

State of North Carolina
Department of Environment,
Health and Natural Resources

Division of Radiation Protection

James B. Hunt, Jr., Governor
Jonathan B. Howes, Secretary
Dayne H. Brown, Director



MEMORANDUM

TO: All North Carolina General Licensees who possess nuclear devices (other than self luminous)

FROM: Sharn M. Jeffries, Health Physicist
Radioactive Materials Section
Division of Radiation Protection (DRP)

SUBJECT: 1995 General License Compliance Survey

DATE: May 3, 1995

Our records indicate that you possess radioactive material as part of a generally licensed device. These devices are licensed pursuant to Sections .0308 and .0309 of the North Carolina Regulations for Protection Against Radiation. These regulations carry with them certain regulatory requirements that are your responsibility as the user of the device(s).

The attached survey was designed to serve two purposes. The first purpose of the survey is to motivate you to perform an intensive review of your radioactive materials program. This will give you the chance to refamiliarize yourself with the devices and what we at DRP expect of you. Once you fill out the survey and return it to the address at the bottom of this memorandum, the information will be incorporated into your file at DRP. The updating of this file is the second purpose of the survey.

If possible, the survey should be completed by someone who is familiar with the devices and the requirements. Please make a copy of the completed survey and return the original to DRP. The completed survey form should be returned to DRP by **May 24, 1995**.

Should you have any questions, feel free to contact me at **(919)571-4141 ext.209**.

Thank-you for your attention to this matter.

GENERAL LICENSE COMPLIANCE SURVEY

Please complete survey and return to the address below by **May 24, 1995:**

NCDEHNR

Division of Radiation Protection (DRP)

ATTN: Sharn M. Jeffries

P.O. Box 27687

Raleigh, NC 27611-7687

1. Licensee Name _____ 2. License Number _____

3. Mailing Address _____
(Include Zip Code)

4. Physical Address _____
(Include Zip Code)

5. Telephone Number(____) _____

6. Contact/Radiation Safety Officer _____

7. Organizational Structure (Pres., VP, Mgr, RSO) _____

8. Authorized Users (Names and training records) _____

9. Do you rely on the Manufacturer for installation, relocation, maintenance,
or repair of your device(s)?

Yes _____ No _____

(If no, are there written procedures in place for the above activities?)

Yes _____ No _____

10. Are all records available for each device?

A. Receipt (new devices) Yes _____ No _____

B. Transfer (old devices) Yes _____ No _____

C. Leak Test (all devices) Yes _____ No _____ Frequency _____

D. Inventory (all devices) Yes _____ No _____ Frequency _____

(Attach copy of most recent inventory. Be sure to include physical location of the device.)

E. Shutter Test Yes _____ No _____ Not Applicable _____

11. Are all labels originally attached to the device(s) still legible?

Yes _____ No _____

12. Are all devices properly secured against unauthorized access?

Yes _____ No _____

13. Are written emergency procedures available for each device?

Yes _____ No _____

14. How will the nuclear devices be disposed? _____

15. Do you have copies of the following regulations?
N.C. _____ NRC _____ Other (please describe) _____ Don't Know _____

16. Have you lost or misplaced any nuclear devices in the past five years?
Yes _____ No _____
(If yes, please attach brief description of the incident.)

17. Have you received any new nuclear devices in the past two years?
Yes _____ No _____
(If Yes, please list all gauges received by manufacturer, model number, isotope, activity, and serial number (attach pages, if necessary)).

Manufacturer	Model No.	Isotope	Activity	Serial No.
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18. If you have returned or exchanged any nuclear devices in the past two years, please list manufacturer, model number, isotope, activity, serial number, date of transfer, and transferee of all devices transferred (attach pages, if necessary).

Manufacturer	Model No.	Isotope	Activity	Serial No.	Date	Transferee
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19. Comments/Suggestions: _____

20. Please provide information on person completing this survey.

Name (print) _____

Name (signature) _____

Title _____ Telephone () _____

Date Survey Completed _____