

ALABAMA DEPARTMENT OF PUBLIC HEALTH APPLICATION FOR NOTICE OF REGISTRATION (Calibration, Surveys, Installations, and Maintenance of Particle Accelerators)

Under the provision of Section 6, Act Number 582 of the 1963 regular session of the State Legislature, the State Board of Health is designated as the State Radiation Control Agency, and is authorized to require registration and inspection of persons dealing with ionizing radiation.

1. Name, mailing address of applicant (person, corporation, etc.)

Contact Name: _____ **Telephone No:** Area Code () _____

2. Services (Name each person below that will perform “services”, and check appropriate “services” which that person is qualified to perform. Use supplemental sheets if necessary.)

| Name | Installation | Maintenance | Radiation Surveys | Calibration |
|------|--------------|-------------|-------------------|-------------|
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3. Training and experience. The training and experience of each person named in Item 2. above will be evaluated on an individual basis for the “services” checked. Calibration services will only be granted to “qualified experts” as defined in Rule 420-3-26-.01(2)(a)77. The training and experience of each person must be submitted on individual supplemental forms (PA-NRS-1).

4. Radiation Detection Instruments

| Type of Instruments (Include make and model number of each) | Number Available | Radiation Detected | Sensitivity Range (mr/hr) | Emergency Response | Use (Monitoring, Surveying, Measuring) |
|---|---------------------|-----------------------|------------------------------|-----------------------|---|
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5. Method, Frequency and Standards Used in Calibrating Instruments Listed Above

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6. Film Badges and Dosimeters (For film badges, indicate the name of the supplier, and frequency of exchange. For dosimeters indicate the name of the manufacturer, model number, range and method of calibration).

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7. 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