



CONVERSATION RECORD

NAME OF PERSON(S)/TITLE CONTACTED OR IN CONTACT WITH YOU		DATE OF CONTACT		TYPE OF CONVERSATION	
Timothy D. Jones		11/05/2021		<input type="checkbox"/> E-MAIL <input checked="" type="checkbox"/> TELEPHONE <input type="checkbox"/> INCOMING <input checked="" type="checkbox"/> OUTGOING	
E-MAIL ADDRESS		TELEPHONE NUMBER			
tim.jones@renolit.com		(219) 324-6886			
ORGANIZATION		DOCKET NUMBER(S)			
American Renolit Corporation.		030-18733			
LICENSE NAME AND NUMBER(S)		MAIL CONTROL NUMBER(S)			
American Renolit Corporation 13-24638-01		CN 628538			
SUBJECT					
Pending NRC License Renewal - Additional Information Required					
SUMMARY AND ACTION REQUIRED (IF ANY) This is a record of the conversation between Laura Cender and Tim Jones of American Renolit Corporation regarding the pending NRC license renewal request dated September 9, 2021. Please provide your signed and dated response to the following items by no later than Friday, November 26, 2021. 1. Complete and submit the attached Fixed Gauge License Renewal Application from NUREG 1556 Vol. 4 Rev. 1 Appendix B. Please note AND/OR options when preparing your response and note that Item 10.8 requires responses to both sub-items. Please also submit a copy of the attached delegation of authority memo signed by both Tim Jones and the appropriate management representative with your response. 2. Please indicate if Ohmart Corporation Model BAL source holders should continue to be authorized on your license. If they should continue to be authorized please provide the requested sealed source manufacturer and model number, the maximum activity (mCi) requested for any individual source, and the total activity requested for all devices of this type. If the device should be removed from the license either provide a copy of the most recent leak tests and the device transfer records for all devices of this type previously possessed under the license. If no devices of this type have ever been possessed previously under the license please provide a confirmation statement in your response.					
NAME OF PERSON DOCUMENTING CONVERSATION					
Laura B. Cender					
SIGNATURE				DATE OF SIGNATURE	
				11/05/2021	

CONVERSATION RECORD (continued)

LICENSE NAME AND NUMBER(S)

American Renolit Corporation
13-24638-01

MAIL CONTROL NUMBER(S)

CN 628538

SUMMARY AND ACTION REQUIRED (IF ANY) (Continued)

3. Provide a completed Delegation of Authority memo formally reappointing Timothy Jones to the position of RSO. A model Delegation of Authority memo is attached, and should be signed by both Timothy Jones and their senior management.

APPENDIX B

**SUGGESTED FORMAT FOR PROVIDING INFORMATION REQUESTED IN
ITEMS 5 THROUGH 11 OF
U.S. NUCLEAR REGULATORY COMMISSION FORM 313**

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Items 5 and 6: Materials To Be Possessed and Proposed Uses

Yes	No	Radionuclide	Manufacturer or Distributor Model No.	Quantity	Use as Listed on SSD Registration Certificate	Specify Other Uses Not Listed on SSD Registration Certificate
		Isotope (Specify):	Device manufacturer (or distributor) and model number: _____	Specify activity per source and number of gauges requested.	Yes <input type="checkbox"/> Specific description of the gauge use: _____ _____ _____ _____ _____	<input type="checkbox"/> Not applicable _____ <input type="checkbox"/> Uses are: _____ (Submit safety analysis supporting safe use)
		Isotope (Specify):	Device manufacturer (or distributor) and model number: _____	Specify activity per source and number of gauges requested.	Yes <input type="checkbox"/> Specific description of the gauge use: _____ _____ _____ _____ _____	<input type="checkbox"/> Not applicable _____ <input type="checkbox"/> Uses are: _____ (Submit safety analysis supporting safe use)
		Isotope (Specify):	Device manufacturer (or distributor) and model number: _____	Specify activity per source and number of gauges requested.	Yes <input type="checkbox"/> Specific description of the gauge use: _____ _____ _____ _____ _____	<input type="checkbox"/> Not applicable _____ <input type="checkbox"/> Uses are: _____ (Submit safety analysis supporting safe use)
Is financial assurance required? If yes, submit evidence of financial assurance.						

NOTE: Copy and attach additional pages as needed.

**Items 7 through 11: Training and Experience,
Facilities and Equipment, Radiation Safety Program,
and Waste Disposal**

Item No. and Title	Suggested Response	Yes	Alternative Procedures Attached
7. Individual(s) Responsible For Radiation Safety Program and Their Training and Experience 7.1 Radiation safety officer Name: _____	Documentation demonstrating the proposed radiation safety officer's training and experience (e.g., certificate of completion of the RSO's course and/or the authorized user's course).	Submit applicable documentation.	
7. Individual(s) Responsible For Radiation Safety Program and Their Training and Experience 7.2 Authorized users	Before using licensed materials, authorized users will have successfully completed one of the training courses described in the "Criteria" part of the section titled, "Authorized Users" in NUREG-1556, Volume 4, Revision 1, "Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Fixed Gauge Licenses."	<input type="checkbox"/>	<input type="checkbox"/>
8. Training for Individuals Working In or Frequenting Restricted Areas	The applicant is <i>not</i> required to and should not submit its training program for individuals who in the course of employment are likely to receive occupational doses of radiation in excess of 1 mSv (100 mrem) in a year (occupationally exposed workers) and ancillary personnel to the NRC for review during the licensing phase.	Need not be submitted with application.	

Item No. and Title	Suggested Response	Yes	Alternative Procedures Attached
10.10 Radiation Safety Program – Fixed Gauges Used at Temporary Job Sites	<p>We will not use fixed gauges at temporary jobsites.</p> <p style="text-align: center;">OR</p> <p>We will address the use of fixed gauges at temporary jobsites in our operating, emergency, and security procedures developed in accordance with the Criteria in Section 8.10.6, “Operating, Emergency, and Security Procedures,” of NUREG-1556, Volume 4, Revision 1, “Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Fixed Gauge Licenses.” Copies of these procedures will be provided to all gauge users and will be available at all temporary jobsites.</p>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
10.11 Radiation Safety Program – Security Program for Category 1 and Category 2 Radioactive Material	The applicant is <i>not</i> required to submit a response to the security program section in a license application. This matter will be examined during NRC inspections.	Need not be submitted with application.	
11. Waste Management – Gauge Disposal & Transfer	The applicant is <i>not</i> required to submit a response about waste management during the licensing process; however, the licensee should establish and include gauge transfer and waste disposal procedures in its radiation protection program.	Need not be submitted with application.	

Model Delegation of Authority to Radiation Safety Officer

Memo To: Radiation Safety Officer

From: Management Representative

Subject: Delegation of Authority

You, _____, have been appointed radiation safety officer and are responsible for ensuring the safe use of radiation. You are responsible for managing the Radiation Protection Program; identifying radiation protection problems; initiating, recommending, or providing corrective actions; verifying implementation of corrective actions; stopping unsafe activities; and ensuring compliance with regulations. You are hereby delegated the authority necessary to meet those responsibilities, including prohibiting the use of byproduct material by employees who do not meet the necessary requirements and shutting down operations, when justified, to maintain radiation safety. You are required to notify management if staff does not cooperate and does not address radiation safety issues. In addition, you are free to raise issues with the U.S. Nuclear Regulatory Commission at any time. It is estimated that you will spend _____ hours per week conducting radiation protection activities.

Signature of Management Representative (Name)

Manager Title

Date

I accept the above responsibilities,

Signature of Radiation Safety Officer

Date

cc: Affected department heads