

FLORIDA BUREAU OF RADIATION CONTROL

HDR REMOTE AFTERLOADER LICENSE APPLICATION CHECKLIST

LICENSE NAME: _____ **d/b/a NAME:** _____

License Number: _____ **Control Number:** _____ **Evaluator:** _____
 (renewals only) (for department use only) (for department use only)

Note: The facility description and model procedures (Appendices A-Z) from **Regulatory Guide 1.60** may be used and submitted to our department to address regulatory requirements. This checklist is designed for new and renewal application categories 5A(II) and 5F(II), 64E-5.204(2) Florida Administrative Code (F.A.C.) licensees.

ADEQUATE? YES/NO NA	APPLICATION ITEM	NOTES
<input type="checkbox"/> <input type="checkbox"/>	Name	Main name, fictitious (doing business as-d/b/a) name, and FEI # verification from Sunbiz Corporate web page. http://www.sunbiz.org/search.html
<input type="checkbox"/> <input type="checkbox"/>	Mailing Address	Mailing address is for license related correspondence.
<input type="checkbox"/> <input type="checkbox"/>	Use and Storage Address	Street address of facility where RAM is used and stored. Note: A Post Office (P.O.) Box can not be the address of use.
<input type="checkbox"/> <input type="checkbox"/>	License Category/Fee	64E-5.204 lists license categories & application fees; <u>no fee for license renewal</u>
<input type="checkbox"/> <input type="checkbox"/>	Purpose of Application	Appropriate box checked; if a renewal, list the license number.
<input type="checkbox"/> <input type="checkbox"/>	Individual Users	List of physicians and Florida licensed TRP qualified AMP's; 64E-5.208(1), .601(4)(a), .6011(1), (2), .655, .656, .657, .658
<input type="checkbox"/> <input type="checkbox"/>	Radiation Safety Officer (RSO)	Lists the name of the RSO; 64E-5.208(1), .605(1), .602(3), 64E-5.6011(15). Meets Training and Experience requirements of 64E-5.648
<input type="checkbox"/> <input type="checkbox"/>	Radioactive Material (RAM) for Medical Use	64E-5.634(2) HDR Remote Afterloaders procedure selected on Page 2 of DH-1322 form.
<input type="checkbox"/> <input type="checkbox"/>	RAM for Uses Not Listed in 6.a	Device and sealed source manufacturers' names and models numbers. Maximum quantity of isotope including amount during source exchanges.
<input type="checkbox"/> <input type="checkbox"/>	Certifying Official Signature	Application signed & dated by a certifying official (person authorized to make legally binding statements on behalf of the applicant/licensee): CEO, COO, President, V.P., Owner, any name listed on Div. of Corps. Page Administrator for hospital (Administrator @ 5C may not be Cert. Official).
<input type="checkbox"/> <input type="checkbox"/>	Facility & Equipment	<p>Diagram submittal shows use/storage locations & adjacent areas; identifies location of emergency stop switches, independent high dose rad. monitor (inside treatment vault), video camera, audio speaker & receiver. Reference Exhibits 1 & 2 from Regulatory Guide 1.60.</p> <p>Description submittal includes shielding calculations for units not located within an accelerator vault, postings, door interlock, intercom/video viewing system, back-up timer, software, additional safety equipment, security, warning alarms, emergency off switches, and room area monitors. Reference Exhibit 3 from Regulatory Guide 1.60. 64E-5.208(2), .312, .313, .320, .321, .323., .324, .636, .637, .638, .639, .6251, .645, .901</p>
<input type="checkbox"/> <input type="checkbox"/>	RSO Responsibilities	<p>Appendix A; Signed by RSO. 64E-5.605(1), .6011(15)</p> <p>States written notification will be submitted within 30 days of a change of RSO or other safety positions; 64E-5.213(7), (8), .602(3)</p>

FLORIDA BUREAU OF RADIATION CONTROL

HDR REMOTE AFTERLOADER LICENSE APPLICATION CHECKLIST

ADEQUATE? YES/NO NA			APPLICATION ITEM	NOTES
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radiation Safety Committee (RSC)	- Appendix A ; Lists use combinations that require RSC, <u>Appropriate box checked</u> . RSC membership includes names of members and their titles for at least one authorized user of each RAM authorized by license, Health Physicist/CNMT, Management representative, RSO, and Nursing representative. 64E-5.606 - .609
<input type="checkbox"/>	<input type="checkbox"/>		Instrumentation	- Appendix B ; <u>Appropriate box checked and instruments listed</u> . 64E-5.615
<input type="checkbox"/>	<input type="checkbox"/>		Quality Control	- Appendix C ; 64E-5.635, .640, .6411, .6421
<input type="checkbox"/>	<input type="checkbox"/>		Personnel Monitoring Program	- Appendix E ; 64E-5.304 - .308, 64E-5.314 -315, 64E-5.336, 64E-5.339, 64E-5.344 - .345, 64E-5.347, 64E-5.903, and 64E-5.1320
<input type="checkbox"/>	<input type="checkbox"/>		Training Program	- Appendix F ; 64E-5.208(1), .605(3)(j), .625(4), .655(3), .656(3), .902, 49 CFR
<input type="checkbox"/>	<input type="checkbox"/>		Ordering and Receiving RAM	- Appendix G ; 64E-5.208(2), 64E-5.327, 64E-5.601(3) & (4), 64E-5.602(4), 64E-5.605(3), Part XV
<input type="checkbox"/>	<input type="checkbox"/>		Source Exchange	- Appendix H ; 64E-5.327, 64E-5.605(3) and 64E-5.635
<input type="checkbox"/>	<input type="checkbox"/>		Use Records	- Appendix I ; 64E-5.208(1)
<input type="checkbox"/>	<input type="checkbox"/>		Rules of Use	- Appendix J ; 64E-5.208(1), .634 - .640 , .6251, .645, .6411, .6421, .6423, .644
<input type="checkbox"/>	<input type="checkbox"/>		Emergency Procedures	- Appendix K ; 64E-5.208(2), .343 - .345, .605(2), .621(4), .636(1)(d), .637(7)
<input type="checkbox"/>	<input type="checkbox"/>		Area Surveys	- Appendix L ; 64E-5.618(9), (10), .644
<input type="checkbox"/>	<input type="checkbox"/>		Member of Public (MOP) Dose Study	- Appendix M ; <u>Appropriate procedure/s checked</u> . 64E-5.208(2), .312, .313
<input type="checkbox"/>	<input type="checkbox"/>		Quality Management Program (QMP)	- Appendix Q ; 64E-5.611
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ALARA Program – including RSC	- Appendix R ; See Appendix. A or 64E-5.606 to determine if RSC required: 64E-5.303, .604, 101(11), .208(2), .303
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ALARA RSC not included	- Appendix S ; See Appendix A or 64E-5.606 to determine if RSC required: 64E-5.303, .604, .101(11), .208(2), .303
<input type="checkbox"/>	<input type="checkbox"/>		Leak Testing	- Appendix T ; 64E-5.337, .348, .618(2) - (7)
<input type="checkbox"/>	<input type="checkbox"/>		Survey Meter Calibrations	- Appendix V ; 64E-5.314(2), .208(2), .615
<input type="checkbox"/>	<input type="checkbox"/>		Waste Disposal	- Appendix W ; 64E-5.340, .328 - .330, .332, .624
<input type="checkbox"/>	<input type="checkbox"/>		Inventory	- Appendix X ; 64E-5.618(8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mobile Medical Service Requirements	- Appendix Z ; 64E-5.610, .6423, Part XV
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	-
COMMENTS:				