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

☐ Moisture/Density Gauges
☐ Portable XRF Analyzer
☐ Industrial Radiography (Temporary Field Site)
☐ 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 __________

DHEC 0848 (12/2010)