
Exemptions 207-0063
FOIA/PA

F/16

~~Official Use Only - Security-Related Information~~

Licensee Name: E. R. Squibb & Sons, Inc.

Mail Control No. 143448 License No. 29-00139-02 Docket No. 03005222 Program Codes(s): 03610

(b)(7)(F)

Signature and Date for Step 1:

/ RA /

Reviewer

Date

Revised 10/28/08

~~Official Use Only - Security-Related Information~~

Licensee Name: E. R. Squibb & Sons, Inc.

Mail Control No. 143448 License No. 29-00139-02 Docket No. 03005222 Program Codes(s): 03610

(b)(7)(F)

Signatures and Dates for Step 2:

_____ Reviewer	_____ / RA /	_____ Date
_____ Supervisor	_____ / RA /	_____ Date

Official Use Only - Security-Related Information

Licensee Name: E. R. Squibb & Sons, Inc.

Mail Control No. 143448 License No. 29-00139-02 Docket No. 03005222 Program Codes(s): 03610

**Checklist to Provide a Basis for Confidence that Radioactive Materials
will be Used as Specified on the License**

(b)(7)(F)

Signature and Date for Step 1:

/ RA /

Reviewer

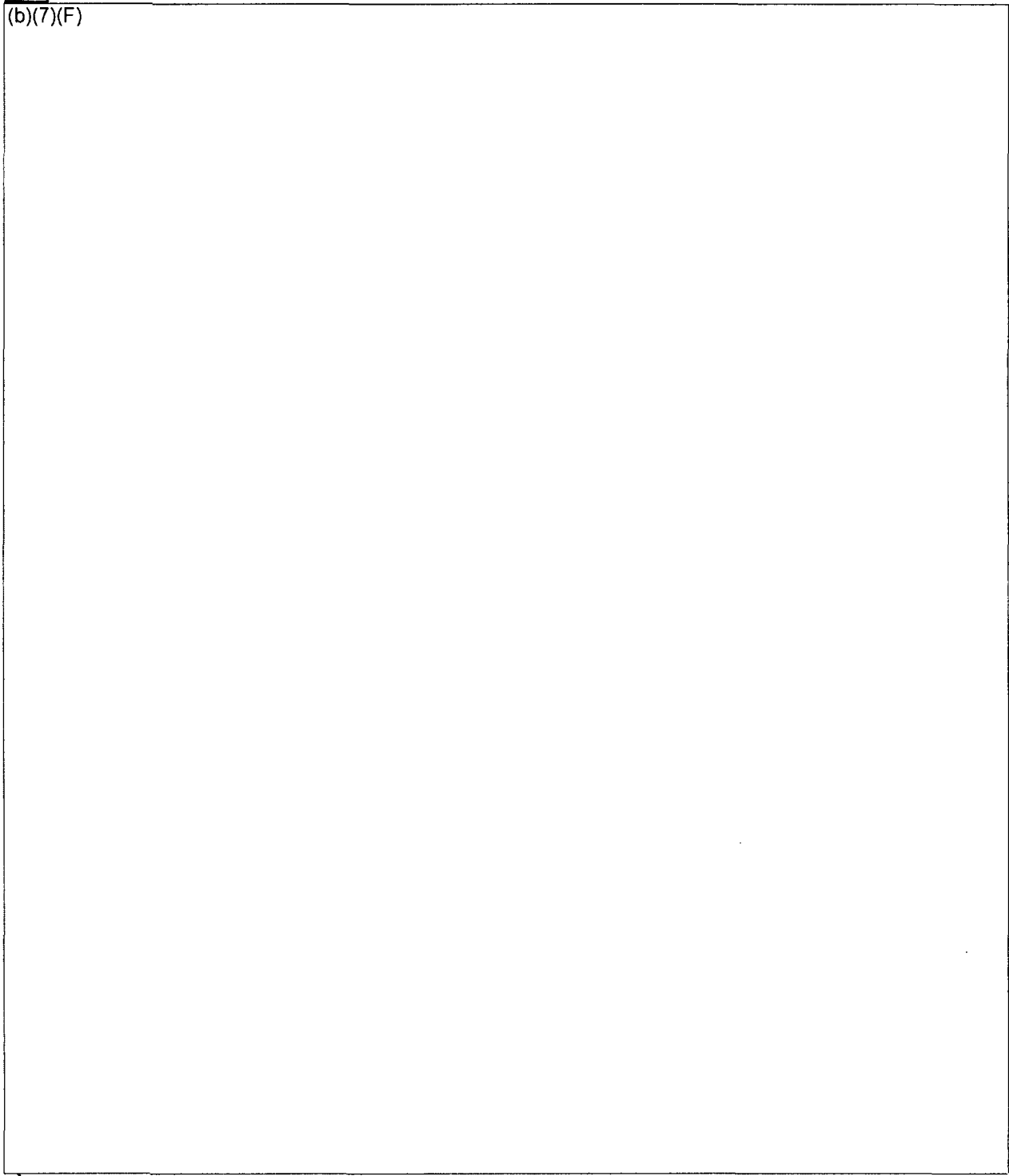
Date

~~Official Use Only - Security-Related Information~~

Licensee Name: E. R. Squibb & Sons, Inc.

Mail Control No. 143448 License No. 29-00139-02 Docket No. 03005222 Program Codes(s): 03610

(b)(7)(F)



~~Official Use Only - Security-Related Information~~

Licensee Name: E. R. Squibb & Sons, Inc.

Mail Control No. 143448 License No. 29-00139-02 Docket No. 03005222 Program Codes(s): 03610

(b)(7)(F)

Signatures and Dates for Step 2:

_____ Reviewer	_____ / RA /	_____ Date
_____ Supervisor	_____ / RA /	_____ Date

Official Use Only - Security-Related Information

Licensee Name: E. R. Squibb & Sons, Inc.

Mail Control No. 143448 License No. 29-00139-02 Docket No. 03005222 Program Codes(s): 03610

(b)(7)(F)

Signatures and Dates for Step 3:

_____ Reviewer	_____ / RA /	_____ Date
_____ Supervisor	_____ / RA /	_____ Date

~~Official Use Only - Security-Related Information~~

Licensee Name: E. R. Squibb & Sons, Inc.

Mail Control No. 143448 License No. 29-00139-02 Docket No. 03005222 Program Codes(s): 03610

Attachment 4

Pre-Licensing Visit Record

