NRC FORM 313 (8-2000) 10 CFR 30, 32, 33, 34, 35, 36, 39, and 40

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0120 EXPIRES: 08/31/2002

Estimated burden per response to comply with this mandatory collection request: 7.4 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the Records Management Branch (T-6 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bjs1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0000), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

APPLICATION FOR MATERIAL LICENSE

INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.

APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:

DIVISION OF INDUSTRIAL AND MEDICAL NUCLEAR SAFETY
OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555-0001

ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:

IF YOU ARE LOCATED IN:

CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, PENNSYLVANIA, RHODE ISLAND, OR VERMONT, SEND APPLICATIONS TO:

LICENSING ASSISTANT SECTION
NUCLEAR MATERIALS SAFETY BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION I
475 ALLENDALE ROAD
KING OF PRUSSIA, PA 19406-1415

ALABAMA, FLORIDA, GEORGIA, KENTUCKY, MISSISSIPPI, NORTH CAROLINA, PUERTO RICO, SOUTH CAROLINA, TENNESSEE, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO:

SAM NUNN ATLANTA FEDERAL CENTER
U. S. NUCLEAR REGULATORY COMMISSION, REGION II
61 FORSYTH STREET, S.W., SUITE 23T85
ATLANTA, GEORGIA 30303-8931

IF YOU ARE LOCATED IN:

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:

MATERIALS LICENSING BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION III
801 WARRENVILLE RD.
LISLE, IL 60532-4351

ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING, SEND APPLICATIONS TO:

NUCLEAR MATERIALS LICENSING SECTION
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV
611 RYAN PLAZA DRIVE, SUITE 400
ARLINGTON, TX 76011-8064

03021042
X

PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S.NUCLEAR REGULATORY COMMISSION JURISDICTIONS.

1. THIS IS AN APPLICATION FOR *(Check appropriate item)*
   - ☐ A. NEW LICENSE
   - ☐ B. AMENDMENT TO LICENSE NUMBER
   - ☒ C. RENEWAL OF LICENSE NUMBER 45-23447-01

2. NAME AND MAILING ADDRESS OF APPLICANT *(Include ZIP code)*
River Side Walter Reed Hospital
P.O. Box 1130
Gloucester, VA 23061

3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED
Riverside Walter Reed Hospital
7591 Hospital Dr.
Gloucester, VA 23061

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION
Brad H. Berrier

TELEPHONE NUMBER
(804) 693-8846

SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

5. RADIOACTIVE MATERIAL
   a. *Element and mass number; b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time.*

6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.

7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE.

8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AEAS.

9. FACILITIES AND EQUIPMENT.

10. RADIATION SAFETY PROGRAM.

11. WASTE MANAGEMENT.

12. LICENSE FEES *(See 10 CFR 170 and Section 170.31)*
FEE CATEGORY | AMOUNT ENCLOSED $ Ø

13. CERTIFICATION. *(Must be completed by applicant)* THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

CERTIFYING OFFICER – TYPED/PRINTED NAME AND TITLE
ROBERT EDWARD BRYANT ADMINISTRATOR-V.P.

SIGNATURE

DATE 2/25/2005

FOR NRC USE ONLY

TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
			$		
APPROVED BY				DATE	136518

NRC FORM 313 (8-2000)

REC'D IN LAT 3/11/2005

NMSS/RGN1 MATERIALS 040 RECYCLED PAPER

RIVERSIDE
WALTER REED HOSPITAL
7591 Hospital Drive, Gloucester ,Virginia 23061

February 24,2005
Application For Material License #45-23447-01 Renewal

The person responsible for this document is Brad H. Berrier and He can be reached at (804)-693-8846.

(1) 45-23447-01

Item 1: This is a Renewal of License number 45-23447-01 that is due to expire March 31,2005.

Item 2: Riverside Walter Reed Hospital, P.O.Box 1130, Gloucester, Virginia 23061 (804) 693-8846

Item 3: The address where licensed Material will be used is Riverside Walter Reed Hospital, 7591 Hospital Drive, Gloucester, Virginia 23061

Item 3: Brad H. Berrier, Radiation Safety Officer, is the person to be contacted about this application. He can be reached at (804) 693-8846 or brad.berrier@rivhs.com the contents of this application will be submitted to Robert Bryant our Certifying Officer for Riverside Walter Reed Hospital for his approval and signature.

