U. S. ARMY
COMMUNICATIONS - ELECTRONICS COMMAND
AND
FORT MONMOUTH
RADIOLOGICAL PERMIT

In reliance on statements and representations made by the applicant, authority is hereby granted to receive, utilize and store the materials and/or devices in Item 5.

1. ACTIVITY GRANTED PERMIT	2. POC / RESPONSIBLE INDIVIDUAL	
Chenega Technology Service Corporation P.O. Box 60, Building 286 (Russell Hall) Fort Monmouth, NJ 07703	Edward Lynch	
	3. PERMIT NUMBER 250	4. EXPIRATION DATE 19 February 2006

5. MATERIAL / DEVICE	6. CHEMICAL/ PHYSICAL FORM	7. ACTIVITY
a. Portable Contraband Detection and Identification System – 2 Total Model: Vapor Tracer 2, SN: 09-9531 (FM ID# N-22) SN: 09-9518 (FM ID# N-23) Manufactured by: GE Ion Track Instruments, LLC	b. Nickel-63	b. 20 millicuries

8. CONDITIONS:

a. The Vapor Tracer 2 is used to detect explosives and drugs mailed to or transported to Fort Monmouth,

b. Authorized place of use is Building 460, Main Post of Fort Monmouth and at other points of entry to Fort Monmouth and the Charles Wood Area.

APPROVED:

DATE: 19 February 2004

CRAIG S. GOLDBERG
Fort Monmouth
Radiation Safety Officer

U. S. ARMY
COMMUNICATIONS - ELECTRONICS COMMAND
AND
FORT MONMOUTH
RADIOLOGICAL PERMIT

SUPPLEMENTARY SHEET

PERMIT NUMBER: 250	EXPIRATION DATE: 19 February 2006

CONDITIONS:

c. The Vapor Tracer 2s will be utilized under the supervision of the Fort Monmouth Radiation Safety Officer and IAW the Operating and Maintenance Manual, Vapor Tracer 2 Manual Rev. 1 as provided with the Radiological Permit Amendment Application #250, dated 3 February 2004.

d. The Vapor Tracer 2 may not be removed, reconfigured or modified in any manner, all authorized maintenance will be performed IAW with the Vapor Tracer 2 Manual Rev 1.

e. Notify the CECOM Directorate for Safety, Attn: AMSEL-SF-RE, Fort Monmouth, NJ 07703-5024, Voice: (732) 427-3112, extensions 6405, 6440 or 6444 as soon as practical concerning any administrative or technical changes to the Radiological Permit Application for the device listed in item 5, to include procuring additional devices.

f. The Vapor Tracer 2 shall be leak tested annually.

g. Unless specifically provided otherwise, the device listed in item 5 shall be possessed and used IAW statements, representations and procedures contained in the Radiological Permit Application, dated 3 February 2004, signed by Gregory Kucharewski, Chenega Technology Service Corporation.

RADIOLOGICAL PERMIT APPLICATION

Check One **Date** 02-03-2004

Initial Permit Application: X (RWP# 250F)
Application for Amendment to Permit No.: _____
Application for Renewal of Permit No.: _____

1. To: CECOM Dir. for Safety AMSEL-SF-RE Ft. Monmouth, NJ 07703	**2. Organization Applying for Permit:** Chenega Technology Service Corporation P.O. Box 60, Building 286 Fort Monmouth, NJ 07703

3. Radiation Area Supervisor: Edward Lynch

4. Radioactive Material: N/A

Element & Mass Number	Chemical Form	Physical Form Activity (mCi)

5. Other Sources of Ionizing Radiation Producing Devices:

1. Two Portable Contraband Detection and Identification System, Model: Vapor Tracer II Manufactured by GE Ion Track Instruments, LLC , b. Nickel-63 b. 8 millicuries (1) SN: 09-9518, (2) SN: 09-9531.

6. Authorized Users:
Note: Attached Radiological Permit Supplement must be filled out for each person listed below.

Katherine Bruno	Nancy Capozza	Evan Egerton
Keith Farrow	John Hardina	Edward Lynch
Robin Mc Gaskey	Sean Ramsey	Warren Scianimanico
Pamela Tiggs	Alicia Koeiman	Marilyn Roberson
Carolyn Castelli		

RADIOLOGICAL PERMIT APPLICATION

7. Location where source(s) of ionizing radiation will be used (Bldg, rm) : BUILDING 460

8. Describe procedure(s) in which radioisotope(s) and/or other sources of ionizing radiation will be used or attach current SOP. SEE ATTACHED DOCUMENT

VT² To be used IAW Tech Manual.