Date(s) of site visit: _____

Item A. Applicant Personnel Contacted During the Pre-Licensing Visit:

Name	Title
1.	
2.	
3.	
4.	
5.	

Item B. Summary of Observations, Findings, and Conclusions (see Attachment 3)

Business Operations	
Facility – Visit all storage and use locations identified on the application	
Radiation Safety Operations	
Personnel	
Overall Assessment	

Signatures and Dates for Pre-licensing Visit:

_____ Reviewer	/ RA / _____ Date
_____ Supervisor	/ RA / _____ Date

Licensee Name: E. R. Squibb & Sons, Inc.

Mail Control No. 143448 License No. 29-00139-02 Docket No. 03005222 Program Codes(s): 03610

C.1

APPENDIX C

PERFORMANCE EVALUATION OF RENEWAL APPLICANT

Official Agency Record

Records for the 5 years preceding this renewal application were reviewed and/or appropriate staff were interviewed with respect to the following performance indicators:

Performance Indicator	Conclusion	If YES, explain
Escalated Enforcement, or OI or OIG investigation occurred or ongoing	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Lost control of licensed materials presumed in public domain that is reportable or resulted in a violation	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Unauthorized disposal or release of material that is reportable or resulted in a violation	Yes <input type="checkbox"/> No <input type="checkbox"/>	
An overexposure that resulted in a violation	Yes <input type="checkbox"/> No <input type="checkbox"/>	

If any of the above items are checked "YES," perform a Comprehensive Review using the applicable guidance contained in NUREG-1556. If all boxes are checked "NO," perform a Limited Review. An exception must be approved by a supervisor, documented on this form, or a copy of the documentation must be attached to this document for placement in the docket file.

Additional Information or Explanation of Exception:

The review should be:

☐

Comprehensive

☐

Limited

/ RA /

/ RA /

Reviewer / Date

Supervisor / Date
(if exception granted)

~~Official Use Only - Security-Related Information~~

Licensee Name: E. R. Squibb & Sons, Inc.

