

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - James Mullauer

SUBJECT: VOIDED APPLICATION

Control Number: 302127
Applicant: Elite Inspection Service Co. Inc.
License Number: 13-26712-01
Docket Number: 030-34105
Date Voided: 1/30/97
Reason for Void: Duplicate request to CN 302025.
No review performed. Fee refund
is due.

James Mullauer 1/30/97
Signature Date

Attachment:
Official Record Copy of
Voided Action

FOR LFMB USE ONLY

- ☒ Refund Authorized and processed
☐ No Refund Due
☐ Fee Exempt or Fee Not Required

Comments: _____

Log completed ☒

Processed by: SAC 2/21/97

ML
30
SD

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 03320
Status Code: 0
Fee Category: 30 2B
Exp. Date: ~~40021462~~ 20010731
Fee Comments:
Decom Fin Assur Req: N

R8
VOID

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ELITE INSPECTION SERVICE CO., INC.
Received Date: ***** 96/21
Docket No: 3034105
Control No.: ~~604254~~ 302127
License No.: 13-26712-01
Action Type: Amendment

2. FEE ATTACHED

Amount:
Check No.:

3. COMMENTS

Signed D. Hersey
Date 12-16-96

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered ☒)

1. Fee Category and Amount:

30 2B \$720

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

Amendment ☒
Renewal ☐
License ☐

3. OTHER

Signed SC
Date 1/22/97

JAN 28 1997

Log	<u>Dec 7 III</u>
Remitter	<u> </u>
Check No.	<u>2611</u>
Amount	<u>\$720</u>
Fee Category	<u>30 2B</u>
Type of Fee	<u>AMD</u>
Date Check Rec'd	<u>1/22/97</u>
Date Completed	<u> </u>
By:	<u>SC</u>

Refund
#720
2/24/97

1996 DEC 19 PM 3:21



Non - Destructive Testing

NRC REGION III
801 WARRENVILLE ROAD
LISLE, ILLINOIS 60532-4351

Dear Loren Hueter:

Enclosed you will find the following documentation for certifications for Jason Kleine. This meets the NRC and Elite Inspections Certification of Non-Destructive Testing Personnel for the Radiographic Inspection method. We appreciate your cooperation in this matter and should you have any questions or concerns following this matter, please contact me at 219-942-5074.

Respectfully Submitted,

Raymond Zuran
Radiation Safety Officer
Elite Inspection Service

RECEIVED
DEC 11 1996
REGION III

Pm: 12-10-96

725 Colonial Drive • Hobart, IN 46342
(219) 942-5074

302127



CERTIFICATION

**SNT-TC-1A
Level II**

THIS IS TO CERTIFY THAT


JASON KLEINE

has satisfied in full the requirements
of SNT-TC-1A for Level II
in the following method

RADIOGRAPHIC INSPECTION

Given this 17TH day of October, 1996




John Smith, President
Elite Inspection Services, Inc.



NONDESTRUCTIVE TESTING PERSONNEL

CERTIFICATION

NAME: MR. JASON KLEINE

DATE: OCTOBER 17TH, 1996

S.S. NO.: 311 - 96 - 4061

The above named individual meets the necessary educational and vision requirements and has completed the required hours of training in accordance with Elite Inspection's Procedure EI-PQC-1 meeting the requirements of ASNT's Document SNT-TC-1A for the Training, Qualification and Certification of Nondestructive Testing Personnel in the Radiographic Inspection Method and has passed the General and Specific written examinations and has demonstrated satisfactory performance in a Practical examination conducted in accordance with procedures as recorded below for Level II competency:

RESULTS OF EXAMINATION

GENERAL:

Score in % (Gg) 71.25% X Percentile Weight (Wg) .3 = 21.37

SPECIFIC:

Score in % (Gs) 81.66% X Percentile Weight (Wg) .3 = 24.50

Practical:

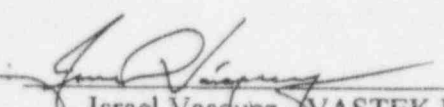
Score in % (Gp) 100.00% X Percentile Weight (Wg) .4 = 40.00

Composite Grade (Gc) = 85.87%


Documented verification of education, training, visual acuity and written examinations shall be maintained on file at the offices of Elite Inspection Service Co., Inc.

