Number of pages_____

Mississippi State Department of Health, Division of Radiological Health

Phone: (601)987-6893 Fax: (601)987-6887

WEEKLY RECIPROCITY NOTIFICATION

Company Name:_____

License #_____Expiration Date:_____

Contact Person:_____Phone #_____

Customer Name:_____

Customer Contact Person:_____Phone #_____

Possession of device in MS: Dates:_____ to _____

Expected Duration of job:_____

Isotope:_____ Activity of source:_____ Source Model/Drawing #_____

Isotope:_____ Activity of source:_____ Source Model/Drawing #_____

Tracer material isotope:_____ Activity:_____

Neutron generator make/model:_____Device serial #:_____

Company Personnel:

_____ _____

_____ _____

Work Location:_____

*Directions to work location:_____

_____

_____

_____

*Directions to work location must be from a major highway.

Attach additional pages if necessary.

ORIGINAL_____ WEEKLY UPDATE_____ CHANGE_____

FAX_____ CALL_____ LETTER_____