

PRIOR TO PERFORMING RADIATION WORK IN MISSISSIPPI:

This notice, Form 1043, must be received by the agency at least 3 working days prior to engaging in an activity involving the use of radioactive material (RAM) or x-ray producing machines. You may request a waiver by telephone notification, (601-987-6893), if proper notice cannot be given due to the urgency of the service to be provided. Notification must include all of the information requested below. You must have a valid agency letter which grants reciprocal recognition of your license or certificate of registration prior to transport or use of RAM or x-ray producing machines. This Notice of Intent form may be obtained at: <http://msdh.ms.gov/msdhsite/ static/30,0,102,62.htm>

1. Type of Notice: <input type="checkbox"/> INITIAL <input type="checkbox"/> UPDATE			
Company Name:		Materials License No.:	
Mail Address:		Issuing Agency/State:	
City/State/Zip:		X-Ray Registration No.:	
RSO Phone #:		Issuing Agency/State:	
RSO Name:		RSO Email :	

2. Do you possess a MSDH agency letter granting reciprocity of your license or registration? Yes ___ No ___
Industrial Radiography Personnel: Are qualifications for each user on file with this agency? Yes ___ No ___
 Type of activities to be performed under reciprocity authorization: _____

3. Persons who will use RAM and/or X-Ray:			
Location where RAM will be stored (address): _____			
Dates Scheduled:		Scheduled Number of Work Days	Actual Number of Work Days
From:	To:		
			Submit an update when the actual number of work days differs from the scheduled number of work days

4. Client _____ City of Work Location: _____
 Client Representative at Work _____ Client Phone #: _____
 Physical Address of Work _____

When there is no physical street address, include directions from nearest city or Hwy intersection with street names, distances, and zip code. Include GPS Coordinates when available.

5. RADIOACTIVE MATERIAL and/or X-RAY DEVICE INFORMATION:

Radionuclide: _____ Source Activity: _____ X-Ray Manufacturer: _____
 Sealed Source Model Number: _____ X-Ray Model No.: _____
 Sealed Source Serial Number: _____ X-Ray Serial No.: _____
 Source Holder/"Camera" Manufacturer: _____
 Model Number: _____ Serial Number: _____
 Most recent Leak Test Date: _____

6. FAX FORM TO: (601) 987-6887
 (Fax number is operational 24 hours per day.)

Telephone: (601) 987-6893
 Documents containing sensitive information must be marked and protected in accordance with applicable security requirements.
We do not accept notices by e-mail

I hereby certify that all information on this "NOTICE" is true and complete.

7. Signed: _____ **Date:** _____
Print Name: _____
Title: _____

Instructions for Completing Reciprocity Form

- 1. Indicate if this is the initial notice for entering state an update to previous notice.**
 - **List company name of licensee**
 - **List company mailing address, including City, State, and Zip code**
 - **List Company's Radiation Safety Officer (RSO), phone number, and Email address**
 - **List Radioactive Materials License number, or X-Ray Registration number and the Agency and/or State that issued the license or registration**

- 2. Indicate if Mississippi State Department of Health has already issued letter granting reciprocity of your Company's license or registration number.**
 - **If qualifications (certification cards) have not been submitted, you must submit them for all users.**
 - **Describe activities that will be conducted with radioactive material or X-Ray sources**

- 3. List all personnel that will be using radioactive material or X-Ray sources**
 - **Identify location radioactive material will be stored**
 - **List dates that licensee or registrant will be in the State of Mississippi and the number of proposed working days**
 - **Submit an updated notice for the actual number of work days if different from those scheduled**

- 4. List name of Client, City of work location, Client's representation at work location, Client's phone number, and the physical address of work location including directions from nearest city or town, zip code, highway and/or road, distance to work location, map, and GPS coordinates when available**

- 5. Radioactive material and/or X-ray device information**
 - **List radionuclide (ie Cesium-137), activity of source, Sealed Source Model number, Serial number, Source holder, Model number, Serial number, and list the most recent date for tests for leakage and/or contamination**
 - **List X-ray manufacturer, Model number, and Serial number of the device to be used**

- 6. Notices must be faxed to 601-987-6887**

- 7. Notice must be signed and dated. Print name of person that signed document and title**