9. Describe laboratory facilities and equipment, (containers, shielding, fume hoods, protective clothing, etc.) ANNUAL LEAK TEST

10. Signature of Director of Responsible Individual:

Name: GREG KUCHAREWSKI **Signature** Greg Kucharewski

CECOM Directorate for Safety USE ONLY:

Instrumentation: NOT REQUIRED

Dosimetry: ~~PROVIDED BY CECOM DIR. FOR SAFETY (WHOLE BODY DOSIMETERS).~~

Not required HB

Reviewed by: Hugo Bianchi **Date:** 17 Feb 04

Approved by: C. Hill **Date:** 19 Feb 04

Radiological Permit Application Supplement

Name: Bruno Katherine

(Last) **(First)** **(Middle)**

List below your training and experience with radioisotopes and/or other sources of ionizing radiation identified in paragraphs 4 and/or 5 of the Radiological Permit Application

1. Training: Vapor Tracer II.

Where Trained	Duration of Training	On the Job	Formal Course
Bldg. 977	Two Hours	YES NO	YES NO
		YES NO	YES NO
		YES NO	YES NO

2. Experience:

Isotope or Other Source(s)	Maximum Amount or Description of Source	Location	Duration	Type of Use

Radiological Permit Application Supplement

Name: Capozza Nancy

(Last) **(First)** **(Middle)**

List below your training and experience with radioisotopes and/or other sources of ionizing radiation identified in paragraphs 4 and/or 5 of the Radiological Permit Application

1. Training: Vapor Tracer II.

Where Trained	Duration of Training	On the Job	Formal Course
Bldg. 977	Two Hours	YES NO	YES NO
		YES NO	YES NO
		YES NO	YES NO

2. Experience:

Isotope or Other Source(s)	Maximum Amount or Description of Source	Location	Duration	Type of Use

Radiological Permit Application Supplement

Name: Egerton Evan

(Last) **(First)** **(Middle)**

List below your training and experience with radioisotopes and/or other sources of ionizing radiation identified in paragraphs 4 and/or 5 of the Radiological Permit Application

1. Training: Vapor Tracer II.

Where Trained	Duration of Training	On the Job	Formal Course
Bldg. 977	Two Hours	YES NO	YES NO
		YES NO	YES NO
		YES NO	YES NO

2. Experience:

Isotope or Other Source(s)	Maximum Amount or Description of Source	Location	Duration	Type of Use

Radiological Permit Application Supplement

Name: Farrow Keith

(Last) **(First)** **(Middle)**

List below your training and experience with radioisotopes and/or other sources of ionizing radiation identified in paragraphs 4 and/or 5 of the Radiological Permit Application

1. Training: Vapor Tracer II.

Where Trained	Duration of Training	On the Job	Formal Course
Bldg. 977	Two Hours	YES NO	YES NO
		YES NO	YES NO
		YES NO	YES NO

2. Experience:

Isotope or Other Source(s)	Maximum Amount or Description of Source	Location	Duration	Type of Use

Radiological Permit Application Supplement

Name: Hardina John

(Last) **(First)** **(Middle)**

List below your training and experience with radioisotopes and/or other sources of ionizing radiation identified in paragraphs 4 and/or 5 of the Radiological Permit Application

1. Training: Vapor Tracer II.

Where Trained	Duration of Training	On the Job	Formal Course
Bldg. 977	Two Hours	YES NO	YES NO
		YES NO	YES NO
		YES NO	YES NO

2. Experience:

Isotope or Other Source(s)	Maximum Amount or Description of Source	Location	Duration	Type of Use

Radiological Permit Application Supplement

Name: Lynch Edward

(Last) **(First)** **(Middle)**

List below your training and experience with radioisotopes and/or other sources of ionizing radiation identified in paragraphs 4 and/or 5 of the Radiological Permit Application

1. Training: Vapor Tracer II.

Where Trained	Duration of Training	On the Job	Formal Course
Bldg. 977	Two Hours	YES NO	YES NO
		YES NO	YES NO
		YES NO	YES NO

2. Experience:

Isotope or Other Source(s)	Maximum Amount or Description of Source	Location	Duration	Type of Use

Radiological Permit Application Supplement

Name: McGaskey Robyn

(Last) **(First)** **(Middle)**

List below your training and experience with radioisotopes and/or other sources of ionizing radiation identified in paragraphs 4 and/or 5 of the Radiological Permit Application

1. Training: Vapor Tracer II.

Where Trained	Duration of Training	On the Job	Formal Course
Bldg. 977	Two Hours	(YES) NO	YES (NO)
		YES NO	YES NO
		YES NO	YES NO

2. Experience:

Isotope or Other Source(s)	Maximum Amount or Description of Source	Location	Duration	Type of Use