Item 5: Radioactive Material and Use

Radionuclide	Form or Manufacture	Maximum Quantity	Purpose of Use
Any byproduct material Permitted by 10 CFR 35.100	Any	As Needed	Any uptake, dilution, And excretion study Permitted by 10 CFR 35.100.
Any byproduct material Permitted by 10 CFR 35.200	Any	As Needed	Any imaging and Localization study Permitted by 10 CFR 35.200
Any byproduct material Permitted by 10 CFR 35.300	Any	75 millicuries	Any radiopharmaceutical Therapy procedure Permitted by 10 CFR 35.300
Iodine I-131	Any	500 millicuries	Administration of I131 Sodium iodide
Any byproduct material Permitted by 10 CFR 31.11	Prepackaged kits	200 millicuries	In vitro studies

Item 7:Radiation Safety Officer

The Radiation Safety for this facility is Brad H. Berrier. He is currently listed as RSO on this license.

Item 7:Authorized User Names and Requested Uses.

All of these Authorized Users are already listed under license#45-23447-01.

Authorized User	Material and Use
William Wood, Jr., M.D.	35.100, 35.200, 31.11
Warren B. Helwig, M.D.	35.100, 35.200, 31.11
Dennie T. Bartol, M.D.	35.100, 35.200, 31.11
John M. Daimler, M.D.	35.100, 35.200, 35.300, 31.11
Jonathan H. DeMeo, M.D.	35.100, 35.200, 35.300, 31.11
Steven M. Irby, M.D.	35.100, 35.200, 31.11
J. Frank Sanderson, M.D.	35.100, 35.200, 31.11
D.J. Schengber, M.D.	35.100,35.200, 35.300, 31.11
John M. Wendell, Jr., M.D.	35.100, 35.200, 35.300, 31.11
Steven Walter Falen, M.D., Ph.D.	35.100, 35.200, 35.300, 31.11
James Donald Baylous, M.D.	35.100, 35.200, 31.11
Curtis Doane Stoldt, D.O.	35.100, 35.200, 31.11
Thomas Andrew Pincus, M.D.	35.100, 35.200, 31.11
Add new -See attached ABR	
Dr. Yizhi Liang, M.D.	35.100, 35.200, 31.11

Item 7:Authorized Nuclear Pharmacists

N/A

Item 7:Authorized Medical Physicists

N/A

Item 9:Facility Diagram

Discussion

The Nuclear Medicine Department and Hot Lab are located on the ground floor of the hospital. The drawing is to scale and 1 inch equals 5 feet. No room Numbers are assigned to this area. Byproduct Materials are prepared and stored in the Hot Lab. There is a lead lined cabinet just for radioactive waste. Byproduct materials are injected in the scan room and in the injection chair. The Hot lab is a restricted area and accesses is controlled by a key code combination lock. The counter tops are premanufactured stainless steel with lead lined storage cabinets. The flooring is vinyl throughout. There is a fume hood that is vented to the rooftop. There is a hot sink. The walls of the Hot Lab are lead lined. The scan room and injection chair are unrestricted areas. The Nuclear Medicine Department/Hot Lab is surrounded on three sides by hallways the other is a Radiologist office. A Diagram is enclosed.

Item 9: Radiation Monitoring Instruments

Our Radiation monitoring equipment will be calibrated by a person qualified to perform survey meter calibrations. We have developed and will implement and maintain written survey meter calibrations procedures in accordance with the requirements in 10CFR20.1501 and that meet the requirements of 10 CFR 35.61. We reserve the right to upgrade our survey equipment as necessary as long as they are adequate to measure the type and level of radiation for which they are used.

Current Equipment in use.

1. Ludlum model 14c portable survey meter serial number 192033. The scale is 0-1000 mR/hr.
2. Bicron surveyor 200 portable survey meter serial number B818S . The scale is 0-100 mR/hr.
3. Victoreen model 400 portable survey meter serial number 1490. The scale is 0-100 mR/hr.
4. Victoreen model 425-stationary/portable serial number 25999. The scale is 0-1000 cpm.
5. Atomic Products well counter/MCA and is stationary serial number 187-295. The scale is in cpm. The MDA for this well counter is .00001651 uCi. The counting efficiency is 85.91%.
6. Radx Ventil-Con II serial number 260889 Xenon delivery/trap system. The scale is 0-15 mci/liter.

Item 9: Dose Calibrator and Other Dosage Measuring Equipment

The Dose Calibrator used to measure dosages will be calibrated in accordance with nationally recognized standards or the manufacturers' instructions.
Current Equipment in use.

Capintec CRC-12 serial number 12172.

Item 9:Other Equipment and Facilities

This description is identified as Attachment 9.4
The Hot Lab is equipped with separate lead lined long half-life storage. The Hot Lab has a Fume Hood, syringe shields, forceps, gloves and lead bricks. A separate corner room (114) is private room with its own shower. Our future radiopharmaceutical therapy program will focus on only those patients that fit the criteria in Appendix U-Model Procedure for Release of Patients Administered Radioactive Materials.

