

GENERALLY LICENSED DEVICE INSPECTION BY MAIL

Department of Health Services (DHS) is requesting disclosure of information. Completion of this form is required to comply with s. DHS 157.12(7). Failure to provide all requested information may result in a site inspection.

Instructions – Complete all items. Use supplementary sheets if necessary. Retain a copy and submit the original to: DHS, Radiation Protection Section, P.O. Box 2659, Madison, WI 53701-2659.

CONTACT INFORMATION

1. Licensee - Name and Mailing Address	Contact Person – Name and Telephone Number (Include area code) () - X
2. General License Number	3. Has the contact person changed? <input type="checkbox"/> Yes <input type="checkbox"/> No

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4. Has the number of devices containing radioactive material changed in the past year?
 Yes No
If Yes, indicate reason for change and give the name and Radioactive Materials License number of supplier/disposal company:
 Addition Disposal Transfer Name _____ License No. _____

5. If a device has been transferred to another licensee, was the Department of Health Services notified within 30 days in accordance with s. DHS 157.12(4)?
 Yes No If No, date DHS notified _____

6. Are all radiation warning signs and labels visible and in good condition on each device?
 Yes No If No, date corrected _____

7. Are all devices containing radioactive material in working order (for example, no damage to shielding, on/off mechanism or indicator, leak test shows less than 0.005 microcurie of removable contamination)?
 Yes No If No, date operation suspended _____ Date repaired _____

8. Has each device been leak tested every six months or at the frequency required by its Sealed Source and Device Registration sheet?
 Yes No If No, date completed _____

REGISTRATION FEE

A. Site Fee \$100.00 per site = \$ _____

B. Device Fee \$50.00 per device
Number of devices _____ x \$50.00 = \$ _____

C. Total fee enclosed (A+B) = \$ _____

Note: No person may possess, receive, use, own or transfer a device purchased under a general license that contains at least 370 MBq (10 millicuries) of cesium-137, 3.7 MBq (0.1 millicurie) of strontium-90, 37 MBq (1 millicurie) of cobalt-60, 3.7 MBq (0.1 millicurie) of radium-226, or 37 MBq (1 millicurie) of americium-241 or any other transuranic unless that person registers annually with the Department and pays a fee as prescribed in s. DHS 157.12(6).

CERTIFICATION

I hereby certify that this renewal and mail inspection was prepared in conformance with Wisconsin Administrative Code Chapter DHS 157 "Radiation Protection" and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief.

SIGNATURE - Applicant or Authorized Individual	Date signed
Print Name and Title of above signatory	