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

03002522

X

RECEIVED MAY 23

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
- [X] C. RENEWAL OF LICENSE NUMBER 29-09701-01

2. NAME AND MAILING ADDRESS OF APPLICANT *(Include ZIP code)*

RIVERVIEW MEDICAL CENTER
ONE RIVERVIEW PLAZA
RED BANK, NJ 07701

3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED

RIVERVIEW MEDICAL CENTER
ONE RIVERVIEW PLAZA
RED BANK, NJ 07701

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

MICHAEL CAMMARANO

TELEPHONE NUMBER

(732) 530 - 2529

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. SEE ATTACHED

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

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

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

9. FACILITIES AND EQUIPMENT. SEE ATTACHED

10. RADIATION SAFETY PROGRAM. SEE ATTACHED

11. WASTE MANAGEMENT. SEE ATTACHED

12. LICENSE FEES *(See 10 CFR 170 and Section 170.31)*

FEE CATEGORY | AMOUNT ENCLOSED $ 0

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	SIGNATURE	DATE
TIM HOGAN, PRESIDENT		5/18/05

FOR NRC USE ONLY

TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED $	CHECK NUMBER	COMMENTS
					137092
APPROVED BY				DATE	

Items 5 & 6

Byproduct Material	Amount	Purpose
5.A Material in CFR 35.100	As Needed	6.a Any uptake, dilution, and excretion study, permitted by 10CFR 35.100.
5.B Material in CFR 35.200	As Needed	6.b Any imaging and localization study permitted by 10CFR 35.200.
5C. Material in CFR 35.300	500 mCi	6.c Any radiopharmaceutical therapy procedure permitted by 10CFR 35.300.
5D. Material in CFR 35.400	2200 mCi	6.d Any brachytherapy procedure permitted by 10CFR 35.400.
5E Strontium 90 permitted by 10CFR 35.400	Sealed source (Nuclear Associates Model 67-850)	125 mCi
5F Iodine 125 permitted by 10 CFR 35.1000	Liquid Iotrex as part of the GliaSite RTS System	2 Curies
5H Yttrium 90	Any	110 mCi

Item 7

7.0	Robert Wold, M.D. Acting Radiation Safety Officer	License # 29-09701-01
7.1 Authorized Users	Robert Wold MD 35.100; 35.200; 35.300.	License # 29-09701-01
	Edmund Kwong MD 35.300; 35.400 Iodine 125 for use in the GliaSite RTS System , Yttrium 90 for instrument calibration	License # 29-09701-01
	Albert Tedeschi MD 35.100; 35.200 and 35.300	License # 29-09701-01
	Jeffrey D. Gould MD 35.100;35.200	License # 29-09701-01
	Erwin Tepper MD 35.300; 35.400 Iodine 125 for use in the GliaSite RTS System , Yttrium 90 for instrument calibration.	License # 29-09701-01
	Stewart Berkowitz MD 35.400	License # 29-09701-01
	Douglas S. O'Connor MD 35.100; 35.200;	License # 29-09701-01
	Frederick J. Zito 35.100;35.200;35.300	License # 29-09701-01
Authorized Medical Physicists	Young H. Lee MS Iridium 192 in a HDR unit for calibration, spot checks and training	License # 29-09701-01
	Keunchul Casey Lee Ph.D. Iridium 192 in a HDR unit for calibration, spot checks and training	License # 29-09701-01

Delete List

Please delete	John A. Parella MD 35.100; 35.200;35.300; 35.400	License # 29-09701-01
Please delete	Aldo Baldi MD 35.100; 35.200;	License # 29-09701-01
Please delete	Lewis J. Warshauer MD 35.100; 35.200;	License # 29-09701-01

Item 8 Training for individuals working in or frequenting restricted areas.

8.1 We are following the model procedure in Appendix A in regulatory guide 10.8, revision 2.

Item 9: Facility Diagram

See Attached diagram of nuclear medicine section

tem 9: Radiation Monitoring Instruments

Instrument		Number of Units	Radiation Detected (α,β,γ)	Sensitivity range (mR/hr, cpm)
Meter/Analyzer (Make & model)	Probe /Detector (Make & Model)			
Ludlum 3	GM Probe 44-9 SN 94335	1	β,γ	0-200 mR/hr
Ludlum 3	GM Probe 44-9 SN 94334	1	β,γ	0-200 mR/hr

Radiation monitoring instruments will be calibrated by a person qualified to perform survey meter calibrations.
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
Capintec CRC 15R Dose Calibrator

Equipment used to measure dosages will be calibrated in accordance with nationally recognized standards or the manufacturer's instructions.

Item 9.4: Other equipment and facilities:

GE 4000 , MG, and Optima Gamma Cameras

Atom Lab 950 Well Counter & thyroid uptake probe

Sharps Container

syringe shield, 3cc

syringe shield, 5cc

Table Top Shield with single panel lead glass

Extruded lead bricks, 2"x 4"x6" (21X)

Lead lined waste container (2X)

Radiacwash Spray Mist, 1 Liter

Item 10: Occupational Dose:

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.

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

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

Item 10: Spill Procedure

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 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."

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

5/18/2005, and to inform you that the initial processing which includes an administrative review has been performed.

RENEW 29-09701-01

☒ 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** 137092.
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

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02240
Status Code: 2
Fee Category: 7C 2B
Exp. Date: 20050731
Fee Comments: _____
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION 1

1. APPLICATION ATTACHED
   Applicant/Licensee: RIVERVIEW MEDICAL CENTER
   Received Date: 20050523
   Docket No: 3002522
   Control No.: 137092
   License No.: 29-09701-01
   Action Type: Renewal

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

3. COMMENTS

Signed [signature]
Date 5/31/2005

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 _____