Item 10: Occupational Dose

We will perform a prospective evaluation demonstrating that unmonitored individuals are not likely to receive, in one year, a radiation dose in excess of 10% of the allowable limits in 10 CRF part 20 or we will provide Dosimetry that meets the requirements listed under "Criteria" in NUREG-1556 Vol. 9, "Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Medical Use Licensees," Dated October 2002.

Item 10:Area Surveys

We have developed and will implement and maintain written procedures for area surveys in accordance with 10 CFR 20.1101 that meet the requirements of 10 CFR 20.1501 and 10 CFR 35.70. Appendix R

Item 10:Safe Use of Unsealed Licensed Material

We have developed and will implement and maintain procedures for safe use of unsealed byproduct material that meet the requirements of 10 CFR 20.1101 and 10 CFR 20.1301. Appendix T

Item 10:Spill Procedures

We have developed and will implement and maintain written procedures for safe response to spills of licensed material in accordance with 10 CFR 20.1101. Appendix N

Item 11:Waste Management

We have developed and will implement and maintain written waste disposal procedures for licensed material in accordance with 10 CFR 20.1101, that also meet the requirements of the applicable section of Subpart K to 10 CFR Part 20 and 10 CFR 35.92.

References:

The Society of Nuclear Medicine Guide for Diagnostic Nuclrar Medicine (Jeffery A. Siegel PhD)
NUREG-1556,vol 9
10 CFR Part 35

Brad H. Berrier 2/24/2005

Brad H. Berrier, RSO
Riverside Walter Reed Hospital

The American Board of Radiology

Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Therapeutic Radiology and Oncology, the Association of
University Radiologists, and American Association of Physicists in Medicine
Hereby certifies that

Yizhi Liang, MB

Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of
The American Board of Radiology
On this fourth day of June, 2003
Thereby demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of

