

# GENERAL LICENSE DEVICE INVENTORY FORM

*(Please read accompanying instructions before completing this form)*



Paragraph (C)(13)(b) of Rule 3701:1-46-05 of the Ohio Administrative Code, requires those in possession of a device meeting the criteria of paragraph (C)(13)(a) of Rule 3701:1-46-05, report these devices annually to the director.

**Submit both pages of this form to the address below within 30 days of receipt.**

**Ohio Department of Health  
Attn: G.L. Device Program  
Bureau of Radiation Protection  
246 N. High Street - 7<sup>th</sup> Floor 35 Bldg.  
Columbus, Ohio 43215**

**1. NAME** *(Firm proposing to conduct the activities described below)*

**2. INDIVIDUAL RESPONSIBLE**

**3. ADDRESS OF LICENSEE**

*(Mailing address or other location where licensee may be located)*

**4. TELEPHONE NO.**

*(Include area code)*

**5. FAX NO.**

*(Include area code)*

**6. E-MAIL ADDRESS**

**7. TAX ID NUMBER**

**8. LOCATION OF USE** *(If different from address listed in item 3. No P.O. boxes, please)*

## 9. CERTIFICATION

I, THE UNDERSIGNED, HEREBY CERTIFY:

- a. All information in this report is true and complete.
- b. The information concerning the device(s) has been verified through a physical inventory and checking of label information.
- c. I understand Ohio Department of Health regulations require any change in the information furnished by a registrant on this registration certificate be reported to the Bureau of Radiation Protection within 30 days from the effective date of such change.
- d. I have read and understand the provisions of the applicable regulations (Rule 3701:1-46-05 of the Ohio Administrative Code); and I understand I am required to comply with those provisions as to all radioactive material that I receive, acquire, possess, use or transfer under the general license for which this inventory is filed with the Bureau of Radiation Protection.

**PRINTED OR TYPED NAME**

**SIGNATURE**

**DATE**

## INSTRUCTIONS FOR THE GENERAL LICENSE DEVICE INVENTORY FORM

**NOTE:** Please fill out the General License Device Inventory Form accurately and completely, and return the form within 30 days of receipt. You may copy and attach additional sheets if needed. Fill out a separate form for each facility occupying a different address. If you are unsure of the model numbers and serial numbers requested, please call the device manufacturer or your service provider.

1. **NAME** -- Should be the corporate name or an individual name, if an individual is submitting the form.
2. **INDIVIDUAL RESPONSIBLE** -- The person whom the Bureau of Radiation Protection (BRP) should contact if there are questions about the form. This person should be knowledgeable of the requirements specified in Rule 3701: 1-46-05 of the Ohio Administrative Code.
3. **ADDRESS OF LICENSEE** -- The mailing address where correspondence will be received. There is a separate place in item 8 for the location of use for the radioactive materials if it is different from the mailing address.
4. **TELEPHONE No.** -- The contact number for the person named in item 2.
5. **FAX No.** -- The fax number for the person named in item 2.
6. **EMAIL ADDRESS** -- The email address for the person named in item 2.
7. **TAX ID NUMBER** -- The tax identification number for the firm or individual named in item 1.
8. **LOCATION OF USE** -- List the address of use if the address of use for the radioactive material is different from the mailing address.
9. **CERTIFICATION** -- A person of upper management should read the certification statements, print their name, sign their name and date the form in the spaces provided.
10. **INVENTORY OF GENERALLY LICENSED DEVICES** -- This item of the form should be accurate and complete. If all required information is not shown on the form, the person named in item 2 will be contacted by the BRP in order to retrieve the required information.
  - a. **DEVICE MANUFACTURER** -- Please list the current manufacturer for the device(s) in your company's possession.
  - b. **DEVICE MODEL No.** -- The device model number required for this item is the model number for the source holder that is registered with the U.S. Nuclear Regulatory Commission (NRC) and should be on the device label. Make sure that device model number has a device registration that is registered with the NRC.
  - c. **DEVICE SERIAL No.** -- List the device serial number that corresponds to the device model number listed in item 10. a. If a device does not have a serial number, list the source serial number for the source contained in the device.
  - d. **ISOTOPE** -- List the name of the isotope of the source that is contained in the device. If there is more than one source for a single device, there are spaces for information for a second source in items 10. h through 10. k. If there are more than two sources in a single device, use the following lines to continue listing the sources and the sources' information in the appropriate boxes. Use as many lines as appropriate in order to list all sources contained in the device.
  - e. **ACTIVITY** -- Please list the activity of the source named in item 10. d. The activity should be listed in Curies or Becquerels.
  - f. **MODEL No.** -- List the model number for the source named in item 10. d. The model number for the source should be listed on the device registration. The source model number also has a source registration that is registered with the NRC.
  - g. **SERIAL No.** -- List the serial number for the source named in item 10. d.
  - h. - k. Items 10. h through 10. k are spaces for information for a second source. If there are more than two sources in a single device, use the following lines to continue listing the sources and the sources information in the appropriate boxes. Use as many lines as appropriate in order to list all sources contained in the device.
1. **IN USE OR IN STORAGE** -- Please check the appropriate box to indicate whether the device is currently in use or if it is in storage.

