

BECKMAN

BECKMAN INSTRUMENTS, INC.
EXECUTIVE OFFICES

2500 Harbor Boulevard, Box 3100, Fullerton, California 92634 • Telephone: (714) 871-4848 • TWX: 910-592-1260 • Telex: 06-78413

April 4, 1985

Ms. B. J. Holt
U. S. NRC Region III
799 Roosevelt Rd.
Glen Ellyn, Ill. 60137

Re: Control #18171 and 18179

Dear Ms. Holt,

As per your request, enclosed please find a copy of the RSPP-18 which describes the responsibilities of a Facility Radiation Safety Officer. The selection criteria for the Facility Radiation Safety Officer can be found on page 25 of the Beckman Radiation Safety Manual.

Also enclosed is Mr. Brohl's Statement of Training and Experience.

Sincerely,



David Han
Corporate Radiation
Safety Officer

DH/tc

Enclosures

RECEIVED

APR 19 1985

REGION III

8506050716 850515
REQ3 LIC30
12-15201-036 PDR

APR 19 1985

STATEMENT OF TRAINING AND EXPERIENCE

Instruction: Every individual proposing to use radioactive material is required to submit a Statement of Training and Experience.

1. Name of proposed user George Brohl Position title Facility RSO
Address 3311 N. Kennicott Ave. City Arlington Hts., State IL Zip 60004
To be included on Authorization No. _____ Issued To _____

2. Description of proposed use

3. Training

- a. High School Graduate: Yes ☒ No ☐ Wayne State Univ., Detroit; Xavier Univ., Cincinnati;
b. College or University: Name and location Long Beach City College, CA; UCLA, Los Angeles
Years completed 2 Degree _____ Course of study Chemistry
c. Education specifically applicable to use of radioactive material

30 Units of Chemistry

4. Experience

- a. List experience with radioactivity beginning with most recent

(1) Dates: From Nov., 1975 to Jan., 1979

Title and duties: Field Sales Rep., Demonstrated Liquid Scintillation and Gamma Analyzers.

Employer: _____ Address: _____

(2) Dates: From _____ to _____

Title and duties: _____

Employer: _____ Address: _____

(3) Dates: From _____ to _____

Title and duties: _____

Employer: _____ Address: _____

b. Radioactive materials previously used. Cite typical radioisotopes in appropriate box and key to Part 4a., on reverse side:

Quantities Handled				
	Microcuries	Millicuries	Curies	Kilocuries
Sealed sources	^{125}I			
Unsealed alpha emitters	^3H ^{14}C			
Unsealed beta-gamma emitters				
Neutron sources				


c. Describe procedures similar to those proposed in Part 2 with which you have had experience. Indicate months or years for each and key to Part 4a., on reverse side.

d. Indicate which types of facilities you have used and key to Part 4a., on reverse side.

- ☒ Ordinary Chemical laboratories.
- ☐ "Controlled Area" (Type B) laboratories.
- ☐ Glove boxes.
- ☐ Shielded glove boxes.
- ☐ Caves with remote manipulators.
- ☐ Field operations with portable equipment.

5. Certificate

I hereby certify that all information contained in this Statement is true and correct.



 SIGNATURE

 DATE

George Brohl

FRSO RESPONSIBILITIES

RSPP-18

I SUPPORTING THE AUTHORIZED USER

A. Authorization to Use RAM

1. Accuracy and completeness of statements.
2. Assist in making changes.
 - a) Evaluate necessity.
 - b) Consult with EH & RSO.
3. Assure compliance.
 - a) User's understanding of:
 - 1) Use of radioactive material.
 - 2) Written procedures.
 - b) Conditions of authorization.
 - c) Conditions of Associated Licenses.

B. Inventory Control

1. Approve procurement.
 - a) Review current inventory, including accumulated waste.
 - b) Compare request and current inventory with authorized limits.
2. Review discrepancies in received material and resolve with user and/or vendor.
3. Maintain separate Finished Goods and Demonstration Inventories
4. Provide and maintain License Verification List to User.
5. Maintain Sealed Source Inventory Accuracy and Location of Sources.

C. Posting and Labeling

1. Current.
2. Correct.
3. Availability from EH & RSO of Signs, Labels, and Tags.
 - a) Notices, Instructions, etc.
 - b) Standards for Protocol.
 - c) License and documents.
 - d) Notice of availability of above.
 - e) Vials, etc.

D. Emergency Actions

1. Notification of Incident.
 - a) Authorized user.
 - b) EH & RSO.
 - c) Regulatory agency.
2. Assessment of Incident.
 - a) Personnel emergency.
 - b) Emergency alert.
 - c) Plant emergency.
 - d) Site emergency.
 - e) General emergency.
 - f) Product emergency.
3. Direct Emergency Response.
 - a) Inform civil response teams of hazards.
 - b) Relate conditions to First Aid and Medical personnel.

- c) Supervise personnel and Environmental Monitoring.
- d) Assess need and methods of decontamination.
- e) Authorize reentry.
- f) Report incidents.

E. Waste Disposal

- 1. Assure proper methods.
 - a) Liquid waste.
 - b) solid waste.
- 2. Assure that waste is inventoried.
 - a) Master inventory.
 - b) Waste container.
- 3. Assure proper transfer.
 - a) Waste disposal contractor.
 - 1) Contractor's license.
 - 2) Burial certificate.
 - 3) Proper container.
- 4. Access Control.
 - a) Authorized personnel.
 - b) Container.
 - c) Area.

II SURVEYS AND TESTS

- A. Storage and Use of Radioactive Material.
 - 1. Location.
 - 2. Control.