Diagnostic Radiology

THE AMERICAN BOARD OF RADIOLOGY INCORPORATED IN THE DISTRICT OF COLUMBIA 1934

President

Secretary-Treasurer

Executive Director

AMERICAN BOARD OF MEDICAL SPECIALTIES

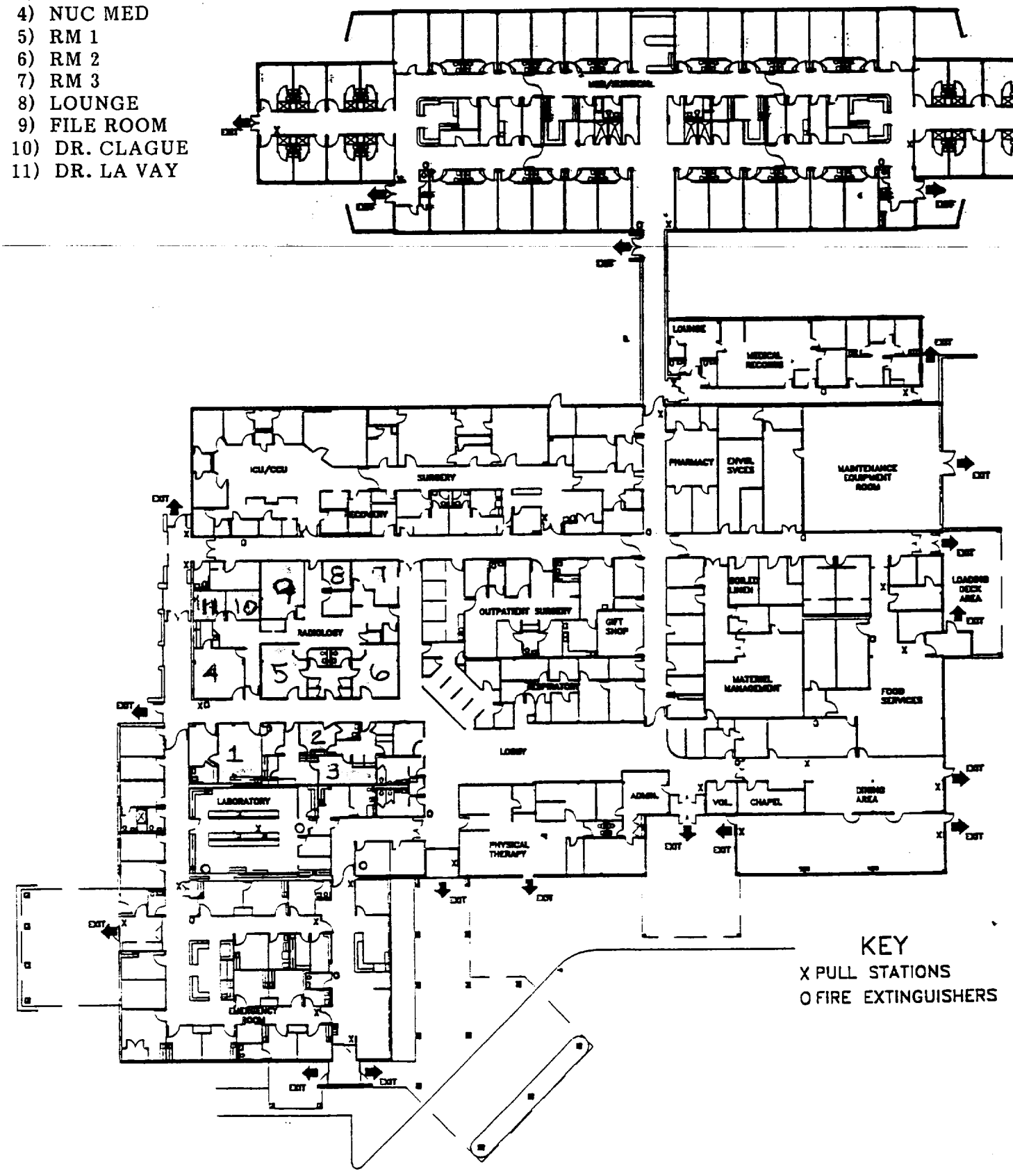
Certificate No. 50148

Valid through 2013

45-23447-01

RADIOLOGY DEPARTMENT

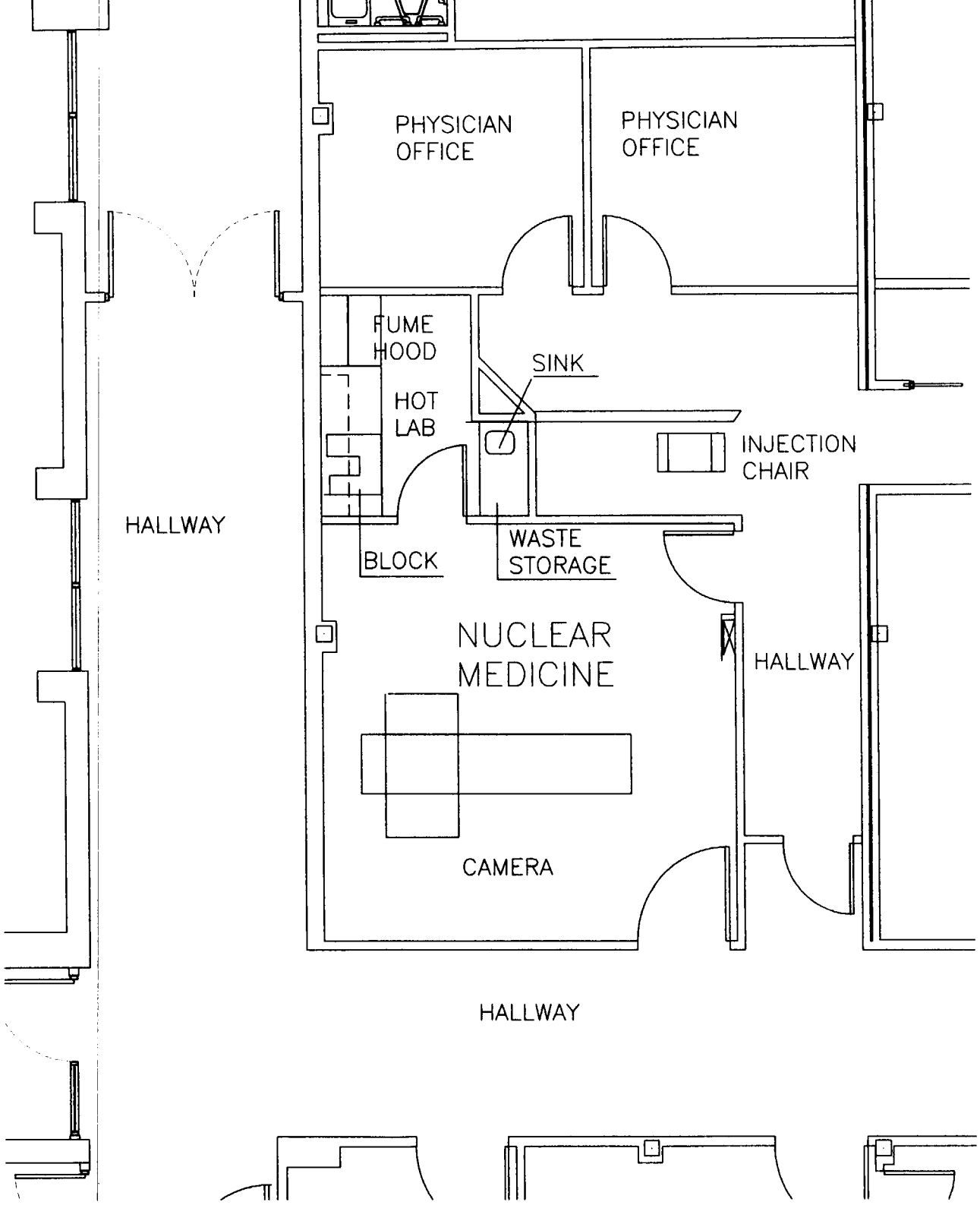
1) CT
2) US
3) MAMMOGRAPHY
4) NUC MED
5) RM 1
6) RM 2
7) RM 3
8) LOUNGE
9) FILE ROOM
10) DR. CLAGUE
11) DR. LA VAY



