U.S. NUCLEAR REGULATORY COMMISSION TELEPHONE CONVERSATION RECORD	Date: 9/8/05 Time: 16:15

Mail Control or Report No(s).	137547	License No(s).	37-06864-06	Docket No(s).	030-15163

Name of Licensee:	Pennsylvania Hospital
Name of Participant(s):	Leonard Shabason, Ph.D.
Telephone No.	215-829-3865
Subject: (NOTE: This will be used as the Documents Title in ADAMS)	Gamma Knife License Amendment Request for Additional Information

Rev. 07/26/05
Document Name:E:\Filenet\ML052590199.wpd

Summary:

The following information was requested:

AU & AMP Qualifications
Please provide documentation that, within the last 7 years, Dr. Rosenstock received Gamma Knife vendor training or was listed on a Gamma Knife license.

Facilities and Equipment
1) Section 9, Facilities and Equipment; Radiation Detection Equipment

Please describe the make and model of the remote reading radiation monitor, and where it was installed in the treatment room. Also describe any warning lights in the room and console that will alert staff regarding radiation levels in the room.

2) Please commit to checking the operational status of portable and room radiation monitors on a daily basis with a radiation source.

3) Please describe the warning signs that will be used on the room door if needed in an emergency.

4) Please describe the use and activation of the warning light above the room door. Is it associated with the rooms radiation monitor or the units shield doors?

5) Periodic Spot Check Procedures: Daily QA without the APS:

a) Describe the method for checking the emergency off button at the console.

b) Describe the daily spot check procedure for checking timer termination.

c) Commit to locking the control console in the off position and not use the unit except as may be necessary to repair, replace, or check the malfunctioning system if the daily spot check procedure identifies a malfunction.

d) Confirm that you will perform the daily QA check without the APS each day of use (i.e., the "Daily Quality Assurance with the Automatic Patient Positioning System" appeared to exclude daily spot checks required by 10 CFR 35.645(d) (1-6))

Monthly Spot Check Procedures

1) Please specify whether your equipment contains a hydraulic or electric retraction mechanism and please describe how you test for table retraction.

2) Describe how you will check the stereotactic frames by measuring them.

3) Please correct your formula for calculating radioactive decay (I.e., Anticipated Output = Original Output * $e^{-\ln 2(x)/(5.26 * 365.25)}$

4) Please provide acceptance criteria for checking timer accuracy and linearity

Emergency Procedures
Confirm that you will routinely update your posted emergency procedures to include the name and telephone numbers of your Authorized User, Authorized Medical Physicist, and Radiation Safety Officer.

Please note that full calibration procedures are not required to be submitted and were not reviewed as part of this application.

Action Required:	Dr. Shabason agreed to provide the requested information and indicated that he would fax it to 610-337-5269.

Document Availability:		X	Publicly Available			Non-Publicly Available	
X	Non-Sensitive		Non-Sensitive Copyright		Sensitive		Sensitive Copyright
	Immediate Release	X	Normal Release		Delay Release Date		
Prepared & SISP Review Completed By:		***/ RA /***	RCR		Date:	9/8/05	