



NOTIFICATION OF RECIPROCITY

South Carolina Department of Health and Environmental Control
Bureau of Radiological Health
 2600 Bull Street
 Columbia, SC 29201
 (803) 545-4400 Phone
 (803) 545-4412 Fax

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:
 - ¹ Radioactive Material License, ² proof of training of individual users, ³ licensee's operating/emergency procedures manual, ⁴ **LETTER OF RECIPROCITY AUTHORIZATION**, ⁵ "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