KEY
X PULL STATIONS
O FIRE EXTINGUISHERS

RIVERSIDE WALTER REED HOSPITAL
FIRE EVACUATION PLAN

45- 23447-01


PHYSICIAN OFFICE
PHYSICIAN OFFICE
FUME HOOD
SINK
HOT LAB
INJECTION CHAIR
HALLWAY
BLOCK
WASTE STORAGE
NUCLEAR MEDICINE
HALLWAY
CAMERA
HALLWAY

IC-73447-01

Table C.2 outlines the detailed responses that may be made to Items 5 and 6 on Form 313 for type of radioactive material requested and purposes for which it will be used. For example, if the applicant is seeking a license for unsealed byproduct material under 10 CFR 35.100 or 35.200, then the applicant should check the "yes" column next to 10 CFR 35.100 and 35.200 in Table C.2. The table then indicates appropriate responses for that type of use. An applicant may copy the checklist and include it in the license application.

Table C.2 Items 5 and 6 on NRC Form 313: Radioactive Material And Use
(If using this checklist, check applicable rows and fill in details, and attach copy of checklist to the application.)

Yes	Radionuclide	Form or Manufacturer/ Model No.	Maximum Quantity	Purpose of Use
X	Any byproduct material permitted by 10 CFR 35.100	Any	As needed	Any uptake, dilution, and excretion study permitted by 10 CFR 35.100.
X	Any byproduct permitted by 10 CFR 35.200	Any	As needed	Any imaging and localization study permitted by 10 CFR 35.200.
X	Any byproduct material permitted by 10 CFR 35.300	Any	75 millicuries	Any radiopharmaceutical therapy procedure permitted by 10 CFR 35.300.
X	Iodine-131	Any	500 millicuries	Administration of I-131 sodium iodide.
No	Byproduct material permitted by 10 CFR 35.400 (Radionuclide ________)	Sealed source or device (Manufacturer ____________, Model No.______)	___ millicuries	Any brachytherapy procedure permitted by 10 CFR 35.400.
No	Byproduct material permitted by 10 CFR 35.400 (Radionuclide ________)	Sealed source or device (Manufacturer ____________, Model No.______)	___ millicuries	Any brachytherapy procedure permitted by 10 CFR 35.400.
No	Byproduct material permitted by 10 CFR 35.400 (Radionuclide ________)	Sealed source or device (Manufacturer ____________, Model No.______)	___ millicuries	Any brachytherapy procedure permitted by 10 CFR 35.400.
No	Byproduct material permitted by 10 CFR 35.400 (Radionuclide ________)	Sealed source or device (Manufacturer ____________, Model No.______)	___ millicuries	Any brachytherapy procedure permitted by 10 CFR 35.400.
No	Strontium-90	Sealed source or device (Manufacturer ____________, Model No.______)	___ millicuries	Treatment of superficial eye conditions using an applicator distributed pursuant to 10 CFR 32.74 and permitted by 10 CFR 35.400.

