

STATE OF KANSAS

DEPARTMENT OF HEALTH AND ENVIRONMENT

APPLICATION FOR RADIOACTIVE MATERIALS LICENSE
(Industrial)

INSTRUCTIONS - Complete Items 1 through 16. Use supplemental sheets where necessary. Item 16 must be completed on all applications. Maintain one copy for your records and mail one copy **along with applicable fee if applying for a new license** to: Kansas Department of Health and Environment, Radiation Control Program, 1000 SW Jackson, Suite 330, Topeka, Kansas 66612-1365; Telephone: (785) 296-1560, Internet Address: <http://www.kdheks.gov/radiation>. Upon approval of this application, the applicant will receive a Kansas Radioactive Materials License, issued in accordance with the general requirements contained in State of Kansas, Department of Health and Environment, Radiation Protection Regulations and the Kansas Nuclear Energy Development and Radiation Control Act.

<p>1. (a) NAME AND STREET ADDRESS OF APPLICANT. (Institution, firm, hospital, person, etc.)</p>	<p>(b) STREET ADDRESS(ES) AT WHICH RADIOACTIVE MATERIAL WILL BE USED. (If different from 1(a)).</p>
<p>2. DEPARTMENT TO USE RADIOACTIVE MATERIAL.</p>	<p>3. PREVIOUS LICENSE NUMBER(S). (If this is an application for renewal of a license, please indicate and give number.)</p>
<p>4. INDIVIDUAL USER(S). (Name and title of individual(s) who will use or directly supervise use of radioactive materials. Give training and experience in Items 8 and 9.)</p>	<p>5. RADIATION PROTECTION OFFICER. (Name of person designated as Radiation Protection Officer if other than individual user. Attach resume of training, experience and duties as Items 8 and 9.)</p>
<p>6. (a) RADIOACTIVE MATERIAL. (Elements and mass number of each.)</p>	<p>(b) CHEMICAL AND/OR PHYSICAL FORM AND MAXIMUM QUANTITY OF EACH CHEMICAL AND/OR PHYSICAL FORM THAT YOU WILL POSSESS AT ANY ONE TIME. (For a sealed source, provide manufacturer, model number, number of sources and maximum activity per source).</p>
<p>7. DESCRIBE PURPOSE FOR WHICH RADIOACTIVE MATERIAL WILL BE USED. If radioactive material is in the form of a sealed source, include the manufacturer and model number of the storage container or device in which the source will be stored and/or used.</p>	

(Continued on reverse side)

TRAINING AND EXPERIENCE OF EACH INDIVIDUAL NAMED IN ITEM 4 (Use supplemental sheets if necessary).

8. TRAINING (Provide supporting documentation)	WHERE TRAINED	DURATION OF TRAINING	ON THE JOB (Circle answer)		FORMAL COURSE (Circle answer)	
			YES	NO	YES	NO
a. Principles and practices of radiation protection						
b. Radioactivity measurements standardization and monitoring techniques and instruments						
c. Mathematics and calculations basics to the use and measurement of radioactivity						
d. Biological effects of radiation						

9. EXPERIENCE WITH RADIATION (Actual use of radioisotopes or equivalent experience. Use supplemental sheets if necessary).

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE

10. RADIATION DETECTION INSTRUMENTS (Use supplemental sheets if necessary).

TYPE OF INSTRUMENTS (Include Manufacturer and Model number of each)	NUMBER AVAILABLE	RADIATION DETECTED	SENSITIVITY RANGE (mr/hr)	WINDOW THICKNESS (mg/cm ²)	USE (Monitoring, Surveying, Measuring)

11. CALIBRATIONS Describe the method, frequency and standards used in calibrating the instruments listed above or the name of the service provider.

12. PERSONNEL MONITORING Describe personnel monitoring program including the type of monitoring device, frequency of exchange, the calibration and processing procedures, or the name of the service supplier and frequency of exchange; bio-assay procedures, air monitoring, frequency and threshold.

INFORMATION TO BE SUBMITTED ON ADDITIONAL SHEETS

13. FACILITIES AND EQUIPMENT. Describe the facilities including handling equipment, storage areas, shielding, fume hoods, work stations and calculations or relevant data to support personnel monitoring described above. Attach an explanatory sketch of the facility.

14. RADIATION PROTECTION PROGRAM. Describe the radiation protection program including control measures, training including annual refresher training, receipt and accountability of radioactive material, operation, maintenance and emergency response. If the application covers sealed sources, submit leak testing procedures including frequency, person to perform, arrangements for performing initial radiation survey, servicing, maintenance and repair of the source or device.

15. WASTE DISPOSAL. Describe the of method which will be used for disposing of radioactive wastes and estimates of the type and amount of activity involved or the name of the service provider.

CERTIFICATE

(This item must be completed by applicant)

16. THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATE ON BEHALF OF THE APPLICANT NAMED IN ITEM 1, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH STATE OF KANSAS, DEPARTMENT OF HEALTH AND ENVIRONMENT, RADIATION PROTECTION REGULATIONS AND THAT ALL INFORMATION CONTAINED HEREIN, INCLUDING ANY SUPPLEMENTS ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF.

Date _____

Applicant named in Item 1

Business ID # _____

BY: _____
Name (Please print or type)

Federal Tax ID # _____

Telephone # _____

Signature

Email _____

Title of certifying official authorized to act on behalf of the applicant.