Mail Control No. 143448 License No. 29-00139-02 Docket No. 03005222 Program Codes(s): 03610

C.2

APPENDIX C

RENEWAL - LIMITED REVIEW CHECKLIST

Official Agency Record

Use either a check mark to designate a satisfactory response, "NA" to designate not applicable or "D" to designate deficiency, as appropriate. Document areas receiving a focused or thorough review at the end of the checklist.

- ☐ NRC-313 or appropriate equivalent signed and dated by senior licensee representative.
- ☐ Check the possession limits and confirm that any decommissioning financial assurance remains
- ☐ Licensee name and address match the current license.
- ☐ Place of use is a physical location (i.e., not P.O. Box, etc.)
- ☐ RSO and key personnel are appropriately qualified.
- ☐ Facilities and equipment are adequate.
- ☐ All uses qualify for a categorical exclusion in 10 CFR Part 51.
- ☐ Organizational structure conforms with applicable regulations and NUREG-1556 guidance. Reviewers are reminded licensees have the flexibility to provide information equivalent to that requested in NUREG-1556. (Appropriate individuals are present and are assigned necessary authority & responsibility.)
- ☐ New authorizations requested by the licensee and any major program elements that require change as a result of the new authorization structure conform with applicable regulations and NUREG-1556 guidance.
- ☐ Inspection records reviewed for issues to be resolved during licensing.

RENEWAL - LIMITED REVIEW CHECKLIST

(Continued)

Major program changes, new high risk technology programs, and changes in control (ownership) normally require only a focused review of the specific changes. If these changes are so extensive that a Comprehensive Review of the entire application is needed, obtain Branch Chief approval before proceeding. Each of the following three items must be marked with NA or a check and the change briefly identified.

- ___ Major program change conforms with applicable regulations and NUREG-1556 guidance.
- ___ New high risk technology program conforms with regulations for similar technologies, guidance provided for similar technologies in NUREG-1556 guidance, and specific licensing conditions for the new technology.
- ___ Change in Control (Ownership) conforms with applicable regulations and NUREG-1556 guidance.
___ NOTE; Financial assurance documents can be affected by change of ownership.
- ___ A brief overview of the remainder of the application found that the major areas discussed in the guidance on the contents of the application from the appropriate NUREG-1556 series are present.
- ___ An obvious failure or a deficiency in a significant area resulted in a thorough review of that area.
___ Document below.
- ___ Additional information was requested, and an adequate response was received (circle request as appropriate: phone log / e-mail / fax / letter / _____).
- ___ A Comprehensive Review was conducted, and the reason for changing from a Limited Review to a Comprehensive Review is documented on the "performance and Limited Review Check Lists."

Area(s) of Focused or Thorough Review:

IDENTIFICATION OF SIGNIFICANT LICENSING ACTION POSSIBLE NEED FOR ONSITE INSPECTION PRIOR TO ROUTINE INSPECTION

Official Agency Record

An onsite inspection of the licensee identified above must be considered due to a recent significant licensing action involving one or more of the criteria described below. Additional information is attached (if needed).

Check all that apply:

<input type="checkbox"/>	Increased types and uses
<input type="checkbox"/>	Physical move or temporary job site
<input type="checkbox"/>	Authorization of satellite facilities
<input type="checkbox"/>	Increased disposal authorization
<input type="checkbox"/>	Significant increase in number of authorized users
<input checked="" type="checkbox"/>	Change in Radiation Safety Officer

Date of Last Inspection: March 2008 Results (Clear, #NOVs): Clear

Date of Next Scheduled Inspection: March 2011

Reviewer Recommendation and Justification

<input type="checkbox"/>	Change:	
<input checked="" type="checkbox"/>	No Change:	<u>New RSO has been part of the radiation safety program for nearly ten years</u>

License Reviewer Approval: Betsy Ullrich / RA / Date: 3/24/09

Change date of Next Inspection?

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes - Next Inspection Date: _____

Branch Chief Approval:

(Approval is only required when "Next Inspection Date" is recommended to be changed)

/ RA / Date: _____