



RADIOGRAPHIC LOCATION REPORT

INSTRUCTIONS FOR USE: Read these instructions carefully. These instructions are presented to assist registrants and industrial radiography registrants in completing the attached location report. Once the report is properly filled out, please **FAX to: Radiology Compliance Branch (919.571.4148)**. The completed forms may also be mailed to: **Radiation Protection Section / Radiology Compliance Branch, 1645 Mail Service Center, Raleigh, NC 27699-1645**

This Guide is not intended to, and does not create any rights or privileges, substantive or procedural, which are enforceable by person. The publication of this guide, or any version thereof, does not place any limitation of the otherwise lawful prerogatives or discretion of the Department of Environment and Natural Resources, Division of Environmental Health, Radiation Protection Section.

The Mammography & X-Ray Inspection Branch published this guidance to assist registrants in completing the location report contained herein. North Carolina registrants who engage in industrial radiography and **ALL OUT-OF-STATE MOBILES MUST** complete this form.

You are strongly encouraged to TYPE the information into the form. This form is posted to the X-Ray website (www.ncradiation.net/) and is available in two formats (Microsoft Word and Adobe PDF). You may download the form and save it to your local computer.

Please note that if the information contained in the transmitted report is illegible, the report may be deemed "incomplete" and the registrant may be subject to compliance and escalated enforcement action(s).

EXPLANATION OF THE REPORT

The attached location report is divided into four (4) sections. Comments on certain portions of the form are noted below.

Section 1: Registrant Information

Please be sure that the contact person listed in this section is **KNOWLEDGEABLE** of the activities being conducted at the work location. This individual is normally the Radiation Safety Officer, but can be anyone in your organization.

For **MAMMOGRAPHY & STEREOTACTIC FACILITIES**

If you have not previously submitted training verification for any individual listed in this section, you **MUST** do so when transmitting the report. Personnel should have identification and training documentation with them at the jobsites within North Carolina.

For **N.C. REGISTRANTS**

Be sure that all individuals listed in the location report are authorized by your facility. Personnel should have identification and training documentation with them at the jobsites within North Carolina.

Section 2: Personnel / Equipment / Sources Information

1. The individuals listed should be authorized by your facility to work with the radiographic units.
2. Please provide a cellular phone or pager number (if available) for at least one individual listed as an equipment operator.



RADIOGRAPHIC LOCATION REPORT

INSTRUCTIONS FOR USE: Read these instructions carefully. These instructions are presented to assist registrants and industrial radiography registrants in completing the attached location report. Once the report is properly filled out, please **FAX to: Radiology Compliance Branch (919.571.4148)**. The completed forms may also be mailed to: **Radiation Protection Section / Radiology Compliance Branch, 1645 Mail Service Center, Raleigh, NC 27699-1645**

Section 3: Location of Work

1. Please describe the location **IN DETAIL** if the exact physical address of work is not applicable. An example of a good description is:
"2 miles north of intersection of Hwy XXX and Hwy YYY on State Road 9999, near Anytown, NC, 29999-9999"
2. The contact person for this section must be an individual at the **FACILITY FOR WHOM THE WORK IS BEING CONDUCTED**. Please verify the phone number prior to filing the report. Again, this person must be knowledgeable of the location and nature of the job.
3. Please list the beginning and ending dates and times for the particular work location. If you are to be at a location for **more than one day**, you may list a range of dates (e.g. 03/01/2006 – 03/25/2006).
4. Please indicate whether or not this is a **REVISION** to a **PREVIOUSLY SUBMITTED** location report.
5. The N.C. Regulations allow for relief from the five-day notification requirement if "...the five day period would impose undue hardship..." The agency always reserves the right to deny work at a location if we determine that "...the action [that is, the agency denial] is necessary in order to prevent undue hazard to public health and safety or property." In order for the agency to grant relief from the five day notification requirement, the applicant **MUST** provide a reason that the notification is being made less than 5 days before the scheduled work. Failure to give a reason may result in denial of the authorization.
6. The agency now requires notification of work on or near State Ports, Airports or work within the coastal waters.

