



# Radiography & Reciprocity Location Report

**INSTRUCTIONS:** Please fill this form completely. Submit by e-mail to [notifications.ram@dhhs.nc.gov](mailto:notifications.ram@dhhs.nc.gov) . Change the subject line of the e-mail to include only the work start date followed by an uppercase R, if this is a reciprocity job, followed by the work location city. If the information above changes, please submit a revised form immediately. Change the subject line of the e-mail, as described above and add the word REVISION. Questions? Email: [notifications.ram@dhhs.nc.gov](mailto:notifications.ram@dhhs.nc.gov)

Licensee Information			Work Location Information			
Date:		Military Time:		Company:		
Licensee:		State:		Physical address:		
Radioactive Materials License #:						
Reciprocity License # (if applicable):						
Licensee Contact Name:			Location contact from		Name:	
Telephone:			company where work is		Telephone:	
E-mail:			to be performed		E-mail:	
Personnel/Equipment/Sources			Dates and times of work		Start Date:	
Personnel					End Date:	
Name	Cell Phone				Shift start time:	
					Shift end time:	
			Is this a revision of a previous notification? <input type="checkbox"/> Yes <input type="checkbox"/> No			
			If this notification is being submitted fewer than 3 days prior to start of work, explain:			
Equipment			Is the work location on or near any of the following? If "Yes" give name of port or airport or location in miles from shore.			
Make	Model	Serial #				
Radionuclides (use abbreviations, e.g. Ir-192)			State Port <input type="checkbox"/> Yes <input type="checkbox"/> No Name:			
Isotope	Activity	Units	Airport <input type="checkbox"/> Yes <input type="checkbox"/> No Name:			
		<input type="checkbox"/> Ci <input type="checkbox"/> mCi	NC Coastal Waters <sup>1</sup> <input type="checkbox"/> Yes <input type="checkbox"/> No Distance: miles			
		<input type="checkbox"/> Ci <input type="checkbox"/> mCi	<sup>1</sup> Coastal waters are defined as 3 nautical miles (approximately 3.5 statute miles) from the low water mark.			
		<input type="checkbox"/> Ci <input type="checkbox"/> mCi				
Type of Work on this Job			Additional Information			
			If there is additional, pertinent information regarding this job, please enter below.			
<input type="checkbox"/> Pipeline	<input type="checkbox"/> Equipment/source install	<input type="checkbox"/> Tank				
<input type="checkbox"/> Fabrication	<input type="checkbox"/> Concrete / Foundation	<input type="checkbox"/> Landfill				
<input type="checkbox"/> Medical	<input type="checkbox"/> Service / repair	<input type="checkbox"/> Lead paint analysis				
<input type="checkbox"/> Road construction						
<input type="checkbox"/> Other Explain:						