Expiration date of certification: October 17th, 1999

Examiner:


Israel Vasquez VASTEK NDT
SNT-TC-1A Level III

Certifier:


John Smith, President Elite Inspection



Non - Destructive Testing

Radiation Safety Certification
Examination Cover Sheet - NRC

☒ Radiographer

☐ Radiographer Trainee
(Radiographers' Assistant)

Certification Number _____

Individual's Name JASON KLEINE Date 10.17.96

SSN 311-96-4061 DOB 4-15-74

Location HOBART, IN

Signature [Signature]

General Examination

.3

88% (26.4)
Percentage Grade

Specific Examination

.3

97.2% (29.1)
Percentage Grade

Practical Examination

100% (40.0)
Percentage Grade

Examination Administered By: Raymond Zeman

Examination Graded By: Raymond Zeman

Date 10.17.96

Certification Approved By: Raymond Zeman

Corporate Radiation Safety Officer

Date 10.17.96

CERTIFICATION OF RADIATION SAFETY TRAINING
FOR PREVIOUSLY TRAINED RADIOGRAPHERS

- I. Radiographer JASON KEINE Date of Hire 9-2-96
Date of Birth 4-15-74 Social Security No. 31-96-4061 Jobsite ELITE HOBART, IN
- II. The above named Radiographer has been licensed previously to use radioactive sources as a fully qualified radiographer prior to employment with Elite Inspection Service Co., Inc. However, to insure that the individual has received adequate safety training prior to being designated as a qualified Radiographer, the following training and examination were given:
1. Informative instruction on Company's Operating and Emergency Procedures, instruments, sources, devices and equipment used in the course of their duties in Radiography.
(Shall include NRC Case Histories)
No. of Hrs. 4 Date 9-30-96
4 10-7-96
 2. Passed a written examination to determine their knowledge of topics outlined in the Company's Training Procedure (Section VII) and O&E P.
Date 10-17-96 Exam Score Gen. Prac 88% 97.21%
 3. Demonstrated satisfactorily their competence to perform Industrial Radiography and use the necessary related tools and equipment associated with such operations.
Date 10-16-96 Exam Score Prac. 100%
 4. Received instructions in the Company's Material License, O&E P, and State and/or Federal Regulations for Control of Radiation.
Date 10-7-96
- III. Previous training and experience as a Radiographer using Radioactive Sources as follows:
1. Received formal instruction on topics outlined in the Company's Qualification/Training Procedure.
Company CONAM INSPECTION Date 9-13-96
 2. Was first qualified as a Radiographer at:
(Company) CONAM INSPECTION Date 9-13-96
 3. Have worked as a Radiographer for the following Company on the dates shown:
*****Report additional experience on the back of this form*****
- IV. I hereby certify the above information is correct to the best of my knowledge.
- Signature of Radiographer Jason H. Keine Date 10-17-96
Individual Administering Training/Exam Raimond Zwaan Date 10-17-96
Approved by the Corporate RSO R. Zwaan Date 10-18-96



Non - Destructive Testing

RECORD OF RECEIPT Copies/Instruction/Training

This form "Record of Receipt" lists the material(s) presented and training issued to employees of Elite Inspection Service Co., Inc..

The individual signed below has received copies, instructions, and training covering the following items:

- 1) ☒ State Radioactive Material License Amendment Number 1
- 2) ☒ NRC Radioactive Material License Amendment Number 13-26712-01
- 3) ☒ Agreement State Regulations ILLINOIS /
- 4) ☒ USNRC Regulation 10CFR Parts: [19], [20], [21], and/or [34]
- 5) ☒ Radiation Safety Program (Operating Emergency Procedures)
- 6) ☒ Film/TLD Badge and Dosimeter Instruction
- 7) ☒ Training in the transfer, packing and transport of radioactive material
- 8) ☒ Radiographic Exposure Device Training
- 9) ☒ Company Policy
- 10) Other

Copies, instructions and training administered by:

Individual Raymond Zeman Date 10-7-96

I acknowledge receipt of the above listed item(s) and completion of review, instructions and training.

Date Received

I agree to abide with the requirements contained in the above noted items received.

Employee Signature [Signature] Date 10-7-96



Non - Destructive Testing

RADIOGRAPHIC DEVICE TRAINING

The undersigned individual has received training and demonstrated competence to use radiographic exposure devices (noted below), sealed sources, related handling tools, and radiation survey instruments which will be employed in their assignments.

