



**KENTUCKY RADIOACTIVE MATERIALS SECTION**  
**RECIPROCITY LOCATION REPORT**  
*(Revision 9)*



**FOR RHB USE ONLY**

Rec. License No.	<b>209-</b>
Inspected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Inspected	

**No request received after 2:00 PM on a Friday or the day before a Kentucky State holiday (<http://personnel.ky.gov/stemp/holiday.htm>) will be processed until the following state business day. Please be aware of the requirement for notification at least 3 days prior to commencing licensed activities. If less than 3 days notification, please explain why.**

**10. Detailed for reason for late notification if less than 3 days prior to starting work**

#####

Late notification accepted.  Yes  No (if no, inform licensee of why)

**RECIPROCITY LICENSEE INFORMATION**

1. Notification Date:	2. Time (military):
3. Licensee:	
4. Address:	
5. Radioactive Materials License No.:	
6. Employee to be contacted about this notification.	Name:
	Tel. #: _____ Fax #: _____
	E-mail: _____

**KENTUCKY WORK LOCATION INFORMATION**

11. KY Client/Company:	
12. EXACT physical KY address or DESCRIPTION of work location.	
13. Person from KY company listed above who can be contacted.	Name:
	Tel. #: _____ Cell #: _____
	E-mail: _____

**PERSONNEL / EQUIPMENT / SOURCES**

**7. Personnel / Authorized Users**

Name	Cellular / Pager No.	If more space is needed, supply names and numbers and attach.

**14. Date(s) & Military Work Time(s).** All days requested will count towards the 180-day operating limit unless notified of revisions or cancellations.

Date	Start Time	Stop Time	Is this a REVISION to a previous notification? <input type="checkbox"/> YES <input type="checkbox"/> NO

**8. Equipment**

Make	Model	Serial No.

**15. TYPE OF WORK TO BE PERFORMED**

<input type="checkbox"/> Well Logging	<input type="checkbox"/> Teletherapy/Irradiator Service
<input type="checkbox"/> Portable Gauges	and/or Repair
<input type="checkbox"/> Radiography	<input type="checkbox"/> Equipment or Source Install
<input type="checkbox"/> Leak Testing and/or Calibrations	<input type="checkbox"/> Lead Paint Analysis
<input type="checkbox"/> Other (specify) ⇒	

**9. Isotopes (use chemical abbreviations – e.g. Ir-192, Cs-137)**

Isotope	Activity	Specify Units
		<input type="checkbox"/> Ci <input type="checkbox"/> mCi
		<input type="checkbox"/> Ci <input type="checkbox"/> mCi
		<input type="checkbox"/> Ci <input type="checkbox"/> mCi

**16. Certifying Official (e.g. RSO):**

**17. Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If **ANY** information in this form changes, notify the Branch at:  
 Telephone: (502) 564-3700 Facsimile: (502) 564-1492



## KENTUCKY RECIPROCITY LOCATION REPORT



**INSTRUCTIONS FOR USE:** Read these instructions carefully. These instructions are presented to assist reciprocal licensees in completing the attached location report. Once the report is properly filled out, please **FAX to: Attn. Reciprocity Coordinator (502-564-1492)**. The completed forms may also be mailed to: **Radiation Health Branch, 275 East Main St, Mailstop HS1CA, Frankfort, KY 40621.**

*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 Radiation Health Branch, Division of Public Health Protection and Safety, Department for Public Health, Cabinet for Health and Family Services.*

The Radiation Health Branch published this guidance to assist licensees in completing the location report contained herein. ALL Reciprocal Licensees MUST complete this form.

You are strongly encouraged to TYPE the information into the form. This form is available in two formats (Microsoft Word and Adobe PDF). You can contact the Reciprocity Coordinator, Eric Perry at [Ericd.Perry@ky.gov](mailto:Ericd.Perry@ky.gov) for an electronic copy of either version for saving 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 licensee may be subject to compliance and escalated enforcement action(s).

### EXPLANATION OF THE REPORT

The numbered blocks on the Reciprocity Location Report form correspond with the instructions listed below. Any block not used will be marked N/A.

BLOCK 1: Enter the date the report is transmitted to the Radiation Health Branch.

BLOCK 2: Enter the time the report is transmitted to the Radiation Health Branch.

BLOCK 3: Enter the licensee’s name as it appears on the radioactive materials license to which reciprocal recognition privileges are to be granted

BLOCK 4: Enter the licensee’s mailing address as it appears on the radioactive materials license to which reciprocal recognition privileges are to be granted

BLOCK 5: Enter the radioactive materials license number for which reciprocal recognition privileges are to be granted.

BLOCK 6: Enter the name, telephone number, fax number and email address of the licensee’s employee who is to be contacted by the Radiation Health Branch concerning this request.

BLOCK 7: Enter the names and cellular telephone numbers of the authorized users who will conduct licensed activities, within the Commonwealth of Kentucky, as requested by this report.

BLOCK 8: Enter the manufacturer’s name, model number and serial number for each licensed device that will be used to conduct licensed activities, within the Commonwealth of Kentucky, as requested by this report.

BLOCK 9: Enter the isotope(s), its activity and check or “X” the appropriate box to specify milliCuries or Curies. Ensure each isotope that will be used in the device(s) stated in block 8 is listed.

**BLOCK 10:** If this report will **not** be received by the Radiation Health Branch three (3) days prior to commencing licensed activities, enter the reason(s) the notification was not received three (3) days prior to commencing licensed activities.

**BLOCK 11:** Enter the name of the client company to which the licensee is providing services.

**BLOCK 12:** Enter the physical address or the detailed description of the location where licensed activities will be conducted. The licensee may attach maps and directions to aid in the completion of this block. GPS coordinates given in decimal degrees format are also acceptable. P.O. Boxes are **not** acceptable.

**BLOCK 13:** Enter the name, telephone number, cellular telephone number and email address of the person who represents the client company.

**BLOCK 14:** Enter the date; start time and stop time for each day licensed activities are to be conducted. The licensee may only request 5 days per Reciprocity Location Report. Additional Reciprocity Location Reports may be filled as necessary to identify each day licensed activities will be conducted. If this is **not** a revision to a previous report check or "X" the "NO" box.

**BLOCK 15:** Check or "X" the appropriate box(s) and if "OTHER" is checked, enter the activity to be conducted.

**BLOCK 16:** Enter the name of the certifying official (e.g. RSO)

**BLOCK 17:** The certifying official will sign and the date the form.

You **MUST** notify the Radiation Health Branch if **ANY** information in the report changes using the guidance outlined below. You can reach us by FAX 24 hours a day at 502-564-1492 or by telephone at 502-564-3700 Monday – Friday, 08:00 – 16:30 EST.

**No request received after 2:00 PM on a Friday or the day before a Kentucky State holiday will be processed before the following state business day. Please be aware of the requirement for notification at least 3 days before reciprocity work is to begin. For a listing of KY state holidays see <http://personnel.ky.gov/stemp/holiday.htm>.**

Submitting a revision to a previous report:

NOTE: A REVISION TO A PREVIOUS REPORT DOES **NOT** REQUIRE 3 DAY NOTIFICATION.

1. Submit the KY Reciprocity Location Report using the procedure above **and** the following guidance.
  - a. **BLOCK 1:** Enter the date the revised report is transmitted to the Radiation Health Branch.
  - b. **BLOCK 2:** Enter the time the revised report is transmitted to the Radiation Health Branch.
  - c. **BLOCK 14:** Check or "X" the "YES" box.