45-23447-01

Table C.2 (continued)

Yes	Radionuclide	Form or Manufacturer/ Model No.	Maximum Quantity	Purpose of Use
No	Byproduct material permitted by 10 CFR 35.500 Check all that apply: ☐ Gd-153; ☐ I-125; ☐ Other, describe	Sealed source or device (Manufacturer _____, Model No._____)	___ curies per source and ___ curies total	Diagnostic medical use of sealed sources permitted by 10 CFR 35.500 in compatible devices registered pursuant to 10 CFR 30.32(g).
No	Iridium-192	Sealed source or device (Manufacturer _____, Model No._____)	___ curies per source and ___ curies total	One source for medical use permitted by 10 CFR 35.600, in a Manufacturer _____Model No. _____ remote afterloading brachytherapy device. One source in its shipping container as necessary for replacement of the source in the remote afterloader device.
No	Cobalt-60	Sealed source or device (Manufacturer _____, Model No._____)	___ curies per source and ___ curies total	One source for medical use permitted by 10 CFR 35.600, in a Manufacturer _____Model No._____ teletherapy unit. One source in its shipping container as necessary for replacement of the source in the teletherapy unit.
No	Cobalt-60	Sealed source or device (Manufacturer _____, Model No._____)	___ curies per source and ___ curies total	For medical use permitted by 10 CFR 35.600, in a Manufacturer _____Model No. _____ stereotactic radiosurgery device. Sources in the shipping container as necessary for replacement of the sources in the stereotactic radiosurgery device.
X	Any byproduct material under 10 CFR 31.11	Prepackaged kits	100 millicuries	*In vitro* studies.
No	Depleted uranium	Metal	___ kilograms	Shielding in a teletherapy unit.

45-23447-01

Table C.2 (continued)

Yes	Radionuclide	Form or Manufacturer/ Model No.	Maximum Quantity	Purpose of Use
No	Depleted uranium	Metal	___ kilograms	Shielding in a linear accelerator.
No	Any radionuclide in excess of 30 millicuries for use in calibration, transmission, and reference sources. (List radionuclide: _____)	Sealed source or device (Manufacturer _____, Model No._____)	___ millicuries	For use in a Manufacturer _____Model No._____ for calibration and checking of licensee's survey instruments.
No	Americium-241	Sealed source or device (Manufacturer _____, Model No._____)	___ millicuries per source and ___ millicuries total	Use as an anatomical marker.
No	Plutonium (principal radionuclide Pu-238)	Sealed sources	___ millicuries per source and ___ grams total	As a component of Manufacturer _____Model No._____, nuclear-powered cardiac pacemakers for clinical evaluation in accordance with manufacturer's protocol dated _____. This authorization includes: follow-up, explantation, recovery, disposal, and implantation.
No	Other	Form or Manufacturer/ Model No. _____	___ millicuries	Purpose of use _____.

45-23447-01

Table C.3 is a checklist that may be used to identify the attached documents that the applicant is supplying for items for which a response is required. For example, an applicant may fill in the name(s) of Radiation Safety Officer in Table C.3 and then check the boxes indicating which documents pertaining to the RSO are being included in the license application. An applicant may copy the checklist and include it in the license application.

Table C.3 Items 7 through 11 on NRC Form 313: Training & Experience, Facilities & Equipment, Radiation Protection Program, and Waste Disposal

(Check all applicable rows and fill in details and attach a copy of the checklist to the application or provide information separately.)

Item Number and Title	Suggested Response	Check box to indicate material included in application
Item 7: Radiation Safety Officer Name: Brad H. Berrier	Previous license number (if issued by NRC) or a copy of the license (if issued by an Agreement State) that authorized the uses requested and on which the individual was specifically named as the RSO.	☒
	OR	
	Copy of the certification(s) for the board(s) recognized by NRC and as applicable to the types of use for which he or she has RSO responsibilities.	☐
	OR	
	Description of the training and experience specified in 10 CFR 35.900(b).	☐
	OR	
	Description of the training and experience specified in 10 CFR 35.50(b) demonstrating that the proposed RSO is qualified by training and experience as applicable to the types of use for which he or she has RSO responsibilities.	☐
	AND	
	Written certification, signed by a preceptor RSO, that the above training and experience has been satisfactorily completed and that a level of radiation safety knowledge sufficient to function independently as an RSO for a medical use licensee has been achieved.	☐
	AND	
	If applicable, description of recent related continuing education and experience as required by 10 CFR 35.59.	☐

45-23447-01

Table C.3 (continued)

