

Virginia Department of Health  
 Radioactive Materials Program  
 (804) 864-8150



## APPLICATION FOR A NEW RADIOACTIVE MATERIAL LICENSE AUTHORIZING THE USE OF FIXED GAUGE DEVICES

Virginia Department of Health is requesting disclosure of information for the purpose of obtaining a radioactive material license. Failure to provide any information may result in denial or delay of a radioactive material license.

**Instructions** – Complete all items. Refer to VAREG ‘Guidance for Fixed Gauge Devices’. Use supplementary sheets where necessary. Retain one copy and submit original of the entire application to the Virginia Department of Health, Radioactive Materials Program, 109 Governor Street, Room 730, Richmond, VA 23219.

---

### APPLICATION TYPE

---

**Item 1. Type Of Application** (Check box)

New License

---

### CONTACT INFORMATION

---

**Item 2 Applicant - Name and Mailing Address**

\_\_\_\_\_, \_\_\_\_\_  
 Applicant - Telephone Number (Include area code)  
 ( ) - X

**Item 3 Contact Person - Name**

Name:  
 E-mail:  
 Telephone Number (Include area code)  
 ( ) - X

---

### LOCATION OF RADIOACTIVE MATERIAL

---

**Item 4 List all address(es) where radioactive material(s) will be used or possessed. Attach additional pages if necessary.**

Address (Do not use Post Office box)	Telephone Number (Include area code)
_____, _____	( ) - X
_____, _____	( ) - X
_____, _____	( ) - X

---

**RADIATION SAFETY OFFICER**

---

**Item 5. Radiation Safety Officer (RSO)** (Check one box)

RSO Name:

Tel (Include area code): (            )            -            X

E-mail:

The above named individual will perform all duties and responsibilities as listed in Appendix F in VAREG 'Guidance for Fixed Gauge Devices' and ensure proper oversight of the radiation safety program, including but not limited to, performing periodic on-site evaluations

OR

Alternative information is attached demonstrating how the listed individual will perform the duties and responsibilities and detailing how oversight of the radiation safety program will be conducted, including but not limited to, performing periodic on-site evaluations.

AND EITHER

Before obtaining radioactive material, the proposed RSO will have successfully completed one of the training courses described in Criteria in the section titled 'Radiation Safety Officer (RSO)' in VAREG 'Guidance For Fixed Gauge Devices'. Before being named as the RSO, future RSOs will have successfully completed one of the training courses described in Criteria in the section titled 'Radiation Safety Officer (RSO)' in VAREG 'Guidance For Fixed Gauge Devices'.

OR

Alternative information demonstrating that the proposed RSO is qualified by training and experience is attached. Before being named as the RSO, future RSOs will have successfully completed one of the training courses described in Criteria in the section titled 'Radiation Safety Officer (RSO)' in VAREG 'Guidance For Fixed Gauge Devices' (attach evidence of training and experience).

---

**AUTHORIZED USERS**

---

**Item 6. Training For Authorized Users** (Check one box)

Before using radioactive material, authorized users will have successfully completed one of the training courses described in Criteria in the section titled 'Training for Individuals Working In or Frequenting Restricted Areas' in VAREG 'Guidance For Fixed Gauge Devices'.

**NOTE:** If using in-house training program, submit copies of course content, sample course examination, and course instructor qualifications.

OR

Documentation of the training and experience for the proposed authorized user(s) is/are attached.

---

**RADIOACTIVE MATERIALS**

---

**Item 7. Radioactive Material** (Attach additional pages if necessary)

Element and mass number

Device manufacturer and model number

Maximum quantity requested (total number of gauges possessed at any one time) and Maximum activity per gauge

---

**Item 8. Intended Use**

---

---

**FACILITIES AND EQUIPMENT**

---

**Item 9. Facilities And Equipment** (Check boxes and attach diagram)

Diagrams of radioactive material area(s) of use are attached.

AND

The fixed gauge is secured to prevent unauthorized removal or access and these security features will not impact the safety or integrity of the source or device.

---

---

**RADIATION SAFETY PROGRAM**

---

**Item 10 Radiation Safety Program**

**Item 10.1 Audit Program**

The applicant is not required to, and should not, submit its audit program to the agency for review during the licensing phase. This matter will be examined during an inspection.

---

**Item 10.2 Termination Of Activities**

We will notify VDH, in writing, within 60 days of the decision to permanently cease radioactive material use per **12VAC5-481-510**.

---

**Item 10.3 Survey Instruments And Instrument Calibration** (Check all that apply)

We will have access to a survey meter that meets the Criteria in the section titled 'Survey Instruments' in VAREG 'Guidance for Fixed Gauge Devices'. (Description attached)

OR

We will possess a survey meter that meets the Criteria in the section titled 'Survey Instruments' in VAREG 'Guidance for Fixed Gauge Devices'.

