



## NOTIFICATION OF RECIPROCITY

South Carolina Department of Health and Environmental Control  
**Bureau of Radiological Health**  
2600 Bull Street  
Columbia, SC 29201

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(803)545-4412 Fax  
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This **NOTIFICATION OF RECIPROCITY** Form must be received by the Department at least three (3) days prior to each use of radioactive material in South Carolina. If, for a specific case, entry into the state could not be anticipated, you may request permission from the Department to proceed sooner by calling (803) 545-4400.

### LICENSEE INFORMATION

Company Name and Address:

Contact Person (Name/Title):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Phone No.: \_\_\_\_\_  
License No.: \_\_\_\_\_

### ACTIVITIES TO BE CONDUCTED UNDER RECIPROCITY

- |  |   |
|--|---|
| <input type="checkbox"/> Moisture/Density Gauges                       | <input type="checkbox"/> Leak Testing and/or Other Calibrations |
| <input type="checkbox"/> Portable XRF Analyzer                         | <input type="checkbox"/> Mobile Nuclear Medicine                |
| <input type="checkbox"/> Industrial Radiography (Temporary Field Site) | <input type="checkbox"/> Teletherapy/Irradiator Service         |
| <input type="checkbox"/> Other (please specify): _____                 |   |

### TEMPORARY JOB SITE INFORMATION

Name of Client Company: \_\_\_\_\_

SC Contact for Client: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Location of the Job site:

\_\_\_\_\_

Work Scheduled for: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_, resulting in \_\_\_\_ total work days.

### DEVICE INFORMATION

Manufacturer: \_\_\_\_\_ Model No.: \_\_\_\_\_

Isotope: \_\_\_\_\_ Activity: \_\_\_\_\_ Serial No.: \_\_\_\_\_ Leak Tested: \_\_\_\_/\_\_\_\_/\_\_\_\_

Equipment Operator(s): \_\_\_\_\_

\_\_\_\_\_

Equipment Storage Location and Security Measures: \_\_\_\_\_

\_\_\_\_\_

### By submitting this NOTIFICATION OF RECIPROCITY Form, the licensee agrees to:

- Abide by all rules and requirements detailed in the **LETTER OF RECIPROCITY AUTHORIZATION**.
- Maintain access, at all times when radioactive material is used in South Carolina, to the following documents:  
<sup>1)</sup> Radioactive Material License, <sup>2)</sup> proof of training of individual users, <sup>3)</sup> licensee's operating/emergency procedures manual, <sup>4)</sup> **LETTER OF RECIPROCITY AUTHORIZATION**, <sup>5)</sup> "Emergency Radiological Assistance for South Carolina" Form (which lists the after-hours phone number for incidents involving radioactive material).

THIS NOTIFICATION  
COMPLETED BY:

Name/Title

Signature

Date

## Instructions for Completing Notification of Reciprocity - DHEC 0848

### Notification of Reciprocity

- All reciprocity licensees must submit a completed Notification of Reciprocity prior to each use of radioactive material in the State of South Carolina.
- The Notification of Reciprocity will be completed by the reciprocity licensee's Radiation Safety Officer, a designated authorized user or management representative, or a company employee under the supervision of the Radiation Safety Officer, an authorized user, or a management representative.

### - Application Items

#### Licensee Information

- Company Name and Address: Name and address of the reciprocity licensee
- Contact Person (Name/Title): Name and title of the person who should be contacted in the event of questions regarding the Notification of Reciprocity
- Phone No.: Phone number of the Contact Person
- License No.: Company's NRC or Agreement State Radioactive Material License Number

#### Activities to Be Conducted Under Reciprocity

- (Applicable activity must be checked)

#### Temporary Job Site Information

- Name of Client Company: Name of company for which licensee will be working
- SC Contact for Client: Name of contact person employed by the company for which licensee will be working
- Phone No.: Phone number of the SC Contact
- Location of the Job Site: Address at which radioactive material will be used
- Work Scheduled for: Dates of projected use of radioactive material in the State of South Carolina
- Resulting in \_\_\_\_\_ total work days: Number of total days licensee plans to conduct work utilizing radioactive material in the State of South Carolina. Must be < 180 days.

#### Device Information

- Manufacturer: Name of the company that manufactured the device containing radioactive material
  - Model No.: Model number of the device
  - Isotope: Name and atomic mass number of the radioisotope(s) contained in the device
  - Activity: Total activity of the radioisotope(s) contained in the device
  - Serial No.: Serial number of the device
  - Leak Tested: Date of the last leak test performed on the device
  - Equipment Operator(s): Person(s) employed by the licensee who will be using the device within the State of South Carolina
  - Equipment Storage Location and Security Measures: Where and how the device will be stored in the State of South Carolina when not in use
- Completed Notification of Reciprocity Forms will be collected by the Division of Radioactive Material Licensing and Compliance, filed according to licensee name, and maintained in accordance with the Bureau of Radiological Health's record-keeping policy.

### OFFICE MECHANICS AND FILING:

The retention schedule number for this form is 16305- Licenses (Active and Terminated).