Radiological Permit Application Supplement

Name: Ramsey Sean

(Last) **(First)** **(Middle)**

List below your training and experience with radioisotopes and/or other sources of ionizing radiation identified in paragraphs 4 and/or 5 of the Radiological Permit Application

1. Training: Vapor Tracer II.

Where Trained	Duration of Training	On the Job	Formal Course
Bldg. 977	Two Hours	YES NO	YES NO
		YES NO	YES NO
		YES NO	YES NO

2. Experience:

Isotope or Other Source(s)	Maximum Amount or Description of Source	Location	Duration	Type of Use

Radiological Permit Application Supplement

Name: Scianimanico Warren

(Last) **(First)** **(Middle)**

List below your training and experience with radioisotopes and/or other sources of ionizing radiation identified in paragraphs 4 and/or 5 of the Radiological Permit Application

1. Training: Vapor Tracer II.

Where Trained	Duration of Training	On the Job	Formal Course
Bldg. 977	Two Hours	YES NO	YES NO
		YES NO	YES NO
		YES NO	YES NO

2. Experience:

Isotope or Other Source(s)	Maximum Amount or Description of Source	Location	Duration	Type of Use

Radiological Permit Application Supplement

Name: Tiggs Pamela

(Last) **(First)** **(Middle)**

List below your training and experience with radioisotopes and/or other sources of ionizing radiation identified in paragraphs 4 and/or 5 of the Radiological Permit Application

1. Training: Vapor Tracer II.

Where Trained	Duration of Training	On the Job	Formal Course
Bldg. 977	Two Hours	(YES) NO	YES (NO)
		YES NO	YES NO
		YES NO	YES NO

2. Experience:

Isotope or Other Source(s)	Maximum Amount or Description of Source	Location	Duration	Type of Use

Radiological Permit Application Supplement

Name: Koeiman Alicia

(Last) **(First)** **(Middle)**

List below your training and experience with radioisotopes and/or other sources of ionizing radiation identified in paragraphs 4 and/or 5 of the Radiological Permit Application

1. Training: Vapor Tracer II.

Where Trained	Duration of Training	On the Job	Formal Course
Bldg. 977	Two Hours	YES NO	YES NO
		YES NO	YES NO
		YES NO	YES NO

2. Experience:

Isotope or Other Source(s)	Maximum Amount or Description of Source	Location	Duration	Type of Use

Radiological Permit Application Supplement

Name: Roberson Marilyn

(Last) **(First)** **(Middle)**

List below your training and experience with radioisotopes and/or other sources of ionizing radiation identified in paragraphs 4 and/or 5 of the Radiological Permit Application

1. Training: Vapor Tracer II.

Where Trained	Duration of Training	On the Job	Formal Course
Bldg. 451	Two Hours	YES NO	YES NO
		YES NO	YES NO
		YES NO	YES NO

2. Experience:

Isotope or Other Source(s)	Maximum Amount or Description of Source	Location	Duration	Type of Use

PROTECTING TOMORROW'S TECHNOLOGY TODAY

Vapor Tracer II Training

DATE 01-06-2004

SECURITY AWARENESS BRIEFING ATTENDEE SIGN-UP LOG SHEET

EMPLOYEE'S NAME (PRINT)	SIGNATURE	BADGE NUMBER
1. Carolyn L. Castelli	Carolyn L. Castelli	0932
2. Alicia Koeiman	Alicia Koeiman	0951
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
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15.		
16.		
17.		

DEPARTMENT OF THE ARMY
Headquarters
U.S. Army Communications - Electronics Command
and Fort Monmouth
Fort Monmouth, NJ 07703 - 5024

Reply to
Attention of:

19 February 2004

AMSEL-SF-RE(LAB) (11-9f)

MEMORANDUM FOR CECOM, BUILDING 2539/2540, LABORATORY ROAD, FORT MONMOUTH, NJ 07703-5024

1. The result(s) for wipe test(s) performed on 13 February 2004 are provided below.

S #	Description	Isotope	Result (dpm)
1	N-22 09-9531	Ni-63	≤LLD
2	N-23 09-9518	Ni-63	≤LLD

Comments: N-22 & N-23 VAPOR TRACER 2

2. The estimated lower limit of detection (LLD) for Ni-63, beta radiation is 11.49 dpm.

3. The above results are below the contamination limits as specified in AR 11-9, Table 5-2, The Army Radiation Safety Program, 28 May 1999.

4. Our POC is Nicholas J. Antonelli, Health Physics Technician, New World Technology, contractor, DSN 987-5370, Commercial (732) 427-5370

5. CECOM Bottom Line: THE WARFIGHTER.

Stephen G. LaPoint
Director, Directorate for Safety