



Radiography & Reciprocity Location Report

INSTRUCTIONS: Please fill this form completely. Submit by e-mail only to notifications.ram@dhs.nc.gov. Change the subject line of the e-mail to include **only** the work start date followed by an uppercase R, if this is a reciprocity job, followed by the work location city. Or, simply click the SUBMIT button below, edit the subject line, and send. Questions? notifications.ram@dhs.nc.gov

Licensee Information			Work Location Information		
Date:		Military Time:		Company:	
Licensee:		Radioactive Materials License #:		Physical address:	
Reciprocity License # (if applicable):		State:			
Licensee Contact Name:			Location contact from company where work is to be performed		Name:
Telephone:					Telephone:
E-mail:					e-mail:
Personnel/Equipment/Sources			Dates and times of work		Start Date:
Personnel					End Date:
Name		Cell Phone			Shift start time:
					Shift end time:
			Is this a revision of a previous notification? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			If this notification is being submitted fewer than 3 days prior to start of work, explain:		
Equipment			Is the work location on or near any of the following? If "Yes" give name of port or airport or location in miles from shore.		
Make	Model	Serial #			
			State Port <input type="checkbox"/> Yes <input type="checkbox"/> No Name:		
			Airport <input type="checkbox"/> Yes <input type="checkbox"/> No Name:		
			NC Coastal Waters ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No Distance: miles		
			¹ Coastal waters are defined as 3 nautical miles (approximately 3.5 statute miles) from the low water mark.		
Radionuclides (use abbreviations, e.g. Ir-192)			Additional Information		
Isotope	Activity	Units	If there is additional, pertinent information regarding this job, please enter below.		
		<input type="checkbox"/> Ci <input type="checkbox"/> mCi			
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Type of Work on this Job					
<input type="checkbox"/> Pipeline	<input type="checkbox"/> Equipment/source install	<input type="checkbox"/> Tank			
<input type="checkbox"/> Fabrication	<input type="checkbox"/> Concrete / Foundation	<input type="checkbox"/> Landfill			
<input type="checkbox"/> Medical	<input type="checkbox"/> Service / repair	<input type="checkbox"/> Lead paint analysis			
<input type="checkbox"/> Road construction					
<input type="checkbox"/> Other Explain:					
			If the information above changes, please submit a revised form immediately. Simply revise the original notification and click on the Submit button below. Change the subject line of the the e-mail, as described in the instructions above and add the word REVISION . Send.		