



## KENTUCKY RECIPROcity LOCATION REPORT



**INSTRUCTIONS FOR USE:** Read these instructions carefully. These instructions are presented to assist reciprocal licensees in completing the attached location report. Once the report is properly filled out, please **FAX to: Attn. Reciprocity Coordinator (502-564-1492)**. The completed forms may also be mailed to: **Radiation Health Branch, 275 East Main St, Mailstop HS1CA, Frankfort, KY 40621**.

***This Guide is not intended to, and does not, create any rights or privileges, substantive or procedural, which are enforceable by person. The publication of this guide, or any version thereof, does not place any limitation of the otherwise lawful prerogatives or discretion of the Radiation Health Branch, Division of Public Health Protection and Safety, Department for Public Health, Cabinet for Health and Family Services.***

The Radiation Health Branch published this guidance to assist licensees in completing the location report contained herein. ALL Reciprocal Licensees MUST complete this form.

You are strongly encouraged to TYPE the information into the form. This form is available in two formats (Microsoft Word and Adobe PDF). You can contact the Reciprocity Coordinator, Christopher Keffer at [Christopher.Keffer@ky.gov](mailto:Christopher.Keffer@ky.gov) for an electronic copy of either version for saving to your local computer.

Please note that if the information contained in the transmitted report is illegible, the report may be deemed "incomplete" and the licensee may be subject to compliance and escalated enforcement action(s).

### EXPLANATION OF THE REPORT

#### Section 1. Licensee Information

Please be sure that the contact person listed in this section is KNOWLEDGEABLE of the activities being conducted at the work location. This individual is normally the Radiation Safety Officer, but can be anyone in your organization.

#### Section 2. Personnel / Equipment /Sources Information

1. The individuals listed should be authorized by your license to work with the radioactive materials listed.  
If you have not previously submitted training verification for any individual listed in this section, you MUST do so when transmitting the report. Personnel should have identification and training documentation with them at the jobsites within the Commonwealth of Kentucky.
2. Please provide a cellular phone or pager number (if available) for at least one individual listed as an equipment operator.

#### Section 3. Location of Work

1. Please describe the location **IN DETAIL** if the exact physical address of work is not applicable. An example of a good description is: "2 miles north of intersection Hwy XXX and Hwy YYY on State Road 9999 near Anytown, KY 40999". If necessary, attach a map of the work location from Google Maps or Map Quest and indicate location.
2. The contact person for this section must be an individual at the COMPANY FOR WHOM THE WORK IS BEING CONDUCTED. Please verify the phone number prior to filing the report. Again, this person must be knowledgeable of the location and the nature of the job. This is whom our office will contact for specifics on the job.
3. Please list the start and stop work for each day licensed activities will be performed. No more than five (5) days can be requested for any one reciprocity request. For projects requiring more than 5 days of licensed operations, another form must be submitted. This office will assume that licensed activities are being conducted on all days and times indicated for the purposes of performing unannounced inspections. If licensed activities are not being conducted on the days and times indicated and the licensee has not notified this office of a change in plans, the licensee will be subject to a Notice of Violation and possible suspension and/or revocation of reciprocal recognition.
4. Please indicate whether this is a REVISION to a PREVIOUSLY SUBMITTED location report.
5. The Kentucky Regulations 902 KAR 100:065 allow for relief from the three-day notification requirement "if, for a specific case, the three (3) day period would impose an undue hardship on the out-of-state licensee, the licensee may, upon application to the cabinet, obtain permission to proceed sooner." The Radiation Health Branch always reserves the right to deny work at a location if this office determines the action is necessary to prevent undue hazard to public health and safety or property. In order for the office to grant relief from the three day notification requirement, the applicant **MUST** provide a reason that the notification is being made less than 3 days before the scheduled work. Failure to give a reason may result in denial of the authorization.