B. Environmental Surveys.

1. Radiation Surveys.
2. Smear Surveys.
3. Air Monitoring.

C. Leak testing of Sealed Sources.

D. Instrument calibration.

1. Survey meters.
2. Measuring devices.

III RECORDS

A. Authorization Records.

1. Application for Authorization.
2. Authorization to Use.
3. Statement of Training and Experience for User and each Staff Member.

B. Radioactive Material Licensing.

1. License application.
2. Original of license.

C. Inventory Records.

1. User's inventory.
 - a) Receipts.
 - b) Stock.
 - c) Transfers.
 - d) Drop-ship transfers.
 - e) Disposal

2. FRSO. .

- a) Master inventory.
- b) License verification.
- c) Waste Disposal.

D. Environmental Monitoring and Survey Records.

E. Incident histories.

F. Personnel Monitoring Records.

G. Instrument Calibration Records.

H. Leak Test Records.

I. Records to EH & RSO.

- 1. Environmental monitoring and survey records.
- 2. Inventory summary.

CONVERSATION RECORD

TIME
11:00DATE
11/16/84

TYPE

☐ VISIT☐ CONFERENCE☒ TELEPHONE☐ INCOMING☒ OUTGOING

ROUTING

NAME/SYMBOL INT

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT
WITH YOUORGANIZATION (Office, dept., bureau,
etc.)

TELEPHONE NO.

Phyllis Barton

Beckman

7141
871-4848

SUBJECT

Appointment Requests

Control Nos 18171 and 18179

SUMMARY

I requested the following info:

a) A description of the responsibilities/duties associated with the Facility Radiation Safety Officer's position.

b) A description of the training that Mr. Brohl has received to enable him to carry out the duties of the Facility Radiation Safety Officer.

ACTION REQUIRED

30 day response

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

B J Holt

11/16/84

ACTION TAKEN

SIGNATURE

TITLE

DATE

BECKMAN

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EXECUTIVE OFFICES

2500 Harbor Boulevard, Box 3100, Fullerton, California 92634 • Telephone: (714) 871-4848 • TWX: 910-592-1260 • Telex: 06-78413

OFFICE OF
VICE PRESIDENT-LEGAL

September 20, 1984

Mr. John W. N. Hickey
United States Nuclear
Regulatory Commission
Material Licensing Branch
Division of Fuel Cycle
and Material Safety
Washington, D.C. 20555

Applicant	
Check #	2157630 (7/20)
Amount Fee	\$60 (760 applied to en)
Type of Fee	3K and
Date Check Rec'd	10/30/84 18179
Received By	CB

Re: Modification of License
Beckman Instruments, Inc.
3311 Kennicott Ave., Arlington Hts., IL
License Numbers 12-15201-02 and 12-15201-03G

03013340

Dear Mr. Hickey,

Please amend the subject licenses by substituting George Brohl for David Murchow as the facility's Radiation Safety Officer. A Statement of Training and Experience is enclosed for Mr. Brohl.

Sincerely,

Jack E. Sorokin
Jack E. Sorokin
Senior Staff Attorney

84 SEP 24 13:22

84 SEP 26 10:40
U.S. N.R.C. BRANCH
FEE MGMT.

RECEIVED

Enclosure: As Noted Above
Certified Mail - Return Receipt Requested

cc: Mr. George Brohl
Beckman Instruments, Inc.
Arlington Heights, IL.

Dupe 8506040372

18171

Radiologic Health Branch
744 P Street
Sacramento, California 95814

STATEMENT OF TRAINING AND EXPERIENCE

(Use additional sheets as necessary)

Instruction: Every individual proposing to use radioactive material is required to submit a Statement of Training and Experience in duplicate to the address given above. Physicians should request Form RH 2000 A when applying for human use authorizations.

1. Name of proposed user: George Brohl Position title: Facility RSO
Address: 3311 N. Kennicott Ave. City: Arlington Hts., Zip: 60004
To be included on Lic. No. _____ in name of _____
2. Description of proposed use

3. Training:

- a. High School Graduate: Yes X No _____
- b. College or University: Name and location Wayne State U., Detroit; Xavier U., Cincinnati;
Long Beach City Coll., CA; UCLA, Los Angeles
Years completed 2 Degree _____ Course of study Chemistry
- c. Education specifically applicable to use of radioactive material

30 units of chemistry

4. Experience:

- a. List experience with radioactivity beginning with most recent
- (1) Dates: From Nov., 1975 to Jan., 1979
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Title and duties: _____
Employer: _____ Address: _____
- (3) Dates: From _____ to _____
Title and duties: _____
Employer: _____ Address: _____

- b. Radioactive materials previously used. Cite typical radioisotopes in appropriate box and key to Part 4.a above:

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Sealed sources	125 _I			
Unsealed alpha emitters				
Unsealed beta-gamma emitters	³ H ¹⁴ C			
Neutron sources				

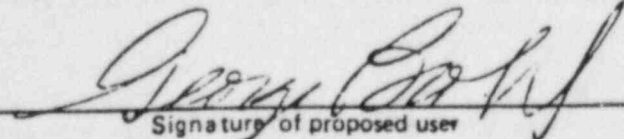
- c. Describe procedures similar to those proposed in Part 2 with which you have had experience. Indicate months or years for each and key to Part 4.a above.

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☐ Glove boxes
☐ Shielded glove boxes
☐ Caves with remote manipulators
☐ Field operations with portable equipment

5. Certificate:

I hereby certify that all information contained in this Statement is true and correct.



 Signature of proposed user

 7-22-83
 Date