



**Application for a Kentucky Radioactive Materials License**  
**Radiation Health Branch, Department for Public Health**  
**Cabinet for Health and Family Services**

RPS-7  
6/2011

Completed applications must be filed with Radiation Health Branch, Cabinet for Health and Family Services,  
 275 East Main Street, Mailstop HS1C-A, Frankfort, KY 40621, Tel: 502-564-3700, Fax: 502-564-1492  
 Application is for one of the following:

New License <sup>(1)</sup> Check. _____	Amendment in Entirety <sup>(1)</sup> of License No. _____	Amendment to <sup>(2,3)</sup> License No. _____	Renewal of <sup>(2,3)</sup> License No. _____
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**(1)** All sections must be completed **(2)** Complete all applicable sections & section 15 **(3)** Amendments & renewals cannot be combined

<b>1. Applicant's Name and Mailing Address</b>	<b>2. Street address(es) where radioactive material will be Used (no P.O. Boxes)</b>
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<b>3. Telephone Number</b>	<b>4. Person to be contacted and listed as contact person</b>
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**5. Individual(s) and Title(s) who will use or directly supervise use of radioactive material**

<b>6. Radiation Safety Officer (one person)</b>	Training and experience required for each user named in Item 5 and for the Radiation Safety Officer in Item 6. For the RSO, duties and responsibilities of the RSO and updated organizational chart are required and if necessary, a signature authorization form.
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**7. Licensed Material**

Element & Mass Number  A	Chemical and/or Physical Form  B	Manufacturer Name & Model Number (if sealed source)  C	Maximum activity (millicuries) per sealed source <u>OR</u> maximum activity possessed at any one time  D	Maximum number of sealed source/device combinations possessed at any one time  E

Describe use of radioactive material (Should be keyed to material in Subitem A above. For specific make & model of sealed source/device combinations in Subitem E above, state maximum number possessed at any one time)

**8. Radiation Detection Instruments**

<u>Manufacturer</u>	<u>Model</u>	<u>Number Available</u>	<u>Radiation Detected</u> <u>(alpha, beta, gamma, neutron)</u>	<u>Sensitivity</u> <u>Range</u>
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**9. a) Calibrated by Service Company**  
(Name, Address, and Frequency)

**b) Calibrated by Applicant**  
(Attach procedures describing method and standards used)

**10. Personal Monitoring Devices**

Type	Supplier	Exchange Frequency
<input type="checkbox"/> (1) Film Badge <input type="checkbox"/> (2) TLD <input type="checkbox"/> (3) OSLD <input type="checkbox"/> (4) Other (specify)		<input type="checkbox"/> Monthly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other (specify)

**11. Facilities and Equipment.** Describe the facilities, remote handling equipment, shielding, fume hoods, etc. Attach a sketch of the facility indicating the location of any radioactive materials (i.e. fixed gauges, storage areas, etc).

**12. Radiation Protection Program.** Describe the radiation protection program as appropriate for the material to be used including the duties and responsibilities of the Radiation Safety Officer, control measures, bioassay procedures, day-to-day general safety instruction to be followed, etc. If sealed sources are to be possessed, describe leak test procedures or if kit is used specify the manufacturer, model number of kit and person performing test. If radiation detection instruments are to be calibrated in-house or leak test swipes analyzed, submit detailed procedures and methods.

**13. Training and Experience of Users.** Submit the formal training of each individual named in Item 5 and 6 indicating the name of persons or institutions providing the training, duration of training, and when training received in the areas of:

- Principles and practices of radiation protection.
- Radioactivity measurement standardization and monitoring techniques and instruments.
- Mathematics and calculations basic to the use and measurement of radioactivity.
- Biological effects of radiation.

**14. Waste Disposal.** Describe the methods which will be used for disposing of radioactive waste.

**15. Certification.** The applicant understands that all statements and representations made in the application are binding upon the applicant.

The applicant and any official executing this certification on behalf of the applicant, named in Item 1, certify that this application is prepared in conformity with Kentucky Cabinet for Health and Family Services Administrative Regulations 902 KAR 100, and that all information contained herein, is true and correct to the best of their knowledge and belief.

**Signature of Certifying Management Official**

**Type/Printed Name**

**Title**

**Date**