TYPE(S) OF RADIOGRAPHIC EXPOSURE DEVICES

Manufacture	<u>Auerkham EXP. Dev.</u>	Model	<u>660 B</u>	Date	<u>10-16-96</u>
Manufacture	<u>CONTROL CABLE</u>	Model	<u>1</u>	Date	<u>1</u>
Manufacture	<u>GUIDE TUBE</u>	Model	<u>1</u>	Date	<u>1</u>
Manufacture	<u>COLLIMATOR</u>	Model	<u>1</u>	Date	<u>10-16-96</u>
Manufacture	<u>SIEMENS FILM BADGE</u>	Model	<u>011</u>	Date	<u>1</u>
Manufacture	<u>SURVEY METER</u>	Model	<u>NDS 2000</u>	Date	<u>1</u>
Manufacture	<u>RATE ALARM</u>	Model	<u>NDZ RA 500</u>	Date	<u>1</u>
Manufacture	<u>DOSIMETRY</u>	Model	<u>SAPHIRO PHS 500S</u>	Date	<u>10-16-96</u>
Manufacture	_____	Model	_____	Date	_____
Manufacture	_____	Model	_____	Date	_____

Radiographer *Jason W. Kleiner* Date 10-16-96

Date _____

Radiographer Trainee _____ Date _____
(Radiographers' Assistant)

_____ Date _____



TO: Elite Inspection Service Co., Inc. - Employees
FROM: Corporate Radiation Safety Officer
SUBJECT: Reg. Guide 8.36
"Radiation Dose to the Embryo/Fetus"

During the course of your employment with Elite Inspection Service Co., Inc., you may be assigned to operations involving occupational radiation exposure. This would include working with radiography, as well as any inspector/technician working at an operational nuclear plant or other operations where you are required to enter radiation control areas.

This memo is to advise all employees of potential risks to the unborn in the event of occupational radiation exposure during the period of pregnancy.

The subject regulatory guide is provided for your information and evaluation of the potential risk. If you have any questions concerning this information, please contact the Corporate Radiation Safety Officer (219) 947-2573.

If you do not want to accept this potential risk, please inform your supervisor in writing and/or the undersigned so that you will not be assigned to work in controlled radiation areas. Also if you are a female, are pregnant, and are assigned to work in radiation areas, we recommend you notify your supervisor and/or the undersigned. In the event you announce (pregnancy) and if requested (in writing), the Company will make every reasonable effort to adjust your work assignment to control your radiation exposure to less than 500 mrem (5 mSv) over the period of your pregnancy.

Please sign the bottom of this memo to acknowledge receipt of your material and return (signed memo only) to your supervisor for forwarding to the Corporate Radiation Safety Officer.

Raymond A. Zuran
Corporate Radiation Safety Officer

I acknowledge receipt of the enclosed material.


Signature

10-7-96
Date

Class Roster

Radiation Safety Class - CONAM Inspection

July 31, 1993 thru Sept 11, 1993

Name	Social Security Number
Timothy Creighton	335-54-9808
Steve Cutler	
Roger Dozier	307-98-2292
Robert Heinek	
Jason Kleine	311-96-4061
Tim Krill	317-52-8949
Shane Maher	313-82-8863
Matt Manoski	317-78-2143
Ken Morris	306-04-3506
John Mula	432-53-5193
John Rolsh	
Jim Sitar	304-92-9731
Sean Travis	316-92-3525
Charles Waywood	

Note: Only those persons listed above with social security numbers have completed the required 40.0 hours of instruction.

