

ALABAMA DEPARTMENT OF PUBLIC HEALTH APPLICATION FOR NOTICE OF REGISTRATION

INSTRUCTIONS-Complete all items (1-16). If application is for renewal of a registration, only Item 8 may be completed by referring to information on file. Use supplemental sheets where necessary. Mail original to: Alabama Office of Radiation Control, P.O. Box 303017, Montgomery, Alabama, 36130-3017. Upon approval of this application, the applicant will receive an Alabama Notice of Registration. An Alabama Notice of Registration is issued in accordance with the general requirements contained in Rule 420-3-26-.08 of Chapter 420-3-26, and the registrant is subject to other applicable parts of the same rule.

1.(a) Name, mailing address of applicant (Institution, firm, hospital, persons, etc.)

(b) Street address(es) at which particle accelerator will be used (if different than Item 1.(a))

Telephone No: Area Code () _____

2. Department to use particle accelerator

3. This is an application for (check and complete appropriate items):

- _____ A. New Registration
 _____ B. Amendment to Registration No. _____
 _____ C. Renewal of Registration No. _____

4. Individual user(s) (Name and title of person(s) requested to be named on the registration to use or physically supervise the use of particle accelerator(s). Give training and experience in Item 8.)

5. Radiation Safety Officer (Name of person to be designated as the Radiation Safety Officer. Attach resume of training and experience.)

Telephone No: Area Code () _____

6.(a) Particle Accelerator Description
(Type, manufacturer and model number)

(b) Particles to be accelerated

(c) Maximum accelerating potential and current

7. Describe purpose for which the particle accelerator(s) will be used.

8. Training and Experience in Radiation Safety

- a. Formal Training in Radiation Safety: Attach a resumé for each individual named in Items 4 and 5. Describe each individual's formal training in the principles and practices of radiation protection; radioactivity measurement standardization and monitoring techniques and use of instruments; mathematics and calculations basic to the use and measurement of radioactivity; and biological effects of radiation. Include the name of the person or institution providing the training, duration of training and when training was received. Attach a copy of a training certificate from an approved training course, where applicable.
- b. Experience: Attach a resumé for each individual named in Items 4 and 5. Describe each individual's work experience with radiation, including where the experience was obtained. Include a list of radioisotopes and the maximum activity of each use.
- c. Are medical use physicians listed as individual users in Item 4 licensed to practice medicine in Alabama? **YES** ___ **NO** ___

9. Radiation detection instruments (Use supplemental sheets if necessary)

| Type of instruments (make and model # of each) | Number available | Radiation Detected | Sensitivity Range (mR/hr) | Use (monitoring, surveying, measuring) |
|---|---------------------|--------------------|------------------------------|---|
| | | | | |

10. Calibration of the radiation detection instruments (specify the frequency and methods to be used in calibrating radiation detection instruments)

Submit Items 11 through 14 on supplemental sheets and attach all supplemental sheets to this application

11. Describe what personal dosimetry, if any, will be used. Specify the type (film badge, TLD, OSL, etc.), frequency of change, and supplier.
12. Describe what, if any, bio-assay procedures will be used. Submit the frequency at which bio-assays will be performed, and the calibration and analysis procedures to be used.
13. Describe facilities and equipment (including remote handling equipment, storage containers, shielding, fume hoods, etc.). Attach an explanatory sketch or diagram of the areas of use and/or storage, including adjacent areas.
14. Describe the radiation protection program including quality control checks and their frequency (daily, weekly, monthly, quarterly, annually). Submit the name, training and experience of persons who will perform initial radiation surveys, servicing, maintenance and repair of the particle accelerator(s).
15. Submit a detailed description of methods that will be used for disposing of any radioactive wastes, and estimates of the type and amount of activity involved. If a commercial waste disposal service is to be employed, specify the name of the company.

16. Certification: The applicant and any official executing this certificate on behalf of the applicant named in Item 1, certifies that this application is prepared in conformity with Chapter 420-3-26, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief.

Signature of Certifying Official

Printed Name and Title of Certifying Official

Date