For the State Ports and Airports, give the name (i.e., RDU International, State Port at Wilmington, etc.).

"Coastal Waters", as defined in the N.C. General Statutes, means operating within 3 nautical miles of the shoreline (about 3½ statute miles). The proper way to note this on the form is to state "2 miles SSE of Morehead City, NC"

Section 4: Type of Work to be Performed:

Please check the appropriate type of work. If "other", please specify the type of work in the space provided.

Please note that "**Medical**" means "...the intentional exposure to individuals for medical purposes."

PLEASE REVIEW THE FORM CAREFULLY BEFORE TRANSMITTING

**AS A REMINDER, YOU MUST NOTIFY THE AGENCY IF ANY INFORMATION IN THE REPORT CHANGES.
YOU MAY REACH US BY FAX 24 HOURS A DAY (919-571-4148) OR BY TELEPHONE (919-571-4141)
MONDAY – FRIDAY, 08:00 – 17:00**



North Carolina Department of Environment and
Natural Resources
Division of Environmental Health
RADIATION PROTECTION SECTION
Radiology Compliance Branch
RADIOGRAPHIC LOCATION REPORT

INTERNAL USE ONLY	
REGION	
RECEIVED	
COMPLETED	

INSTRUCTIONS: **PLEASE TYPE OR PRINT** Complete all applicable sections of this form as described in the instructions above. Completed forms **MUST** be received **120 HOURS PRIOR** to the initiation of work at the location listed below. Completed forms **may be FAXED to (919) 571-4148** or mailed to: **Radiation Protection Section/ Radiology Compliance Branch, 1645 Mail Service Center, Raleigh, N.C., 27699-1645.**

REGISTRANT INFORMATION				WORK LOCATION INFORMATION											
Date of Notification		Time (military)		Company											
Registrant:				EXACT physical address or DESCRIPTION of work location											
Notice of Registration No.															
Employee to be contacted about this notification	Name				Individual from the facility listed above who can be contacted about this notification		Name								
	Tel No.		Fax No.				Tel No.								
	e-mail						Fax No.								
							e-mail								
PERSONNEL/EQUIPMENT															
Personnel / Authorized Users															
Name		Cellular / Pager No.		If additional individuals need to be listed here, supply the names as an attachment to the report.		Date(s) and Time(s) of Work } <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td colspan="2" style="text-align: center;">Beginning Date</td></tr> <tr><td colspan="2" style="text-align: center;">Ending Date</td></tr> <tr><td colspan="2" style="text-align: center;">Shift Start Time</td></tr> <tr><td colspan="2" style="text-align: center;">Shift End Time</td></tr> </table>		Beginning Date		Ending Date		Shift Start Time		Shift End Time	
Beginning Date															
Ending Date															
Shift Start Time															
Shift End Time															
Equipment															
Make		Model		Control Serial No.		Is the work location on or near any of the following: If "YES" give name of port pr airport or location in miles from shore									
								State Port							
								Airport							
						NC Coastal Waters ¹									
TYPE OF WORK TO BE PERFORMED															
<input type="checkbox"/> Mammography	<input type="checkbox"/> CT	<input type="checkbox"/> Education	<input type="checkbox"/> Veterinary	1 Coastal Waters are defined as 3 nautical miles (approximately 3½ statute miles) from the low water mark. <div style="text-align: right; margin-top: 10px;"> </div>											
<input type="checkbox"/> Stereotactic	<input type="checkbox"/> Medical **	<input type="checkbox"/> Research	<input type="checkbox"/> Service and/or Repair												
<input type="checkbox"/> Other Use (explain)															
<input type="checkbox"/> Industrial (explain)															
If ANY information in this form changes, notify the agency															
				Telephone: 919-571-4141		Facsimile: 919-571-4148									

** "Medical" means the intentional exposure to individuals for medical purposes