Item Number and Title	Suggested Response	Check box to indicate material included in application
Item 7: Authorized Users Names and Requested Uses for Each Individual ATTached	Previous license number (if issued by NRC) or a copy of the license (if issued by an Agreement State) on which the physician was specifically named as an AU for the uses requested.	☒
	OR	
	Copy of the certification(s) for the board(s) recognized by NRC under 10 CFR Part 35, Subparts D, E, F, G, H, and as applicable to the use requested.	☒
	OR	
	Description of the training and experience identified in 10 CFR Part 35 Subpart J demonstrating that the proposed AU is qualified by training and experience for the use requested.	☐
	OR	
	A description of the training and experience identified in 10 CFR Part 35 Subparts D, E, F, G, and H demonstrating that the proposed AU is qualified by training and experience for the use requested;	☐
	AND	
	Written certification, signed by a preceptor physician AU, that the above training and experience has been satisfactorily completed and that a level of competency sufficient to function independently as an AU for the medical uses authorized has been achieved.	☐
	AND	
	If applicable, description of recent related continuing education and experience as required by 10 CFR 35.59.	☐
Item 7: Authorized Nuclear Pharmacists Names: N/A	Previous license number (if issued by NRC) or a copy of the license (if issued by an Agreement State) on which the individual was specifically named ANP.	☐
	OR	
	Copy of the certification(s) for the radiopharmacy board(s) recognized by NRC under 10 CFR 35.55(a) or 10 CFR 35.980(a).	☐
	OR	
	Description of the training and experience demonstrating that the proposed ANP is qualified by training and experience.	☐
	AND	
	Written certification, signed by a preceptor ANP, that the above training and experience has been satisfactorily completed and that a level of competency • sufficient to function independently as an ANP has been achieved (10 CFR 35.55), or • sufficient to independently operate a nuclear pharmacy (10 CFR 35.980).	☐
	AND	
	If applicable, description of recent related continuing education and experience as required by 10 CFR 35.59.	☐

45-23447-01

Table C.3 (continued)

Item Number and Title	Suggested Response	Check box to indicate material included in application
Item 7: Authorized Medical Physicists Names: N/A	Previous license number (if issued by NRC) or a copy of the license (if issued by an Agreement State) on which the individual was specifically named as an AMP for the units requested. **OR**	☐
	Copy of the certification(s) for the board(s) recognized by NRC in 10 CFR 35.51(a) or 10 CFR 35.961(a) or (b). **OR** Description of the training and experience demonstrating that the proposed AMP is qualified by training and experience identified in 10 CFR 35.961(c) for the units requested. **OR**	☐
	Description of the training and experience demonstrating that the proposed AMP is qualified by training and experience identified in 10 CFR 35.51(b) for the units requested. **AND**	☐
	Written certification, signed by a preceptor AMP, that the above training and experience has been satisfactorily completed and that a level of competency sufficient to function independently as an AMP has been achieved. **AND**	☐
	If applicable, description of recent related continuing education and experience as required by 10 CFR 35.59.	☐
Item 9: Facility Diagram ATTAched	A diagram is enclosed that describes the facilities and identifies activities conducted in all contiguous areas surrounding the area(s) of use. The following information is included:	☑
	• Drawings should be to scale, and indicate the scale used.	☑
	• Location, room numbers, and principal use of each room or area where byproduct material is prepared, used or stored, as provided above under the heading "Discussion";	☑
	• Location, room numbers, and principal use of each adjacent room (e.g., office, file, toilet, closet, hallway), including areas above, beside, and below therapy treatment rooms; indicate whether the room is a restricted or unrestricted area as defined in 10 CFR 20.1003; and	☑
	• Provide shielding calculations and include information about the type, thickness, and density of any necessary shielding to enable independent verification of shielding calculations, including a description of any portable shields used (e.g., shielding of proposed patient rooms used for implant therapy including the dimensions of any portable shield, if one is used; source storage safe, etc.).	☐
	In addition to the above, for teletherapy and GSR facilities, applicants should provide the directions of primary beam usage for teletherapy units and, in the case of an isocentric unit, the plane of beam rotation.	☐

45-23447-01

Table C.3 (continued)

Item Number and Title	Suggested Response	Check box to indicate material included in application
Item 9: Radiation Monitoring Instruments	A statement that: "Radiation monitoring instruments will be calibrated by a person qualified to perform survey meter calibrations." **AND/OR**	☑
	A statement that: "We have developed and will implement and maintain written survey meter calibration procedures in accordance with the requirements in 10 CFR 20.1501 and that meet the requirements of 10 CFR 35.61." **AND** A description of the instrumentation (e.g., gamma counter, solid state detector, portable or stationary count rate meter, portable or stationary dose rate or exposure rate meter, single or multichannel analyzer, liquid scintillation counter, proportional counter) that will be used to perform required surveys. **AND** A statement that: "We reserve the right to upgrade our survey instruments as necessary as long as they are adequate to measure the type and level of radiation for which they are used."	☑ ☑ ☑
Item 9: Dose Calibrator and Other Dosage Measuring Equipment	A statement that: "Equipment used to measure dosages will be calibrated in accordance with nationally recognized standards or the manufacturer's instructions."	☑
Item 9:Therapy Unit - Calibration and Use	We are providing the procedures required by 10 CFR 35.642, 10 CFR 35.643, and 10 CFR 35.645, if applicable to the license application.	☐
Item 9: Other Equipment and Facilities	Attached is a description identified as Attachment 9.4, of additional facilities and equipment.	☑
	For manual brachytherapy facilities, we are providing a description of the emergency response equipment.	☐
	For teletherapy, GSR, and remote afterloader facilities, we are providing a description of the following:	
	• Warning systems and restricted area controls (e.g., locks, signs, warning lights and alarms, interlock systems) for each therapy treatment room;	☐
	• Area radiation monitoring equipment;	☐
	• Viewing and intercom systems (except for LDR units);	☐
	• Steps that will be taken to ensure that no two units can be operated simultaneously, if other radiation-producing equipment (e.g., linear accelerator, X-ray machine) are in the treatment room;	☐
	• Methods to ensure that whenever the device is not in use or is unattended, the console keys will be inaccessible to unauthorized persons; and	☐
	• Emergency response equipment.	☐
Item 10. Safety Procedures and Instructions	Attached procedures required by 10 CFR 35.610	☐

