



MARYLAND DEPARTMENT OF THE ENVIRONMENT
Radiological Health Program (RHP) Reciprocity Work Notification

1800 Washington Boulevard • Baltimore, Maryland 21230

MDE/RHP Phone# 410-537-3300 After Hours Emergency 1-866-633-4686 www.mde.maryland.gov

This form must be received by the RHP at least three (3) working days prior to using radioactive material (RAM) in Maryland. Authorization to use radioactive material under reciprocity shall not exceed 180 calendar days in any year. Failure to notify RHP at least three (3) working days prior to entering the state or to truthfully complete the notice may result in a **NOTICE OF VIOLATION** and repeated violations may result in revocation of reciprocity to work in Maryland. Attach additional copies of this form per device as needed.

1. Service Company Information

Notification # _____
 Company _____
 Address _____
 Telephone # _____
 License # _____
 RSO Name _____
 MDE Requirements Letter Recd. Date _____
 Type of Work _____

Total days worked in MD _____
 MD REC Number _____
 City _____ State _____ Zip# _____
 Email _____
 Expiration Date _____
 Contact # _____

2. Equipment Information

Device _____
 Model _____
 Q.M. Inspection Date _____
 Vehicle ID (Make/Model) _____
 License# _____

Manufacturer _____
 S/N _____
 Storage Method _____
 State _____
 Year _____

3. Source Information

Isotope _____
 Manufacturer _____
 Leak Test Date _____

Activity _____
 Model _____ S/N _____

4. Job Site Information

Date(s) of use (weekday/weekend) _____
 Client Name _____
 Job Site Contact Person _____
 Job Site Address _____

Time of use (am/pm) _____
 Job Site Contact Number _____
 Federal Non-Federal

5. Company Representative/s

Name

Cell Phone #

Radiographer _____
 Assistant Radiographer _____
 Technician _____
 Service Person _____
 Other _____

Additional Requirements

- Notify RHP by 0900 hrs. if work not performed
- Notify RHP by 1600 hrs. if after hours work not performed
- Notify RHP any time submitted work times are rescheduled or changed
- Notify RHP if personnel leave site less than 1/2 time requested

I hereby certify that all information on this notice is true and complete.

RSO signature _____ Date _____