



Title: **Overview to Radioactive Material Licensing Regulations**

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**PURPOSE:** To assist University Administrators and Departmental Chairpersons in understanding the regulatory nature of the University Radioactive Materials Broad License. The following Radiation Safety Program overview, Senior Investigator audit checklist and Levels of Enforcement Action regarding non-compliance will help explain the overall mission of the Radiation Protection Services Division of the Department of Environmental Health and Safety.

**SCOPE:** Hospital wide

**POLICY:** to provide Hospital staff with an overview to Compliance with State mandated Radioactive Material Licensing Regulations.

**DEFINITIONS:**

**BERP:** Bureau of Environmental Radiation Protection

**DOJ:** Department of Justice

**DOT:** Department of Transportation

**URPC:** University Radiological Protection Committee

**PROCEDURES:**

***RADIATION PROTECTION SERVICES***

Overview to Compliance with State Mandated Radioactive Material Licensing Regulations

**Introduction:**

In order to assist University Administrators and Departmental Chairman in understanding the regulatory nature of the University Radioactive Materials Broad License the following Radiation Safety programmatic overview is enclosed.

**Program Requirements:**

Before an individual at the University Center can be authorized to work with ionizing radiation producing equipment or handle sources of radioactive material, a license permit must be issued by the University Radiological Protection Committee [URPC]. The URPC has the authority through the Board of Trustees to approve all use of ionizing radiation on the campus under the auspices of the Broad Radioactive Materials License issued by the New York State Bureau of Environmental Radiation Protection.

The University's Academic Broad Radioactive Materials License #455 is a privilege granted by the State and can be restricted or rescinded by New York State should breaks in proper procedure or violations in State Sanitary Code 16 occur on campus. It is the line responsibility of the Senior Investigator to ensure that his/her research lab is in compliance with all University and State rules and regulations regarding the use of ionizing radiation.

**Program Support:**

The Department of Environmental Health and Safety's Radiation Protection Services Division can and will assist the Senior Investigator in every way possible in maintaining compliance with University rules and regulations and in reaching the goals of the University's radiation safety philosophy to keep all exposures at the University Center As Low As Reasonably Achievable.

The Radiation Safety Division performs periodic inspection and review of research operations as part of the administration's effort to assure compliance with all State rules and regulations concerning the proper use of all sources of ionizing radiation on campus. The lab inspection serves 3 main purposes: 1) a training tool, 2) a compliance instrument and 3) a vehicle to foster program improvements. The Senior Investigator is usually given 30 days to make all corrections on items of noncompliance and must reply in writing to the University Health Physicist regarding the corrective action taken.

**INQUIRIES/REQUESTS:**

Environmental Health and Safety  
L1-059 HSC  
Zip 8017  
Main Office: 444-6783  
FAX: 444-6845

**RELATED FORMS:**

Principal Investigator Radiation Safety Audit Checklist  
(Appendix A)  
Administrative Areas of Concern Regarding Noncompliance Issues  
(Appendix B)

**RELATED DOCUMENTS:**

**PRINCIPAL INVESTIGATOR RADIATION SAFETY AUDIT CHECKLIST****A) Licensing**

- 1) File a complete URPC license application
- 2) Obtain a Radioactive Materials license permit through Radiation Protection Services

**B) Laboratory Procedures**

- 1) Radiation and Radioactive Materials areas posted
- 2) Visitor's procedures followed
- 3) Film Badges worn by employees where appropriate
- 4) Restricted areas segregated from unrestricted
- 5) Gloves, goggles and labcoats worn when handling radioactive material
- 6) No smoking, eating, etc. in restricted areas
- 7) Shielding used where appropriate throughout the lab
- 8) Radioactive materials containers labeled
- 9) Hand and feet monitored
- 10) Volatile materials handled and stored in hood
- 11) Incoming packages surveyed/wipe tested with results documented
- 12) DIS waste segregated by half-life / records on file
- 13) Labcoats surveyed prior to cleaning
- 14) DOT Type 7A shipping containers always used
- 15) All areas surveyed per license and/or regulations
- 16) Work areas covered with absorbent paper
- 17) Packages delivered to authorized locations
- 18) Waste monitored and labels defaced prior to disposal as regular trash - records maintained
- 19) Outgoing packages surveyed, DOT labeled, wipe tested and absorbent materials placed in all containers holding liquid radioactive material
- 20) All radionuclides in lab within possession limits
- 21) Facility floor plan and work patterns acceptable
- 22) Documented reporting system for incidents available
- 23) Facility floor plan as presented in license application or in an amendment
- 24) Restricted area properly secured during business and non-business hours

**C) Training**

- 1) Awareness of license condition
- 2) Awareness of University policy on radiation safety
- 3) Training documented as per license and regulations
- 4) Awareness of emergency procedures - procedures posted
- 5) Instruction to employees provided

**D) Records Review**

- 1) Radiation Safety logbook available for inspection
- 2) Radiation Safety logbook to be kept up-to-date
- 3) Corrective actions from last inspection completed
- 4) Notice to Employees sign posted
- 5) Emergency procedures posted

**E) Personnel Protection - External**

- 1) Personnel monitoring control
- 2) Minimize exposure [time, distance, shielding]
- 3) Control of accumulated dose
- 4) Levels controlled in unrestricted areas
- 5) Exposure to minors - students
- 6) Records of monitoring, surveys, disposals

**F) Personnel Protection - Internal**

- 1) Airborne concentrations in restricted areas
- 2) Exposure to minors - students
- 3) Posting of airborne areas
- 4) Bioassay requirements
- 5) Leak tests of sealed sources

**G) Effluent Control, Waste disposal**

- 1) Release of effluents - keep records / secondary, tertiary washings only
- 2) Follow Radioactive waste management program
- 3) Follow Decay-in-Storage [DIS] waste management program, keep records

**H) Instruments**

- 1) All survey instruments operable and properly calibrated

## **ADMINISTRATIVE AREAS OF CONCERN REGARDING NONCOMPLIANCE ISSUES**

[Levels of State Enforcement Action for a Broad Licensee]

A) Form letter from the regional inspector's office in follow-up to a State inspection:

1. no items of non-compliance
2. only minor (not health and safety related) items of non-compliance

B) Notice of Violation (N.O.V.)

1. Notices of Violation are issued by letter for items of noncompliance that generally require  
a written response on the part of the licensee (corrective actions, due dates and statements of how the recurrence of the item of noncompliance will be prevented).

C. Confirmatory Action Letter (C.A.L.)

CAL's are issued following commitments by the licensee or understandings between the licensee and the State Bureau of Environmental Radiation Protection that are effective immediately because of real or potential threats to health and safety.

D) Escalated Enforcement

1. Civil penalties - In cases where violations are considered serious, the State could impose **CIVIL PENALTIES**. A civil penalty is a monetary fine that may be imposed to emphasize the need for lasting remedial action and deter future noncompliance.

2. Orders - An order is a State directive to:
  - a) Modify a license
  - b) Suspend a license
  - c) Revoke a license
  - d) Cease and desist specific activities

Orders may also be issued in lieu of, or in addition to, civil penalties, as appropriate.

3. Referrals to the Department of Justice. - Alleged or suspected criminal violations of State Sanitary Code 16 ( and other relevant State and Federal laws) are referred to the Department of Justice (DOJ) for investigation. Referral to the DOJ does not preclude the State from taking other enforcement action.