Examination Sheet

Radiation Safety - CONAM Inspection

Name	Time	Problem Solving			Survey Meter		Camera Set-up	Quizzes			Final	
		Distance	Shielding	Verification	Daily Inspection	Calibration		1	2	3	Part I	Part II
Creighton, Tim	✓	✓	✓	✓	OK	OK	OK	Pass	Pass	Pass	Pass	Pass
Dozier, Roger	✓	✓	✓	✓	OK	OK	OK	Pass	Fail	Pass	Fail	Fail
Heinek, Bob	✓	✓	✓	✓	OK	OK	OK	Pass	Pass			
Kleine, Jason	✓	✓	✓	✓	OK	OK	OK	Pass	Pass	Pass	Pass	Pass
Krill, Tim	✓	✓	✓	✓	OK	OK	OK	Pass	Pass	Pass	Pass	Pass
Maher, Shane	✓	✓	✓	✓	OK	OK	OK	Pass	Pass	Pass	Pass	Pass
Manoski, Matt	✓	✓	✓	✓	OK	OK	OK	Pass	Fail	Pass	Fail	Pass
Morris, Ken	✓	✓	✓	✓	OK	OK	OK	Pass	Pass	Pass	Fail	Fail
Mula, John	✓	✓	✓	✓	OK	OK	OK	Pass	Pass	Pass	Pass	Fail
Sitar, Jim	✓	✓	✓	✓	OK	OK	OK	Pass	Fail	Pass	Pass	Pass
Travis, Sean	✓	✓	✓	✓	OK	OK	OK	Pass	Pass	Pass	Pass	Fail
Waywood, Charles				✓	OK	OK	OK	Pass	Pass			

Legend:

- ✓ indicates presence when problems worked on in class.
- OK indicates satisfactory completion of checklist items.
- Pass indicates a score of 70% or better on Quizzes/Final.
- Fail indicates a score below 70% on Quizzes/Final.
- A blank space indicates item not accomplished.

Instructor: Raymond D. Zuehlke

Moraine Valley Community College

Signature: Raymond D. Zuehlke

Date: 13 SEPT 93



STATE OF ILLINOIS
DEPARTMENT OF NUCLEAR SAFETY
1035 OUTER PARK DRIVE
SPRINGFIELD, IL 62704
(217) 785-9900

Thomas W. Ortiger
Director

Jim Edgar
Governor

August 2, 1995

JASON KLEINE
5302 W. 113TH AVENUE
CROWN POINT, IN 46307-0000

DEAR MR. KLEINE:

On June 15, 1995, you were examined in Industrial Radiography in the categories of both RADIOACTIVE MATERIALS and X-RAY MACHINES. I am pleased to inform you that you have passed the examination with a score of 75.

Your pending application for certification has been processed and your certification card is enclosed. Should you have any questions, please call me at 217/785-9915. Congratulations on your accomplishment in industrial radiography.

Sincerely,

A handwritten signature in dark ink, appearing to read "Charles W. Gutzman".

Charles W. Gutzman, Manager
Industrial Radiographer Certification

Enclosure



recyclable



ILLINOIS
DEPARTMENT OF
NUCLEAR SAFETY

THOMAS W. ORTIGUER
DIRECTOR

INDUSTRIAL RADIOGRAPHER
CERTIFICATION/I.D. CARD

DATE OF BIRTH 04/15/74

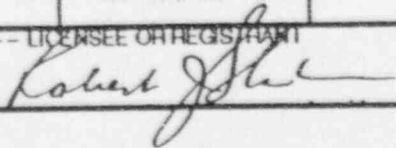
EXPIRATION DATE 08/03/00

SS# 311-96-4061 CATEGORY/CLASS C-3

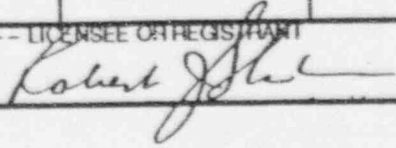
NAME Jason Kleine

SIGNATURE Jason W. Kleine

OCCUPATIONAL EXPOSURE RECORD
FOR A MONITORING PERIOD

1. NAME (LAST, FIRST, MIDDLE INITIAL) KLEINE, JASON		2. IDENTIFICATION NUMBER 311-96-4061/3726		3. ID TYPE SSN / FB		4. SEX MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>		5. DATE OF BIRTH 4/15/74	
6. MONITORING PERIOD 01/01/94 THRU 03/31/94		7. LICENSEE OR REGISTRANT NAME CONAM INSPECTION INC		8. LICENSE OR REGISTRATION NUMBER 12-16559-01/IL 01225-22/TX L00478		9A. RECORD <input checked="" type="checkbox"/> ESTIMATE <input type="checkbox"/>		9B. ROUTINE <input checked="" type="checkbox"/> PSE <input type="checkbox"/>	
INTAKES				DOSES (in rem)					
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI					11. DEEP DOSE EQUIVALENT (DDE) 0.09	
								12. EYE DOSE EQUIVALENT TO THE LENS OF THE EYE (LDE)	
								13. SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	
								14. SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	
								15. COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	
								16. COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	
								17. TOTAL EFFECTIVE DOSE EQUIVALENT (BLOCKS 11 + 15) (TEDE) 0.090	
								18. TOTAL ORGAN DOSE EQUIVALENT, MAX ORGAN (BLOCKS 11 + 16) 0.090	
				19. COMMENTS ITEM #17 IS THE TOTAL DOSE (TEDE) YOU RECEIVED IN 1994 WHILE MONITORED BY CONAM INSP					
20. SIGNATURE -- LICENSEE OR REGISTRANT 								21. DATE PREPARED 3/20/95	

