

**FLORIDA DEPARTMENT OF HEALTH
RADIOACTIVE MATERIALS PROGRAM
APPLICATION FOR RADIOACTIVE MATERIALS LICENSE
NON-HUMAN USE**

INSTRUCTIONS - Complete Items 1 – 15 as applicable. Item 15 must be completed on all applications. Use supplemental sheets where necessary. **Mail the original and one copy to:** Department of Health, Bureau of Radiation Control, Radioactive Materials Program, 4052 Bald Cypress Way, Bin #C21, Tallahassee, FL 32399-1741. *Regulatory Guidance Documents are available from the Bureau of Radiation Control to assist in completing this application.*

1.a. LEGAL NAME, MAILING ADDRESS

(Include ZIP code), FEI #, Phone & Fax Numbers:

FEI # _____

Telephone # _____

Fax # _____

**1.b. STREET ADDRESS WHERE
RADIOACTIVE MATERIALS WILL BE
USED OR STORED (Include ZIP Code)**

Same as 1.a.

2.a. LICENSE APPLICATION FEE CATEGORY

(See 64E-5.204, F.A.C., for license descriptions)

b. LICENSE FEE ENCLOSED: \$ _____

3. THIS IS AN APPLICATION FOR:

- a. New License**
- b. Amendment To License Number:** _____
- c. Renewal Of License Number:** _____

4. INDIVIDUAL USERS & REQUESTED USES

(Name all individuals who may receive, possess, prepare, use or transfer radioactive materials or directly supervise others in these activities.)

SEE ATTACHED LIST

**5.a. RADIATION SAFETY OFFICER (RSO):
(Name and Contact Information)**

Name: _____

RSO Phone #: _____

RSO E-Mail: _____

5.b. ALTERNATE EMERGENCY CONTACT:

Name: _____

Contact Phone #: _____

Contact E-Mail: _____

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6. TRAINING AND EXPERIENCE IN RADIATION SAFETY

a. FORMAL TRAINING IN RADIATION SAFETY: Describe the formal training for each individual named in Items 4 and 5, including 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. Include the name of the person or institution providing the training, duration of training and when training was received. Attach a copy of any training certificate received if applicable.

SEE ATTACHED LIST

b. EXPERIENCE: Describe the radiation work experience for each individual named in Items 4 and 5, including where the experience was obtained or attach a copy of a radioactive materials license that identifies them by name as an authorized user. Include a list of radioisotopes and the maximum activity of each use. Work experience or on-the-job training should be commensurate with the proposed use.

SEE ATTACHED LIST

7. RADIOACTIVE MATERIAL

a. Isotope	b. Chemical or Physical Form (If sealed sources, include manufacturer name and model numbers)	c. Maximum Amount Or Activity Possessed At Any One Time. (If sealed source, state the number of sources, maximum activity per source and total activity)
Ex. Co-60	Sealed source XYZ Corp. Model XYZ for use in XYZ Corp Model AAA therapy device or liquid/gas/powder.	30 sources, 2 curies each for a total of 60 curies.

SEE ATTACHED LIST

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8. DESCRIBE THE PURPOSE FOR WHICH EACH RADIOACTIVE MATERIAL LISTED IN ITEM 7, ABOVE WILL BE USED.

(For each sealed source, include the manufacturer's name and model number of the device, gauge or storage container where the source will be used or stored. List a line item for each different type of use for the same or different isotopes.

Ex. Co-60 to be used in a xyz corporation model AAA device in a BBB source holder for the measuring of density of materials in a process vessel.

SEE ATTACHED LIST

9. LIST EACH TYPE OF RADIATION DETECTION INSTRUMENT (i.e., survey meters, counters, etc.)

TYPE OF INSTRUMENTS (include manufacturer and model number of each)	USE (e.g., monitoring, surveying, measuring)	RADIATION DETECTED (beta, gamma, alpha, neutrons)	SENSITIVITY RANGE Low -High (mR/hr)	NUMBER AVAILABLE
Ex. XYZ Co. Model 1 survey meter with Model 33 probe	Monitoring & surveying for removable contamination	Beta & Gamma	0.1 mR/hr – 1 R/hr	2
<input type="checkbox"/> SEE ATTACHED LIST				

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10. CALIBRATION OF INSTRUMENTS LISTED IN ITEM 9 ABOVE.

a. **Calibration by Licensed Service Company**

Calibration Frequency will be at Intervals Not to Exceed: _____ months

b. **Calibration by Applicant** (Attached is a separate sheet describing procedures, frequency and standards used for calibration of instruments.)

11. PERSONNEL MONITORING DEVICES. Complete Items a, b, & c. (Check all that are applicable)

a. Film OSLD TLD Other (See attached) (Provider Must be NVLAP Certified)

b. Whole Body: Exchange Frequency Not to Exceed: _____ Months

Extremity: Exchange Frequency Not to Exceed: _____ Months

c. Radiation Detected: Beta Gamma Neutron

12. FACILITIES AND EQUIPMENT. Attach a description of facilities where radioactive material, including waste, will be used or stored. **Attach an annotated diagram of the areas of use and/or storage, including adjacent areas.** Describe equipment such as remote handling devices, storage containers, shielding, fume hoods, etc. Describe security at your facility such as locks, chains, alarms, security camera, security services, etc.

Description of facilities and equipment also attached with annotated diagram of the areas of use or storage, including adjacent areas.

Attached is a description of security at facilities of the areas of radioactive materials are used or stored to prevent theft or unauthorized access to radioactive materials.

13. RADIATION PROTECTION PROGRAM. Attach a radiation protection program as appropriate for the material to be used, including general radiation safety procedures, emergency procedures, security, and bioassay procedures, etc. (Note that possession of large quantities of certain isotopes, such as those used in fixed gauges, industrial radiography, or irradiators for use in research or blood products, may require additional increased controls for security measures or national source tracking as required by 64E-5.350 and 64E-5.351, FAC.)

Radiation Protection Program Details Attached

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14. WASTE DISPOSAL. Describe the procedures for handling, storing and disposing of radioactive wastes (solid, liquid and/or gas). Name the commercial waste disposal service employed, if applicable. If sealed sources and/or devices will be returned to the manufacturer, so state.

See Attached for Details on Radioactive Waste Disposal

15. CERTIFICATE

The applicant and any official executing this certificate on behalf of the applicant named in Item 1, certify that this application has been prepared in accordance with Chapter 64E-5, Florida Administrative Code, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief. *In addition, the applicant or executing official is acknowledging that they are aware that knowingly making false statements to a public servant is a violation of section 837.06, Florida Statutes, and is punishable by fine or imprisonment*

Certifying Official (Signature)

Name (typed or printed)

Title

Date

Warning: KNOWINGLY MAKING FALSE STATEMENTS TO A PUBLIC SERANT IS A VIOLATION OF SECTION 837.06, FLORIDA STATUTES, AND IS PUNISHABLE BY FINE OR IMPRISONMENT