#### Section 4. Type of Work to be Performed

1. Please check the appropriate type of work. If "other", please specify the type of work in the space provided.

#### PLEASE REVIEW THE FORM CAREFULLY BEFORE TRANSMITTING

You **MUST** notify the Radiation Health Branch if **ANY** information in the report changes. You can reach us by FAX 24 hours a day at 502-564-1492 or by telephone at 502-564-3700 Monday – Friday, 08:00 – 16:30 EST.

**No request received after 2:00 PM on a Friday or the day before a Kentucky State holiday will be processed before the following state business day. Please be aware of the requirement for notification at least 72 hours before reciprocity work is to begin. For a listing of KY state holidays see <http://personnel.ky.gov/stemp/holiday.htm>.**



**KENTUCKY RADIOACTIVE MATERIALS SECTION**  
**RECIPROCITY LOCATION REPORT**  
*(Revision 8)*



FOR RHB USE ONLY	
Rec. License No.	<b>209-</b>
Inspected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Inspected	

**INSTRUCTIONS:** \*\*Please TYPE or PRINT\*\* Complete all applicable sections of this form as described in the instructions above. Completed forms **MUST** be received **72 HOURS PRIOR** to the initiation of work at the location listed below. Completed forms may be **Faxed to 502-564-1492** or mailed to: **Radiation Health Branch, 275 East Main Street, Mailstop HS1CA, Frankfort, KY 40621.** This report is **REQUIRED** for all requests for reciprocal recognition, no exceptions.

**No request received after 2:00 PM on a Friday or the day before a Kentucky State holiday (<http://personnel.ky.gov/stemp/holiday.htm>) will be processed until the following state business day. Please be aware of the requirement for notification at least 3 days prior to commencing licensed activities. If less than 3 days notification, please explain why.**

**Detailed for reason for late notification if less than 3 days prior to starting work**

Late notification accepted.  Yes  No (if no, inform licensee of why)

**RECIPROCITY LICENSEE INFORMATION**

Notification Date:	Time (military):
Licensee:	
Address:	
Radioactive Materials License No.:	
Employee to be contacted about this notification.	Name:
	Tel. #: <input type="text"/> Fax #: <input type="text"/>
	E-mail: <input type="text"/>

**KENTUCKY WORK LOCATION INFORMATION**

KY Client/Company:	
<b>EXACT</b> physical KY address or <b>DESCRIPTION</b> of work location.	
Person from KY company listed above who can be contacted.	Name:
	Tel. #: <input type="text"/> Cell #: <input type="text"/>
	E-mail: <input type="text"/>

**PERSONNEL / EQUIPMENT / SOURCES**

<i>Personnel / Authorized Users</i>		
Name	Cellular / Pager No.	If more space is needed, supply names and numbers and attach.

Date(s) & <b>Military</b> Work Time(s). All days requested will count towards the 180-day operating limit <u>unless notified of revisions or cancellations.</u>	Date	Start Time	Stop Time	Is this a <b>REVISION</b> to a previous notification? <input type="checkbox"/> YES <input type="checkbox"/> NO

**Equipment**

Make	Model	Serial No.

**TYPE OF WORK TO BE PERFORMED**

<input type="checkbox"/> Well Logging	<input type="checkbox"/> Teletherapy/Irradiator Service
<input type="checkbox"/> Portable Gauges	and/or Repair
<input type="checkbox"/> Radiography	<input type="checkbox"/> Equipment or Source Install
<input type="checkbox"/> Leak Testing and/or Calibrations	<input type="checkbox"/> Lead Paint Analysis
<input type="checkbox"/> Other (specify) ⇒	

**Isotopes** (use chemical abbreviations – e.g. Ir-192, Cs-137)

Isotope	Activity	Specify Units
		<input type="checkbox"/> Ci <input type="checkbox"/> mCi
		<input type="checkbox"/> Ci <input type="checkbox"/> mCi
		<input type="checkbox"/> Ci <input type="checkbox"/> mCi

Certifying Official (e.g. RSO):
Signature: _____ Date: _____

If **ANY** information in this form changes, notify the Branch at:  
 Telephone: (502) 564-3700 Facsimile: (502) 564-1492