OCCUPATIONAL EXPOSURE RECORD
FOR A MONITORING PERIOD

1. NAME (LAST, FIRST, MIDDLE INITIAL) KLEINE, JASON		2. IDENTIFICATION NUMBER B11-96-4061/3726		3. ID TYPE SSN / FB		4. SEX MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>		5. DATE OF BIRTH 4/15/74	
6. MONITORING PERIOD 01/01/94 THRU 03/31/94		7. LICENSEE OR REGISTRANT NAME CONAM INSPECTION INC		8. LICENSE OR REGISTRATION NUMBERS(S) 12-16559-01/IL 01225-22/TX L00478		9A. RECORD ESTIMATE <input checked="" type="checkbox"/>		9B. ROUTINE PSE <input checked="" type="checkbox"/>	
INTAKES				DOSES (in rem)					
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI	DEEP DOSE EQUIVALENT (DDE)				11. 0.09	
				EYE DOSE EQUIVALENT TO THE LENS OF THE EYE (LDE)				12.	
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)				13.	
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)				14.	
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)				15.	
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)				16.	
				TOTAL EFFECTIVE DOSE EQUIVALENT (BLOCKS 11 + 15) (TEDE)				17. 0.090	
				TOTAL ORGAN DOSE EQUIVALENT, MAX ORGAN (BLOCKS 11 + 16)				18. 0.090	
				19. COMMENTS ITEM #17 IS THE TOTAL DOSE (TEDE) YOU RECEIVED IN 1994 WHILE MONITORED BY CONAM INSP					
20. SIGNATURE -- LICENSEE OR REGISTRANT 								21. DATE PREPARED 3/20/95	

1. NAME (LAST, FIRST AND INITIALS) KLEINE, JASON W		3726		311-96-411		OCCUPATIONAL EXPOSURE YEAR 1994	
2. DATE OF BIRTH 4-15-74		3. AGE IN FULL YEARS (N) 20		4. DIVISION GARY 196		DATE HISTORY SENT	
5. DOSE RECORDED FOR: WHOLE BODY		6. PERMISSABLE DOSE AT BEGINNING OF PERIOD COVERED BY THIS SHEET (REM) 1.940		7. METHOD OF MONITORING: FILM BADGE		DATE QUALIFIED 5-23-93	
						LICENSE NO. 17-16559-01	

8. PERIOD OF EXPOSURE	DOSE FOR PERIOD (REM)			12. RUNNING TOTAL FOR THE QUARTER (REM)	8. PERIOD OF EXPOSURE	DOSE FOR PERIOD (REM)			12. RUNNING TOTAL FOR THE QUARTER (REM)
	9. GAMMA	10. BETA	11. TOTAL			9. GAMMA	10. BETA	11. TOTAL	
JAN.	.000		.000	.000	JULY	.000		.000	.000
FEB.	.000		.000	.000	AUG.	.075		.075	.075
MAR.	.015		.015	.015	SEPT.	.000		.000	.075
APRIL	.000		.000	.000	OCT.	.000		.000	.000
MAY	.000		.000	.000	NOV.	.000		.000	.000
JUNE	.000		.000	.000	DEC.	.000		.000	.000

REMARKS

LIFETIME ACCUMULATED DOSE			
PREVIOUS TOTAL	TOTAL DOSE RECORDED ON THIS SHEET	TOTAL ACCUMULATED DOSE	PERM. ACC. DOSE
13. .060 REM	14. .090 REM	15. .150 REM	16. 5 IN 181 = 10.000 REM
CONAM INSPECTION DIV., LICENSEE		CURRENT OCCUPATIONAL EXTERNAL RADIATION EXPOSURE	

1. NAME (LAST, FIRST AND INITIALS) KLEINE, JASON W.		*3726		311-96-4001		OCCUPATIONAL EXPOSURE YEAR 1993	
2. DATE OF BIRTH 4/15/74		3. AGE IN FULL YEARS (IN) 19		DIVISION GARY-96		DATE HISTORY SENT 8-19-93	
5. DOSE RECORDED FOR: WHOLE BODY		6. PERMISSIBLE DOSE AT BEGINNING OF PERIOD COVERED BY THIS SHEET (REM)		7. METHOD OF MONITORING: FILM BADGE		DATE QUALIFIED 5/23/93	
						LICENSE NO. 12-16559-01	

8. PERIOD OF EXPOSURE	DOSE FOR PERIOD (REM)			12. RUNNING TOTAL FOR THE QUARTER (REM)	8. PERIOD OF EXPOSURE	DOSE FOR PERIOD (REM)			12. RUNNING TOTAL FOR THE QUARTER (REM)
	9. GAMMA	10. BETA	11. TOTAL			9. GAMMA	10. BETA	11. TOTAL	
JAN.					JULY	.000		.000	.000
FEB.					AUG.	.000		.000	.000
MAR.					SEPT.	.015		.015	.015
APRIL					OCT.	.000		.000	.000
MAY					NOV.	.000		.000	.000
JUNE					DEC.	.025		.025	.025

REMARKS **Hired on 5/8/93**

LIFETIME ACCUMULATED DOSE				
PREVIOUS TOTAL	TOTAL DOSE RECORDED ON THIS SHEET	TOTAL ACCUMULATED DOSE	PERM. ACC. DOSE	PERMISSIBLE DOSE
13. .020 REM	14. .040 REM	15. .060 REM	16. SIN-181 5.000 REM	17. 4.940 REM
CONAM INSPECTION DIV., LICENSEE		CURRENT OCCUPATIONAL EXTERNAL RADIATION EXPOSURE		



RADIATION SAFETY CERTIFICATION
U.S. TESTING COMPANY, INC.
INDUSTRIAL SERVICES GROUP

CARD
NUMBER
2643

Name

Jason Kleine

Social Security No.

311-96-4061

THIS IS TO CERTIFY THE ABOVE PERSON HAS BEEN INSTRUCTED AND TRAINED IN
ACCORDANCE WITH FEDERAL AND STATE RADIATION SAFETY REQUIREMENT, AND IS
QUALIFIED TO PERFORM THE DUTIES WITHIN THE POSITION INDICATED (reverse side)
TO THE REQUIREMENTS OF:

United States Testing Co., Inc.
Radiation Safety Program

ASO

[Signature]

Form 311

Person	Position	Number Card	Date
	Radiographer Assistant	2643	4/2/93
Recertification Due:			4/2/96

EXTENSIONS

LIMITATIONS

EMERGENCY STEPS

- 1 - Remove People from Area
 - 2 - Barricade the Area
 - 3 - Post a Responsible Guard
 - 4 - Phone
- or (201) 752-2400

(901) 753-7576

THIS CERTIFICATION IS VOID THREE (3) YEARS AFTER DATE INDICATED OR
UPON TERMINATION OF CURRENT EMPLOYMENT, WHICHEVER OCCURS FIRST.



United States Testing Company, Inc.
Industrial Services Group

RADIOGRAPHIC DEVICE TRAINING RECORD

This individual has received training in the use of these radiographic exposure devices, sealed sources, handling tools, and radiation survey instruments:

Name: JASON KLEINE S.S. NO.: 343-50-4215

*** EQUIPMENT ***

Item	Manufacturer	Model	Training Date
CAMERA	TECH/OPS	660	4-2-93
↓		660B	4-2-93
↓		680	4-2-93
↓	INC	1R100	4-2-93
CRANKS	TECH/OPS	660/680	4-2-93
↓	INC	1R100	4-2-93
SOURCE TUBE	TECH OPS/INC	660/680 tube	4-2-93
EXTENSION TUBE	TECH OPS/INC	1R100	4-2-93
METER	VICTOREEN	429	4-2-93
METER	INC	2	4-2-93
COLLIMATOR	TECH/OPS	—	4-2-93

Signature of Person
Administering Training

Date 4-2-93

Note: Show the following items on form:

- ☐ Exposure devices
- ☐ Source changers
- ☐ Sealed sources
- ☐ Survey meters
- ☐ Cranks and cable drive
- ☐ Collimators
- ☐ Source tubes
- ☐ Special tongs, etc.



SGS Industrial Services

Certificate of Training

This is to certify that

JASON KLEINE

has satisfied the requirements of

U.S. Nuclear Regulatory Commission Title 10 Parts
19, 20, and 34 United States Testing's Radiation Safety
Program, and all regulations as set forth by the agree-
ment states

on the subject of

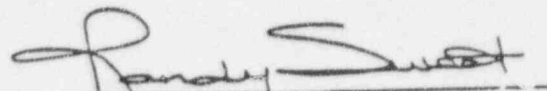
RADIATION SAFETY

Assistant Radiographer

Given this **Sixth**

day of **April 1993**


Radiation Safety Officer


CORPORATE RADIATION
SAFETY OFFICER

Recertification Due: 4/2/96

In Recognition
for Completion of
The ASNT-NDT Training
Program



The
American
Society
For
Nondestructive
Testing

On LEVEL I RADIOGRAPHY (40 HOURS)

Presented to JASON KLEINE

This NINTH Day of JANUARY 19 93

Robert E. Green
Level III

Michael E. Wagoner
Level III

SGS INDUSTRIAL SERVICES
Company

In Recognition
for Completion of
The ASNT-NDT Training
Program



The
American
Society
For
Nondestructive
Testing

On LEVEL II RADIOGRAPHY (40 HOURS)

Presented to JASON KLEINE

This NINTH Day of JANUARY 19 93

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Company

LICENSE FEE REQUIREMENTS

LICENSE FEE AND DEBT COLLECTION BRANCH
DIVISION OF ACCOUNTING AND FINANCE
OFFICE OF THE CONTROLLER
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555-0001

ELITE INSPECTION SERVICE CO., INC.
ATTN: RAYMOND ZURAN
RADIATION SAFETY OFFICER
725 COLONIAL DRIVE
HOBART, INDIANA 46342

TYPE OF ACTION

- ☐ NEW LICENSE
☐ RENEWAL OF LICENSE
☒ AMENDMENT TO LICENSE

REQUESTED DATE

LICENSE NUMBER

13-26712-01

CONTROL NUMBER

302127

I. APPLICATION FEE DUE

Your request for a licensing action is subject to the fee(s) in the category(ies) noted below in accordance with Section 170.31 of the enclosed Federal Register notice. Payment of the fee is required prior to the issuance of the license, renewal, or amendment.

FEE CATEGORY	APPLICATION	RENEWAL	AMENDMENT
30	\$	\$	\$ 720.00
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

FEE(s) DUE	\$	720.00
PAYMENT RECEIVED	\$	0.00
AMOUNT DUE	\$	720.00

☒ Your request was received without the prescribed application fee.

☐ We received your Check No. _____ in the amount of \$ _____. Payment of the additional fee noted above is required.

☐ Your request will increase the scope of your license program. Therefore, your request is subject to the application fee(s) noted above. Refer to Section 170.31 and Footnote 1(d)(2).

☐ Your license expired prior to the receipt of your application for renewal. Therefore, your request is subject to the application fee(s) noted above. Refer to Section 170.31 and Footnote 1(a).

MAKE PAYMENT OF THE FEE(S) TO THE U.S. NUCLEAR REGULATORY COMMISSION AND MAIL THE PAYMENT TO THE ADDRESS LISTED AT THE TOP OF THIS FORM. IF WE DO NOT RECEIVE A REPLY FROM YOU WITHIN 30 CALENDAR DAYS FROM THE DATE LISTED BELOW, WE SHALL ASSUME THAT YOU DO NOT WISH TO PURSUE YOUR APPLICATION AND WILL VOID THIS ACTION.

SIGNATURE -- LICENSE FEE ANALYST

LFDCB

LFDCB

SHIRLEY CRUTCHFIELD

12/24/96

II. FEE NOT REQUIRED

☐ Enclosed is Check No. _____ which accompanied your request. The fee is not required because:

☐ We received your Check No. _____ in payment of the fee.

☐ The Licensing staff has informed us that your request is to be considered as a continuation of your request dated _____, Control No. _____.

☐ Your request was combined, prior to review, with your _____ request, Control No. _____.

III. CHECK RETURNED

☐ Enclosed is Check No. _____ which was returned to us by the bank for:

- ☐ INSUFFICIENT FUNDS
☐ ACCOUNT CLOSED
☐ OTHER

MAIL THE REPLACEMENT CHECK TO THE ADDRESS LISTED AT THE TOP OF THIS FORM AND REFERENCE THE ABOVE CONTROL NUMBER.