AND ONE OF THE FOLLOWING

Each survey meter will be calibrated by an organization licensed by VDH, the NRC or another Agreement State to perform survey meter calibrations.

OR

We will implement the model survey meter calibration program published in **Appendix I** in VAREG 'Guidance for Fixed Gauge Devices'.

OR

We will submit alternative calibration procedures for agency review. (Procedures are attached)

---

**Item 10.4 Material Receipt And Accountability** (Check one box)

Physical inventories will be conducted at intervals not to exceed 6 months, to account for all sealed sources and devices received and possessed under the license. Records of inventories will be maintained for 5 years from the date of each inventory, and shall include the radionuclides, quantities, manufacturer's name and model numbers, location, individual performing inventory and the date of the inventory.

OR

We will submit a description of the frequency and procedures for ensuring that no gauge has been lost, stolen or misplaced. (Procedures are attached)

---

**Item 10.5 Occupational Dose** (Check one box)

We will maintain, for inspection by VDH, documentation demonstrating that unmonitored individuals are not likely to receive, in one year, a radiation dose in excess of 10 percent of the allowable limits in **12VAC5-481-640**.

OR

We will provide dosimetry processed and evaluated by a NVLAP-approved processor that is exchanged at a frequency recommended by the processor.

---

**Item 10.6 Public Dose**

No response is required, in this license application, however the licensee's evaluation of public dose will be examined during an inspection.

---

**Item 10.7 Operating And Emergency Procedures** (Check one box)

We will implement and maintain the operating and emergency procedures in **Appendix L** of VAREG 'Guidance for Fixed Gauge Devices' and provide copies of these procedures to all gauge users.

OR

We will develop, implement and maintain operating and emergency procedures that will meet criteria in the section titled 'Operating and Emergency Procedures' in VAREG 'Guidance for Fixed Gauge Devices'. (Procedures are attached)

---

**Item 10.8 Leak Test** (Check one box)

- Leak tests analysis will be performed by an organization authorized by VDH, the NRC or another Agreement State to provide leak testing services to other licensees; or by using a leak test kit supplied by an organization licensed by VDH, the NRC or another Agreement State to provide leak test kits to other licensees according to kit suppliers' instructions.

List the name and license number of organization authorized to perform or analyze leak test  
(Specify whether VDH, NRC, or another Agreement State):

Organization Name \_\_\_\_\_ License Number \_\_\_\_\_  
Issuing Entity \_\_\_\_\_

**Note:** An alternate organization may be used to perform or analyze leak test, without amending the license, provided the organization is specifically authorized by VDH, NRC or another Agreement State.

OR

- We will perform our own leak testing and sample analysis. We will follow the model procedures in Appendix M of VAREG 'Guidance for Fixed Gauge Devices'.

OR

- We will submit alternative procedures. (Procedures are attached)

**Item 10.9 Maintenance** (Check one box for routine cleaning and lubrication and one for non-routine maintenance)

**ROUTINE CLEANING AND LUBRICATION:**

- We will implement and maintain procedures for routine maintenance of our gauges according to each manufacturer's recommendations and instructions.

OR

- Alternative procedures are attached.

**NON-ROUTINE MAINTENANCE:**

- We will utilize the manufacturer or another person specifically licensed to perform non-routine maintenance or repair operations that require the removal of the source from the device. Radiation surveys required by **12VAC5-481-750** will be performed by a person specifically authorized by VDH, the NRC or another Agreement State.

OR

- We have provided the information listed in **Appendix N** of VAREG 'Guidance for Fixed Gauge Devices' to support a request to perform this work 'in house'. (Procedures are attached)

**Item 10.10 Fixed Gauge Disposal And Transfer** (Check one box)

- We will return the gauge to the manufacturer for disposal or transfer the device to a specific licensee authorized to receive radioactive material.

**Item 10.11 Transportation**

No response is needed from applicants during the licensing process; this issue will be reviewed during inspection.

**Item 10.12 Fixed Gauges used at Temporary Job Sites** (Check one box)

- We will submit procedures for the use of fixed gauges at temporary job sites. (Procedures are attached)

OR

- No temporary job sites used.

**LICENSE FEE**

**Item 11. License Fees (12VAC5-490)**

License fee enclosed

- Yes Amount Enclosed \$ \_\_\_\_\_

**CERTIFICATION** (To be signed by an individual authorized to make binding commitments on behalf of the applicant.)

**Item 12**

I hereby certify that this application was prepared in conformance with **12VAC5-481 'Virginia Radiation Protection Regulations'** and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief.

**SIGNATURE** - Applicant or Authorized Individual

Date signed

Print Name and Title of above signatory