

STATE OF INDIANA



INDIANAPOLIS, 46204

DEPARTMENT OF CIVIL DEFENSE

90 STATE OFFICE BUILDING
100 NORTH SENATE AVENUE

TELEPHONE: (317) 232-3830

January 14, 1985

Mr. William J. Adam, P.H.D.
Material Licensing Section
Nuclear Regulatory Commission
Region III
799 Roosevelt Road
Glen Ellyn, Illinois 60137

Dear Sir:

This is in reference to your letter of December 17, 1984.

In response to question I, the instruments we will calibrate ourselves will be Civil Defense use equipment for detection only. The instrument which will be used by this department for the purpose of leak testing and area surveys is the Johnson GSM-5. This instrument is calibrated annually by Southeastern Atomic Laboratories, Gainesville, Florida.

In reference to question #3, concerning the use of pocket dosimeters, we recommend the use of pocket dosimeters if they are available. However, when using the CDV-792, FEMA Training Source Set, total will not be exceeded as per N.R.C. regulations 20.202.

Response to question #3, the Radiation Safety Committee will assure the source set storage locations will be sufficient to prevent unauthorized removal as well as ensure that radiation levels from stored sets will not exceed part 20 limits.

In response to your question #4, we have redesigned our custodian-Source Set Log Sheet. A copy of this form is attached. This sheet will serve as a recorded history of the use of each source set. This form will be maintained with each source set and then returned to this office each quarter.

Finally, we can assure you that any maintenance or repair performed on our instrument calibrators will be handled by the manufacturer or other agent licensed by the N.R.C.

If you have any further questions, please feel free to contact this office. Thank you for your consideration.

Sincerely,

William J. Patterson
Director

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CUSTODIANS LOG SHEET

USE OF CIVIL DEFENSE SOURCE SET TO BE KEPT BY
SOURCE CUSTODIAN

THIS LOG SHEET IS TO BE SUBMITTED QUARTERLY
ALONG WITH THE LEAK TEST RECORD

Initial Each:

Source Set Serial No. _____

Number of Sources _____

Custodian _____

ALL CAPSULES
ACCOUNTED

ALL CAPSULES
LEAK TESTED

TAGS, RINGS
REPLACED

Signature of
Source User

Remarks:
Leak Test Results, Other

DATE: