

APPLICATION FOR MATERIAL LICENSE

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.

FEDERAL AGENCIES FILE APPLICATIONS WITH:

U.S. NUCLEAR REGULATORY COMMISSION
DIVISION OF FUEL CYCLE AND MATERIAL SAFETY, NMSS
WASHINGTON, DC 20555

ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS, IF YOU ARE LOCATED IN:

CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, MAINE, MARYLAND,
MASSACHUSETTS, NEW JERSEY, NEW YORK, PENNSYLVANIA, RHODE ISLAND,
OR VERMONT, SEND APPLICATIONS TO:

U.S. NUCLEAR REGULATORY COMMISSION, REGION I
NUCLEAR MATERIAL SECTION B
631 PARK AVENUE
KING OF PRUSSIA, PA 19406

ALABAMA, FLORIDA, GEORGIA, KENTUCKY, MISSISSIPPI, NORTH CAROLINA,
PUERTO RICO, SOUTH CAROLINA, TENNESSEE, VIRGINIA, VIRGIN ISLANDS, OR
WEST VIRGINIA, SEND APPLICATIONS TO:

U.S. NUCLEAR REGULATORY COMMISSION, REGION II
MATERIAL RADIATION PROTECTION SECTION
101 MARIETTA STREET, SUITE 2900
ATLANTA, GA 30323

IF YOU ARE LOCATED IN:

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR
WISCONSIN, SEND APPLICATIONS TO:

U.S. NUCLEAR REGULATORY COMMISSION, REGION III
MATERIALS LICENSING SECTION
799 ROOSEVELT ROAD
GLEN ELLYN, IL 60137

ARKANSAS, COLORADO, IDAHO, KANSAS, LOUISIANA, MONTANA, NEBRASKA,
NEW MEXICO, NORTH DAKOTA, OKLAHOMA, SOUTH DAKOTA, TEXAS, UTAH,
OR WYOMING, SEND APPLICATIONS TO:

U.S. NUCLEAR REGULATORY COMMISSION, REGION IV
MATERIAL RADIATION PROTECTION SECTION
611 RYAN PLAZA DRIVE, SUITE 1000
ARLINGTON, TX 76011

ALASKA, ARIZONA, CALIFORNIA, HAWAII, NEVADA, OREGON, WASHINGTON,
AND U.S. TERRITORIES AND POSSESSIONS IN THE PACIFIC, SEND APPLICATIONS
TO:

U.S. NUCLEAR REGULATORY COMMISSION, REGION V
MATERIAL RADIATION PROTECTION SECTION
1450 MARIA LANE, SUITE 210
WALNUT CREEK, CA 94596

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 JURISDICTION.

1. THIS IS AN APPLICATION FOR (Check appropriate item):

- ☒ A. NEW LICENSE
☐ B. AMENDMENT TO LICENSE NUMBER _____
☐ C. RENEWAL OF LICENSE NUMBER _____

2. NAME AND MAILING ADDRESS OF APPLICANT (Include Zip Code)

Janet B. Kapish Assistant Director
State of Conn. Health Laboratory
10 Clinton Street P.O.Box 1689
Hartford, Conn. 06144

3. ADDRESS(ES) WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED

State Health Laboratory
10 Clinton Street P.O.Box 1689 Hartford, Conn. 06144

8512200483 851025
REG1 LIC30
06-20867-01 PDR

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

Janet B. Kapish Assistant Director

TELEPHONE NUMBER

203-566-5626

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.

instruments and standards

7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING AND EXPERIENCE.

Kevin McCarthy Director
DEP-RAD

8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.

9. FACILITIES AND EQUIPMENT.

10. RADIATION SAFETY PROGRAM.

11. WASTE MANAGEMENT.

12. LICENSEE FEES (See 10 CFR 170 and Section 170.31)

FEE CATEGORY none *Exempt* 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.

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 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.

SIGNATURE—CERTIFYING OFFICER

TYPED/PRINTED NAME

Janet B. Kapish

TITLE

Assistant Director

DATE

May 13, 1985

14. VOLUNTARY ECONOMIC DATA

a. ANNUAL RECEIPTS

<\$250K	\$1M—3.5M
\$250K—500K	\$3.5M—7M
\$500K—750K	\$7M—10M
\$750K—1M	>\$10M

b. NUMBER OF EMPLOYEES (Total for entire facility excluding outside contractors)

210 entire lab

c. NUMBER OF BEDS

d. WOULD YOU BE WILLING TO FURNISH COST INFORMATION (Dollar and/or staff hours) ON THE ECONOMIC IMPACT OF CURRENT NRC REGULATIONS OR ANY FUTURE PROPOSED NRC REGULATIONS THAT MAY AFFECT YOU? (NRC regulations permit it to protect confidential commercial or financial—proprietary—information furnished to the agency in confidence)

YES

NO

FOR NRC USE ONLY

TYPE OF FEE

APP

FEE LOG

June-15

FEE CATEGORY

EX

COMMENTS

"OFFICIAL RECORD COPY"

APPROVED BY

H Jackson

AMOUNT RECEIVED

CHECK NUMBER

DATE

6/26/85

ML10 03979

JUN 18 1985

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(e)(3), enacted into law by section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who supply information to the Nuclear Regulatory Commission on NRC Form 313. This information is maintained in a system of records designated as NRC-3 and described at 40 Federal Register 45334 (October 1, 1975).

1. **AUTHORITY:** Sections 81 and 161(b) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2111 and 2201(b)).
2. **PRINCIPAL PURPOSE(S):** The information is evaluated by the NRC staff pursuant to the criteria set forth in 10 CFR Parts 30, 32, 33, 34, 35 and 40 to determine whether the application meets the requirements of the Atomic Energy Act of 1954, as amended, and the Commission's regulations, for the issuance of a radioactive material license or amendment thereof.
3. **ROUTINE USES:** The information may be (a) provided to State health departments for their information and use; and (b) provided to Federal, State, and local health officials and other persons in the event of incident or exposure, for their information, investigation, and protection of the public health and safety. The information may also be disclosed to appropriate Federal, State, and local agencies in the event that the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, or local agency to the extent relevant and necessary for an NRC decision or to an appropriate Federal agency to the extent relevant and necessary for that agency's decision about you.
4. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:** Disclosure of the requested information is voluntary. If the requested information is not furnished, however, the application for radioactive material license, or amendment thereof, will not be processed. A request that information be held from public inspection must be in accordance with the provisions of 10 CFR 2.790. Withholding from public inspection shall not affect the right, if any, of persons properly and directly concerned need to inspect the document.
5. **SYSTEM MANAGER(S) AND ADDRESS:** U.S. Nuclear Regulatory Commission
Director, Division of Fuel Cycle and Material Safety
Office of Nuclear Material Safety and Safeguards
Washington, D.C. 20555

RECEIVED

*85 JUN 25 AIO:43

U.S. N.R.C.
LIC. FEE MGMT. BRANCH

[Had a license years ago - 06-09709-01]

NRC Form 313 I (12-81) 10 CFR 30		U.S. NUCLEAR REGULATORY COMMISSION		1. APPLICATION FOR: (Check and/or complete as appropriate)	
APPLICATION FOR BYPRODUCT MATERIAL LICENSE INDUSTRIAL				<input checked="" type="checkbox"/> a. NEW LICENSE	
See attached instructions for details. Completed applications are filed in duplicate with the Division of Fuel Cycle and Material Safety, Office of Nuclear Material Safety, and Safeguards, U.S. Nuclear Regulatory Commission, Washington, DC 20555 or applications may be filed in person at the Commission's office at 1717 H Street, NW, Washington, D. C. or 7915 Eastern Avenue, Silver Spring, Maryland.				<input type="checkbox"/> b. AMENDMENT TO: LICENSE NUMBER	
				<input type="checkbox"/> c. RENEWAL OF: LICENSE NUMBER	
2. APPLICANT'S NAME (Institution, firm, person, etc.) <u>State of Conn. Health Laboratory</u> TELEPHONE NUMBER: AREA CODE - NUMBER EXTENSION 203-566-5626			3. NAME AND TITLE OF PERSON TO BE CONTACTED REGARDING THIS APPLICATION <u>Janet B. Kapish</u> TELEPHONE NUMBER: AREA CODE - NUMBER EXTENSION 203-566-5626		
4. APPLICANT'S MAILING ADDRESS (Include Zip Code) (Address to which NRC correspondence, notices, bulletins, etc., should be sent.) 10 Clinton Street PO Box 1689 Hartford, Conn. 06101			5. STREET ADDRESS WHERE LICENSED MATERIAL WILL BE USED (Include Zip Code) 10 Clinton Street P.O. Box 1689 Hartford, Conn. 06101		
(IF MORE SPACE IS NEEDED FOR ANY ITEM, USE ADDITIONAL PROPERLY KEYED PAGES.)					
6. INDIVIDUAL(S) WHO WILL USE OR DIRECTLY SUPERVISE THE USE OF LICENSED MATERIAL (See Items 16 and 17 for required training and experience of each individual named below)					
FULL NAME			TITLE		
a. <u>Janet B. Kapish</u>			<u>Assistant Director - Environmental Chemistry</u>		
b. <u>Alan Hartman</u>			<u>Principal Environmental Chemist</u>		
c.					
7. RADIATION PROTECTION OFFICER <u>Janet B. Kapish</u>			Attach a resume of person's training and experience as outlined in Items 16 and 17 and describe his responsibilities under Item 15.		
8. LICENSED MATERIAL					
L I N E NO.	ELEMENT AND MASS NUMBER A	CHEMICAL AND/OR PHYSICAL FORM B	NAME OF MANUFACTURER AND MODEL NUMBER (If Sealed Source) C	MAXIMUM NUMBER OF MILLICURIES AND/OR SEALED SOURCES AND MAXIMUM ACTI- VITY PER SOURCE WHICH WILL BE POSSESSED AT ANY ONE TIME D	
(1)	Nickel 63	Sealed foil	111019-0001 Tracer 220 Gas Chromatograph	<10 millicuries / same	
(2)	Nickel 63	sealed foil	Tracer 220 Gas Chromatograph	<10 "	
(3)	Nickel 63	sealed foil	Tracer 220 Gas Chromatograph	<10 "	
(4)	Nickel 63	sealed foil	Tracer 220 Gas Chromatograph	<10 "	
DESCRIBE USE OF LICENSED MATERIAL E					
(1)	<u>Nickel 63 detector will be used as a sealed unit within gas</u>				
(2)	<u>chromatographs for the analysis of organic water/air pollutants.</u>				
(3)					
(4)					

FEE EXEMPT

9. STORAGE OF SEALED SOURCES

LINE NO.	CONTAINER AND/OR DEVICE IN WHICH EACH SEALED SOURCE WILL BE STORED OR USED. A.	NAME OF MANUFACTURER B.	MODEL NUMBER C.
(1)	Within gas chromatograph detector	Tracor	220-
(2)	Within gas chromatograph detector	Tracor	220
(3)		Tracor	222
(4)		Tracor	222

10. RADIATION DETECTION INSTRUMENTS

LINE NO.	TYPE OF INSTRUMENT A.	MANUFACTURER'S NAME B.	MODEL NUMBER C.	NUMBER AVAILABLE D.	RADIATION DETECTED (alpha, beta, gamma, neutron) E.	SENSITIVITY RANGE (milliroentgens/hour or counts/minute) F.
(1)	low level α - β	Canberra	2404	—	Alpha / beta	—
(2)	Wide beta II	Beckman	WB II	—	alpha / beta	—
(3)	NaI / Ge	Canberra	Series 80	—	Gamma	—
(4)	Scintillation Counter	Packard	Ta-Carb 4530	—	beta (H_2)	—

11. CALIBRATION OF INSTRUMENTS LISTED IN ITEM 10

☐ a. CALIBRATED BY SERVICE COMPANY
NAME, ADDRESS, AND FREQUENCY

☒ b. CALIBRATED BY APPLICANT

Attach a separate sheet describing method, frequency and standards used for calibrating instruments.

12. PERSONNEL MONITORING DEVICES

TYPE (Check and/or complete as appropriate.) A.	SUPPLIER (Service Company) B.	EXCHANGE FREQUENCY C.
<input checked="" type="checkbox"/> (1) FILM BADGE	R.S. Landauer for 2 Screen Rd [Glenwood Park] Glenwood, Illinois 60425	<input checked="" type="checkbox"/> MONTHLY
<input type="checkbox"/> (2) THERMOLUMINESCENCE DOSIMETER (TLD)		<input type="checkbox"/> QUARTERLY
<input type="checkbox"/> (3) OTHER (Specify): _____		<input type="checkbox"/> OTHER (Specify): _____

13. FACILITIES AND EQUIPMENT (Check where appropriate and attach annotated sketch(es) and description(s).)

- ☒ a. LABORATORY FACILITIES, PLANT FACILITIES, FUME HOODS (Include filtration, if any), ETC.
☐ b. STORAGE FACILITIES, CONTAINERS, SPECIAL SHIELDING (fixed and/or temporary), ETC.
☐ c. REMOTE HANDLING TOOLS OR EQUIPMENT, ETC.
☐ d. RESPIRATORY PROTECTIVE EQUIPMENT, ETC.

14. WASTE DISPOSAL

- a. NAME OF COMMERCIAL WASTE DISPOSAL SERVICE EMPLOYED *Two radiation waste*
State of Conn. - Univ. of Conn. - Waste Removal Contract for state sources - Storrs, Conn.
 b. IF COMMERCIAL WASTE DISPOSAL SERVICE IS NOT EMPLOYED, SUBMIT A DETAILED DESCRIPTION OF METHODS WHICH WILL BE USED FOR DISPOSING OF RADIOACTIVE WASTES AND ESTIMATES OF THE TYPE AND AMOUNT OF ACTIVITY INVOLVED. IF THE APPLICATION IS FOR SEALED SOURCES AND DEVICES AND THEY WILL BE RETURNED TO THE MANUFACTURER, SO STATE.

All sealed sources are returned to the manufacturer for refueling.
 We do not generate radioactive waste - standard decay or are kept.

INFORMATION REQUIRED FOR ITEMS 15, 16 AND 17

Describe in detail the information required for Items 15, 16 and 17. Begin each item on a separate page and key to the application as follows:

15. **RADIATION PROTECTION PROGRAM.** Describe the radiation protection program as appropriate for the material to be used including the duties and responsibilities of the Radiation Protection Officer, control measures, bioassay procedures (if needed), day-to-day general safety instruction to be followed, etc. If the application is for sealed source's also submit leak testing procedures, or if leak testing will be performed using a leak test kit, specify manufacturer and model number of the leak test kit.
16. **FORMAL TRAINING IN RADIATION SAFETY.** Attach a resume for each individual named in Items 6 and 7. Describe individual's formal training in the following areas where applicable. Include the name of person or institution providing the training, duration of training, when training was received, etc.
 - a. Principles and practices of radiation protection.
 - b. Radioactivity measurement standardization and monitoring techniques and instruments.
 - c. Mathematics and calculations basic to the use and measurement of radioactivity.
 - d. Biological effects of radiation.
17. **EXPERIENCE.** Attach a resume for each individual named in Items 6 and 7. Describe individual's work experience with radiation, including where experience was obtained. Work experience or on-the-job training should be commensurate with the proposed use. Include list of radioisotopes and maximum activity of each used.

18. CERTIFICATE

(This item must be completed by applicant)

The applicant and any official executing this certificate on behalf of the applicant named in Item 2, certify that this application is prepared in conformity with Title 10, Code of Federal Regulations, Part 30, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our 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.

<p>a. LICENSE FEE REQUIRED (See Section 170.31, 10 CFR 170)</p> <p><i>Exempt</i></p>	<p>b. CERTIFYING OFFICIAL (Signature) <i>Janet B. Kapish</i></p> <p>c. NAME (Type or print) <i>JANET B. KAPISH</i></p>
<p>(1) LICENSE FEE CATEGORY:</p>	<p>d. TITLE <i>Assistant Director</i></p>
<p>(2) LICENSE FEE ENCLOSED: \$ <i>/</i></p>	<p>e. DATE <i>May 13, 1985</i></p>

Connecticut Department of Health Radiation Laboratory
10 Clinton Street
Hartford, Connecticut

by

David G. Easterly and Arthur N. Jarvis
Quality Assurance Division
Environmental Monitoring Systems Laboratory
Las Vegas, Nevada



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION I

60 WESTVIEW STREET, LEXINGTON, MASSACHUSETTS 02173

September 10, 1980

Dr. Jesse Tucker
Director, Laboratory Division
Connecticut Department of Health
PO Box 1689
10 Clinton Street
Hartford, Connecticut 06101

Dear Sir:

Please find enclosed the narrative technical report of the certification officers who conducted an on-site evaluation of your radiochemical analytical facilities in June 1980.

Upon their recommendation, we are pleased to provide Interim Certification for all of the radionuclides, except uranium and radium-228, under the provisions of the National Interim Primary Drinking Water Regulations.

Sincerely yours,

Warren H. Oldaker

Warren H. Oldaker
Regional Certification Officer for Water Supply

Enclosure

cc: Richard Woodhull
Earle Thompson

REC
SEP

The Connecticut Department of Health Radiation Laboratory, 10 Clinton Street, Hartford, Connecticut, was visited June 20, 1980 for the purpose of evaluating their capabilities to perform radiochemical analysis as specified by the Safe Drinking Water Act.

Below is a summary of this laboratory's results for the quality assurance studies conducted by the EMSL-Las Vegas.

Study (Drinking Water)	Performance	
	Intercomparison Studies	Blind Studies
	No. Acceptable*/ No. Analyzed	No. Acceptable*/ No. Analyzed
Gross alpha	8/8	2/2
Gross beta	8/8	2/2
Tritium	7/9	**
Strontium-89	5/5	2/2
Strontium-90	4/5	2/2
Radium-226	2/2	1/2
Radium-228	1/2	1/2
Cesium-134	**	1/2
Cesium-137	**	2/2
Iodine-131	2/3	**
Uranium	NP	**
Plutonium-239	1/1	**
Cobalt-69	**	1/2

* Within acceptable limits as described in EPA 600/4-78-032.

NP - Did not participate in study.

** Radionuclide not included in study.

Pride in their work and the desire of personnel to produce data of the highest quality was evidenced throughout our visit with the Connecticut personnel. The level of pride and enthusiasm observed by the EMSL-Las Vegas evaluation team during this visit was outstanding. The management and staff of the Connecticut Radiation Laboratory are to be commended.



STATE OF CONNECTICUT

DEPARTMENT OF HEALTH SERVICES

Item 15. Radiation Protection Program

The request is specifically for sealed detector sources to be used in gas chromatographs. All sealed detectors are returned to the company for refoiling. This laboratory has an active safety committee that meets monthly to discuss radiation and other chemical problems. Employees involved with any type of radiation have received training .

Phone:

P.O. Box 1689 • Hartford, Connecticut 06101

An Equal Opportunity Employer



STATE OF CONNECTICUT

DEPARTMENT OF HEALTH SERVICES

Janet B..Kapish

Assistant Director....Environmental Chemistry Laboratories

Employed June 10, 1957.....present 28 years

For the past 28 years, I have been employed by the Connecticut State Health Laboratory as Assistant Director, Supervising Chemist, Principal Chemist, Senior Chemist and Chemist. I am responsible for the planning, coordinating and organizing the laboratory services for the environmental chemistry section. This section includes radiochemistry (1400 samples/year), air pollution, industrial hygiene, sanitary chemistry, dairy chemistry and toxic chemicals(including asbestos). We participate in quality control programs for N.R.C. and E.P.A. and have an active program in radiation monitoring environmental samples around the Connecticut Nuclear Power Plants.

Phone:

P.O. Box 1689 * Hartford, Connecticut 06101

An Equal Opportunity Employer



STATE OF CONNECTICUT

DEPARTMENT OF HEALTH SERVICES

COURSES

Janet B. Kapish, B.S., M.S., M.P.H. ('86)

Biochemistry I
Biochemistry II
Organic Chemistry - A
Recent Advances in Laboratory Science
Instrumental Advances in Laboratory Science
Epidemiology
Principles of Organization and Laboratory Management
Industrial Toxicology
Radiochemistry *4/86*
Ecology
Statistics
German
Research
Advances (Special Topics) in Microbiology
Topics in Environmental Science
History of Public Health

YALE SCHOOL OF PUBLIC HEALTH COURSES:

Introduction to Public Health
Statistics
Computer use - Financial Accounting
Air Pollution Seminar
History of Public Health
Economics
Public Health Management

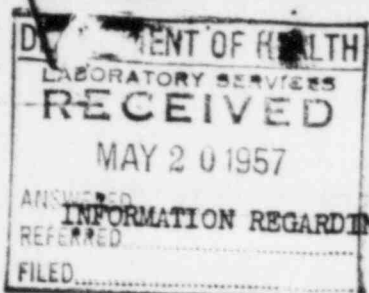
N.R.C./O.C.P. COURSES:

Principles of Radiation and Laboratory Methods
Field Instruments - Techniques and Standardizations
Radiation Defense Training - Dose Measurements

Phone:

P.O. Box 1689 • Hartford, Connecticut 06101

An Equal Opportunity Employer



No. 311-57
Interviewer CEJ

CONNECTICUT STATE DEPARTMENT OF HEALTH
LABORATORY SERVICES SECTION

INFORMATION REGARDING APPLICANTS SEEKING POSITIONS IN PUBLIC HEALTH LABORATORIES IN
CONNECTICUT

Application should be sent to: Earle K. Borman, M.S., Chief,
Laboratory Services Section, Connecticut State Department of
Health, 1179 Main Street, Hartford, Conn. Many persons furnish
a small photograph when submitting this information.

Positions in the Laboratory Services Section are filled under the Merit System
through examinations conducted by the Personnel Director, State Office Building,
Hartford, after application has been filed on form furnished from that office.
Information given on this blank will be only for use in the Laboratory Services
Section particularly for furnishing detailed information and names of candidates
in answer to inquiries from health departments and hospitals throughout the State
when filling vacancies.

Date MAY 7, 1957

PLEASE PRINT

1. Full Name Kapish (Last) Janet (First) BARBARA (Middle)
If Married Woman Give Maiden Name _____
2. Present Address 11 So. Washington St., Wallingford Phone Colony 9-2359
Conn.
3. Permanent Home Address SAME Phone SAME
- Sex F Height 5'6" Weight 126
4. Date of Birth July 8, 1932 Place of Birth Mexican, Conn.
- If Not Born in The U.S., () Yes Have You Been A Legal Resident of Connecticut () Yes
Have You Been Naturalized? () No For The Past Year? () No
5. Marital Status ☒ Single () Widowed
() Married () Divorced () Separated
6. Reside With ☒ Father () Husband () Relatives
() Mother () Wife () Alone
7. Number of Dependents _____ If Children, Give Ages and Sex _____
8. Type of Work Desired lab tech - or Chemist or ☒ Permanent Position
Available for: ☒ Summer Position Only
9. Name of Person Who Suggested You Apply _____
10. Employed at Present ☒ Yes () No Last Employment Ended On Summer Position '56
11. Date You Could Begin Work Immed.
12. Monthly Salary You Would Accept Without Maintenance ?
13. Salaries You Have Received for summer employment 1.50/hr - 1.75/hr

EDUCATION

14. Schools Attended

<u>Name</u>	<u>Address</u>	<u>Graduated</u>	<u>Degree</u>
High School Lyman Hall High	Wallingford, Conn.	(<input checked="" type="checkbox"/>) Yes 1950 () No No. Yrs. Attended	XXX
Technical School		() Yes () No No. Yrs. Attended	XXX
Quinnipiac College	New Haven, Conn.	(<input checked="" type="checkbox"/>) Yes () No No. Yrs. Attended	XXX
College or University	New Haven, Conn.	() Yes () No No. Yrs. Attended	XXX
Quinnipiac College		(<input checked="" type="checkbox"/>) Yes 1969 () No No. Yrs. Attended	XXX
Quinnipiac College		(<input checked="" type="checkbox"/>) Yes 1976 () No No. Yrs. Attended	XXX

Graduate Training

15. College Subjects
Major Subjects
 Radioactivity - 4
 Public Health - 3
 Adv. in Microbiology - 4
Organic Chemistry 4
Inorganic Chemistry 8
College Biology 8
Bacteriology 8
Organic Chemistry 4
Quantitative Analysis 4
Anatomy and Physiology 4
General Physiology 4
Vertebrate Morphology 8
Genetics 4
 Advanced Inorganic Chem 3
 Instrumental Analysis 4
 Enzymes 4
 Microbiology 4
 History of Public Health 2

Topics in Env. Science - 4
 Ecology - 4

Inst. Analysis - 4

Minor Subjects
Physics - 8

No. of Credit Hours

Recent Adv. in Lab Science 4

English	12
History	8
Greek	4
German	8
Psychology	6
Government	4
Maths	6
Philosophy	10
Sociology	3
Hygiene	2
Theology	18
Environmental Chemistry	4
Biochemistry	8
Epidemiology	4

Employee's Name: Alan William Hantman J.A., M.S.

School: St. Michaels

Chemistry Courses and Credit Hours

General Chemistry (Chemistry 102)	8 credits
Organic Chemistry (Chemistry 302)	8 credits
Inorganic Analytical Chem. (Chem. 204)	6 credits
Biochemistry	8 credits
Biochemistry (Georgetown University).....	6 credits

N.R.C. Training Courses and State Civil Preparedness Courses

2 week course....Radiation protection practices and laboratory methods
2 week course....Radiation field monitoring and biological dose evaluations
1 week course....Data general, computer training and radiation calculations

Alan Hantman has worked in the radiation laboratory for 17 years and has received constant training from instrument companies, N.R.C. and O.C.P.. We have been active in the field of monitoring for environmental radiation for more than 30 years (nuclear weapons testing, water and power plant monitoring)/

CONNECTICUT STATE DEPARTMENT OF HEALTH
OFFICE OF PUBLIC HEALTH
LABORATORY DIVISION

No. _____
Interviewer _____

Physical Exam: 10/23/68 9:30 AM
4/30/68 4:30 AM
INFORMATION REGARDING APPLICANTS SEEKING POSITIONS IN PUBLIC HEALTH LABORATORIES IN
CONNECTICUT

Mail to: Earle K. Borman, Director
Laboratory Division
Connecticut State Department of Health
P. O. Box 2340
Hartford 1, Conn.

Information in this form is for use in the Laboratory Division. Names of applicants are supplied, upon request, to health departments and hospitals in Connecticut to aid in filling vacancies in those laboratories.

Positions in the Laboratory Division are filled under the Merit System from lists of individuals supplied by the State Personnel Department which conducts the merit system examinations. Application for a merit system examination must be made directly to the Personnel Department, State Office Building, Hartford.

Date Aug 19, 1968

PLEASE PRINT

1. Full Name HANTMAN ALAN William ()
(Last) (First) (Middle) (Maiden)

Sex M Height 5'10" Weight 162

2. Present Address HANTMAN LANE NORWICH, CT Phone 889-0344 *OK*

3. Permanent Home Address SAME AS ABOVE Phone _____

4. Date of Birth FEB 27, 1942 Place of Birth NORWICH

If not born in the U.S., have you been naturalized? _____ Yes _____ No

Have you been a legal resident of Connecticut for the past year? X Yes _____ No

5. Marital Status ✓ Single _____ Widowed
_____ Married _____ Divorced _____ Separated

6. Reside With ✓ Father _____ Husband _____ Relatives
✓ Mother _____ Wife _____ Alone

7. Number of Dependents _____ If Children, Give
Ages and Sex _____

8. Type of Work Desired BIOLOGIST-CHEMIST Available for: X Permanent Position
_____ Summer Position Only

9. Name of Person Who Suggested You Apply SELF

10. Employed at Present _____ Yes _____ Last Employment Ended On AUG 16, 1968
X No

11. Date You Could Begin Work NOW

12. Monthly Salary You Would Accept Without Maintenance _____

13. Salaries You Have Received \$3,000 P/A U. OF CONN. PART-TIME

14. Schools Attended

Degree

NORWICH Free Academy

NORWICH, CONN

(X) Yes June 1960
Year

XXIX

() No _____
No. Yrs. Attended

() Yes _____
Year

XXX

() No _____
No. Yrs. Attended _____

(X) Yes June 1964
Year

P. A.

() No _____
No. Yrs. Attended _____

(X) Yes June 1968
Year

() No _____
No. Yrs. Attended _____

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SAINT MICHAEL'S COLLEGE
GEORGETOWN DENTAL SCHOOL

WASH. NGTON, D C —

College or
University

U OF CONN

STURPS. CONN

Graduate
Training

No. of Credit
Hours

Major Subjects

Biology

36

CHEMISTRY

30