45-23947-01

Table C.3 (continued)

Item Number and Title	Suggested Response	Check box to indicate material included in application
Item 10: Occupational Dose ATTAcheel	A statement that: "Either we will perform a prospective evaluation demonstrating that unmonitored individuals are not likely to receive, in one year, a radiation dose in excess of 10% of the allowable limits in 10 CFR Part 20 or we will provide dosimetry that meets the requirements listed under "Criteria" in NUREG-1556, Vol. 9, "Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Medical Use Licensees," dated October 2002." **OR** A description of an alternative method for demonstrating compliance with the referenced regulations.	☑ ☐
Item 10: Area Surveys Attacheel	A statement that: "We have developed and will implement and maintain written procedures for area surveys in accordance with 10 CFR 20.1101 that meet the requirements of 10 CFR 20.1501 and 10 CFR 35.70."	☑
Item 10: Safe Use of Unsealed Licensed Material ATTached	A statement that: "We have developed and will implement and maintain procedures for safe use of unsealed byproduct material that meet the requirements of 10 CFR 20.1101 and 10 CFR 20.1301."	☑
Item 10: Spill Procedures ATTached	A statement that: "We have developed and will implement and maintain written procedures for safe response to spills of licensed material in accordance with 10 CFR 20.1101."	☑
Item 10: Installation, Maintenance, Adjustment, Repair, and Inspection of Therapy Devices Containing Sealed Sources	Name of the proposed employee and types of activities requested: _____. **AND** Description of the training and experience demonstrating that the proposed employee is qualified by training and experience for the use requested. **AND** Copy of the manufacturer's training certification and an outline of the training in procedures to be followed.	☐ ☐ ☐
Item 10: Minimization of Contamination	A response is not required under the following condition: the NRC will consider that the above criteria have been met if the information provided in applicant's responses satisfy the criteria in Sections 8.14, 8.15, 8.20, 8.24, 8.26, and 8.28, on the topics: Facility and Equipment; Facility Diagram; Radiation Protection Program; Safety Program; and Waste Management.	N/A
Item 11: Waste Management ATTAcheel	A statement that: "We have developed and will implement and maintain written waste disposal procedures for licensed material in accordance with 10 CFR 20.1101, that also meet the requirements of the applicable section of Subpart K to 10 CFR Part 20 and 10 CFR 35.92."	☑

45-23447-01

This is to acknowledge the receipt of your letter/application dated

2/25/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Renew 45-23447-01

☒ There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

☐ Please provide to this office within 30 days of your receipt of this card

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A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 136518.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (RI)
(6-96)

Sincerely,
Licensing Assistance Team Leader

	:	(FOR LFMS USE)
	:	INFORMATION FROM LTS
BETWEEN:	:	----------
	:	
License Fee Management Branch, ARM	:	Program Code: 02121
and	:	Status Code: 2
Regional Licensing Sections	:	Fee Category: 7C
	:	Exp. Date: 20050331
	:	Fee Comments: CODE 23
	:	Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION 1

1. APPLICATION ATTACHED
   Applicant/Licensee: RIVERSIDE WALTER REED HOSPITAL
   Received Date: 20050301
   Docket No: 3021092
   Control No.: 136518
   License No.: 45-23447-01
   Action Type: Renewal

2. FEE ATTACHED
   Amount: /
   Check No.: _____

3. COMMENTS

Signed [signature]
Date 3/16/05

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /__/)

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for:
   Amendment _____
   Renewal _____
   License _____

3. OTHER _____
   _____

Signed _____
Date _____