

# Application for Radioactive Material License

## Division of Radiological Health

Submit to: Mississippi State Department of Health Division of Radiological Health Post Office Box 1700 Jackson, Mississippi 39215-1700 (601) 987-6893	Application for: <input type="checkbox"/> New License <input type="checkbox"/> Renewal of License No. _____
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*Complete all items as applicable. Use supplemental sheets where necessary. All applications must be signed and dated. Submit original copy to Mississippi State Dept. of Health, Div. of Radiological Health.*

<b>1. Licensee Name and Mailing Address:</b> <i>Institution, firm, company, person, etc.</i>      Telephone No.(     ) _____ Fax No.(         ) _____	<b>2. Street Address(es) at which Radioactive Material will be used and/or stored, if different from Item 1.</b>      <input type="checkbox"/> Temporary Job Sites in Mississippi
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**3. Individual Users:** Name individuals who will use or directly supervise use of radioactive material. Attach formal training for each (principles and practices of radiation protection, radioactivity measurement, monitoring techniques and the use of instruments, mathematics and calculations basic to the use and measurement of radioactivity, and biological effects of radiation), and include name(s) of person(s)/institution(s), duration of training and when training was received. A copy of training certificate(s) from approved training course(s) may be submitted where applicable. Attach work experience with radiation, and where experience was obtained. Include a list of radioisotopes and maximum activity of each use. Work experience or on-the-job training should be commensurate with proposed use.

Name	Attachments	
	Formal Training in Radiation Safety	Experience in Radiation Safety
	<input type="checkbox"/>	<input type="checkbox"/>

**4. Radiation Safety Officer (RSO):** Name the person designated for the RSO position. Attach formal training for each (principles and practices of radiation protection, radioactivity measurement, monitoring techniques and the use of instruments, mathematics and calculations basic to the use and measurement of radioactivity, and biological effects of radiation), and include name(s) of person(s)/institution(s), duration of training and when training was received. A copy of training certificate(s) from approved training course(s) may be submitted where applicable. Attach work experience with radiation, and where experience was obtained. Include a list of radioisotopes and maximum activity of each use. Work experience or on-the-job training should be commensurate with proposed use.

Name	Attachments	
	Formal Training in Radiation Safety	Experience in Radiation Safety
	<input type="checkbox"/>	<input type="checkbox"/>

**5. Radioactive Material** (additional information should be attached, i.e. current radioactive material inventory, if applicable)

	Source 1	Source 2	Source 3	Source 4	Source 5
a. Element and Mass Number					
b. Chemical and/or Physical Form <i>If sealed source(s), include manufacturer and model number.</i>					
c. Maximum Amount to be Possessed at any One Time <i>If sealed source(s), state number of sources and maximum activity per source.</i>					

e. Describe the purpose for which Radioactive Material listed above will be used.  
*If radioactive material is in the form of a sealed source, include the manufacturer and model number of the storage container and/or device in which the source will be stored and/or used.*

**6. Radiation Detection Instruments**

Type of Instruments <i>Include manufacturer and model number of each</i>	Number Available	Radiation Detected	Sensitivity Range <i>mR/hr</i>	Use <i>e.g., monitoring, surveying, measuring</i>

**7. Calibration of Instruments**

<input type="checkbox"/> Calibrated by Service Company  Name _____  Address _____  License Number _____  Frequency of Calibration _____	<input type="checkbox"/> Calibrated by Applicant <i>Attach a separate sheet describing procedures, frequency, and standards used for calibrating instruments.</i>
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**8. Personnel Monitoring Devices**

Complete the following items, or:  N/A

			Radiation Detected	Supplier	Frequency of Exchange
<input type="checkbox"/> Film	<input type="checkbox"/> Whole Body	<input type="checkbox"/> Extremity	<input type="checkbox"/> Beta <input type="checkbox"/> Neutron		
<input type="checkbox"/> OSLD	<input type="checkbox"/> Whole Body	<input type="checkbox"/> Extremity	<input type="checkbox"/> Beta <input type="checkbox"/> Neutron		
<input type="checkbox"/> TLD	<input type="checkbox"/> Whole Body	<input type="checkbox"/> Extremity	<input type="checkbox"/> Beta <input type="checkbox"/> Neutron		

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- 9. Facilities and Equipment:** Describe facilities where radioactive material, including waste, will be used and/or stored.
- Attach an annotated diagram for the areas of use and/or storage, including adjacent areas. Describe equipment such as remote handling devices, storage containers, shielding, fume hoods, etc.

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**10. Radiation Protection Program**

- Attach radiation protection program as appropriate for the material to be used, including radiation safety procedures, emergency procedures and bioassay procedures. If the application includes a request for sealed sources, submit leak testing procedures, or if leak testing will be performed using a leak test kit, specify the manufacturer and model number of the kit and the name and radioactive materials license number of the individual(s) who will performing the analysis.

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- 11. Waste Disposal:** Describe and/or attach the procedures for handling, storing and disposing of radioactive waste (solid, liquid, and/or gas) if applicable. Name the commercial waste disposal service employed, if applicable. If sealed sources and/or devices will be returned to the manufacturer, so state.

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**12. Certificate**

The applicant and any official executing this certificate on behalf of the applicant named in Item one; certify that this application has been prepared in accordance with Rule 1.3.14 of the Mississippi State Department of Health *Regulations for Control of Radiation in Mississippi*.

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Certifying Official (Signature)

\_\_\_\_\_  
Name (typed or printed)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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**Warning:** Knowingly making false statements in an application is a violation of Rule 1.3.25 of the Mississippi State Department of Health *Regulations for Control of Radiation in Mississippi*.