IV. LICENSE ISSUED WITHOUT THE REQUIRED FEE

☐ License No. _____, Amendment No. _____, issued on _____ was issued without the required fee being collected. The fee required is noted in Section I of this form.

☐ The scope of your licensed program was increased. Therefore, your request is subject to the application fee(s) noted in Section I of this form. Refer to Section 170.31 and Footnote 1(d)(2).

☐ Because of the urgency of your request, the license was issued without remittance of the prescribed fee noted in Section I of this form.

Distribution:

Pending Fee File OC/DAF/SF(LF-3.2.7)
LFARB R/F (2) Region 3

DATE

Dec 24 1996



UNITED STATES
NUCLEAR REGULATORY COMMISSION

REGION III
801 WARRENVILLE ROAD
LISLE, ILLINOIS 60532-4351

December 16, 1996

Raymond A. Zuran
Radiation Safety Officer
Elite Inspection Service, Co., Inc.
725 Colonial Drive
Hobart, IN 46342

SUBJECT: ACKNOWLEDGEMENT OF CORRESPONDENCE
(Letter Received 12/11/96)

Dear Licensee:

In response to your request, we have completed the initial processing, which is an administrative review of your application for a(n):

☐ New License ☒ Amendment ☐ Renewal

Administrative deficiencies were identified during this initial review as outlined below. However, it should be noted that a technical review may identify additional omissions in the submitted information.

It appears that your request is routine (see 1-3 below as applicable).

Incomplete information is as follows: In order for us to complete your amendment request the required fee is necessary. Please contact our License Fee & Debt Collection Branch, as referenced below, to obtain the correct fee amount.

1. New and amendment actions are normally processed within 90 days, unless we find major deficiencies, or policy issues requiring central program office assistance.
2. Renewal actions are normally processed within 180 days, however under timely filing (before expiration) you may continue to operate under your existing license.
3. Termination actions are normally processed within 90 days, unless confirmatory surveys following decontamination/decommissioning activities are involved.

A copy of your correspondence has been forwarded to our Licensing Fee and Debt Collection Branch (301/415-6097) for approval of the fee category and amount, if required.

If you have a compelling safety or business-related reason for requesting expedited review, please contact the Materials Licensing Branch at (630) 829-9887. We will try to complete your request as soon as practicable. Any correspondence about this request should reference the control number.

Nuclear Materials Support Branch

Mail Control No. 302127
License No. 13-26712-01

**DIVISION OF ACCOUNTING AND FINANCE
REQUEST FOR REFUND TO EMPLOYEE/VENDOR**

THE EMPLOYEE/VENDOR IDENTIFIED BELOW HAS OVERPAID THE NUCLEAR REGULATORY COMMISSION FOR GOODS AND/OR SERVICES PROVIDED AND IS DUE A REFUND

EMPLOYEE/VENDOR/PAYEE CODE: _____

NAME: Elite Inspection Service Co., Inc.

ADDRESS: Attn: Raymond Zusan, RSO

ADDRESS: 725 Colonial Drive

CITY: Holet STATE: IN ZIP: 46342

TRANS CODE: PX

TRANS TYPE: FE FUND: X5280 JOB CODE: _____ AMOUNT: \$720⁰⁰

TRANS TYPE: IR FUND: R1435 JOB CODE: INTR AMOUNT: _____

TRANS TYPE: IR FUND: R1099 JOB CODE: ADCH AMOUNT: _____

TRANS TYPE: IR FUND: R1099 JOB CODE: FINE AMOUNT: _____

TOTAL REFUND AMOUNT: \$720⁰⁰

COMMENTS: Lic 13-26712-01/CK 2611/2nd

(Limit comments to 40 characters, including spaces)

PREPARED BY: Shirley Crutfield DATE: Feb. 24, 1997

AUTHORIZED BY: James Kimbrell DATE: 2/24/97

ORIGINAL INV. NO: _____ DATE PAID: 0 AMOUNT: _____

REFUND ENTERED INTO COLLECT BY: _____

REFUND DETERMINED BY: _____ DATE: _____

Lec 7 III

30 2B \$720

CK # 2611

PLEASE ATTACH APPROPRIATE SUPPORTING DOCUMENTATION

302127 Combined w/col 30-2025 - 30-2025 voided 2/7/97