

<b>NRC FORM 313</b> (10-2005) 10 CFR 30, 32, 33, 34, 35, 36, 39, and 40	<b>U.S. NUCLEAR REGULATORY COMMISSION</b> <b>APPROVED BY OMB: NO. 3150-0120</b> <b>EXPIRES: 10/31/2008</b> Estimated burden per response to comply with this mandatory collection request: 4.4 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 and FOIA/Privacy Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to <a href="mailto:infocollects@nrc.gov">infocollects@nrc.gov</a> , and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0120), 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.				
<b>APPLICATION FOR MATERIAL LICENSE</b>					
<b>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.</b>					
<b>APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:</b>  DIVISION OF INDUSTRIAL AND MEDICAL NUCLEAR SAFETY OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555-0001  <b>ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:</b>  <b>IF YOU ARE LOCATED IN:</b>  ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, MISSISSIPPI, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO:  LICENSING ASSISTANCE TEAM DIVISION OF NUCLEAR MATERIALS SAFETY U.S. NUCLEAR REGULATORY COMMISSION, REGION I 475 ALLENDALE ROAD KING OF PRUSSIA, PA 19406-1415	<b>IF YOU ARE LOCATED IN:</b>  ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:  <div style="text-align: right; margin-right: 50px;">NMSSB 2</div> MATERIALS LICENSING BRANCH U.S. NUCLEAR REGULATORY COMMISSION, REGION III 2443 WARRENVILLE ROAD, SUITE 210 LISLE, IL 60532-4352  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:  <div style="text-align: right; margin-right: 50px;">LL 31245 030 37465 02400</div> NUCLEAR MATERIALS LICENSING BRANCH U.S. NUCLEAR REGULATORY COMMISSION, REGION IV 611 RYAN PLAZA DRIVE, SUITE 400 ARLINGTON, TX 76011-4005  <div style="text-align: center; font-size: 1.2em;">(06-31245-01)</div>				
<b>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.</b>					
1. THIS IS AN APPLICATION FOR (Check appropriate item) <input checked="" type="checkbox"/> A. NEW LICENSE <input type="checkbox"/> B. AMENDMENT TO LICENSE NUMBER _____ <input type="checkbox"/> C. RENEWAL OF LICENSE NUMBER _____	2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code) Anne Masloski, DVM Francois Crevier, DVM Connecticut Veterinary Center ← 470 Oakwood Avenue West Hartford, CT 06110				
3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED 470 Oakwood Avenue West Hartford, CT 06110	4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION Anne Masloski, DVM  TELEPHONE NUMBER (860) 233-8564				
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 AREAS.				
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 \$ 1200.				
13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.  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 Anne Masloski DVM	SIGNATURE _____ DATE 4/30/07				
<b>FOR NRC USE ONLY</b>					
TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
			\$		
APPROVED BY _____				DATE _____	

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MAY - 3 2007

 140471  
 NMSS/RGN1 MATERIALS-002

Question 5) The radioactive material which will be used is Iodine 131 in a liquid (injectable), volatile form. The maximum amount to be housed in the building will depend on the number of cats in the hospital at any given time for Iodine 131 treatment. The dose will average 4-6 millicuries per cat as a single treatment. We are not currently anticipating more than 2-4 cats at a time. We will also be ordering Cesium 137 for calibration purposes. This will be in a sealed form.

Question 6) The Iodine 131 will be used exclusively for treatment of hyperthyroidism in cats.

Question 7) The primary individuals responsible for the program include Anne Masloski, DVM and Francois Crevier, DVM, MS, diplomate of ACVR. Dr. Masloski is residency trained in small animal internal medicine and will act as the primary Authorized User. Dr. Crevier holds a master's degree in radiologic health sciences and is a diplomate of the American College of Veterinary Radiologists and will act as the Radiation Safety Officer.

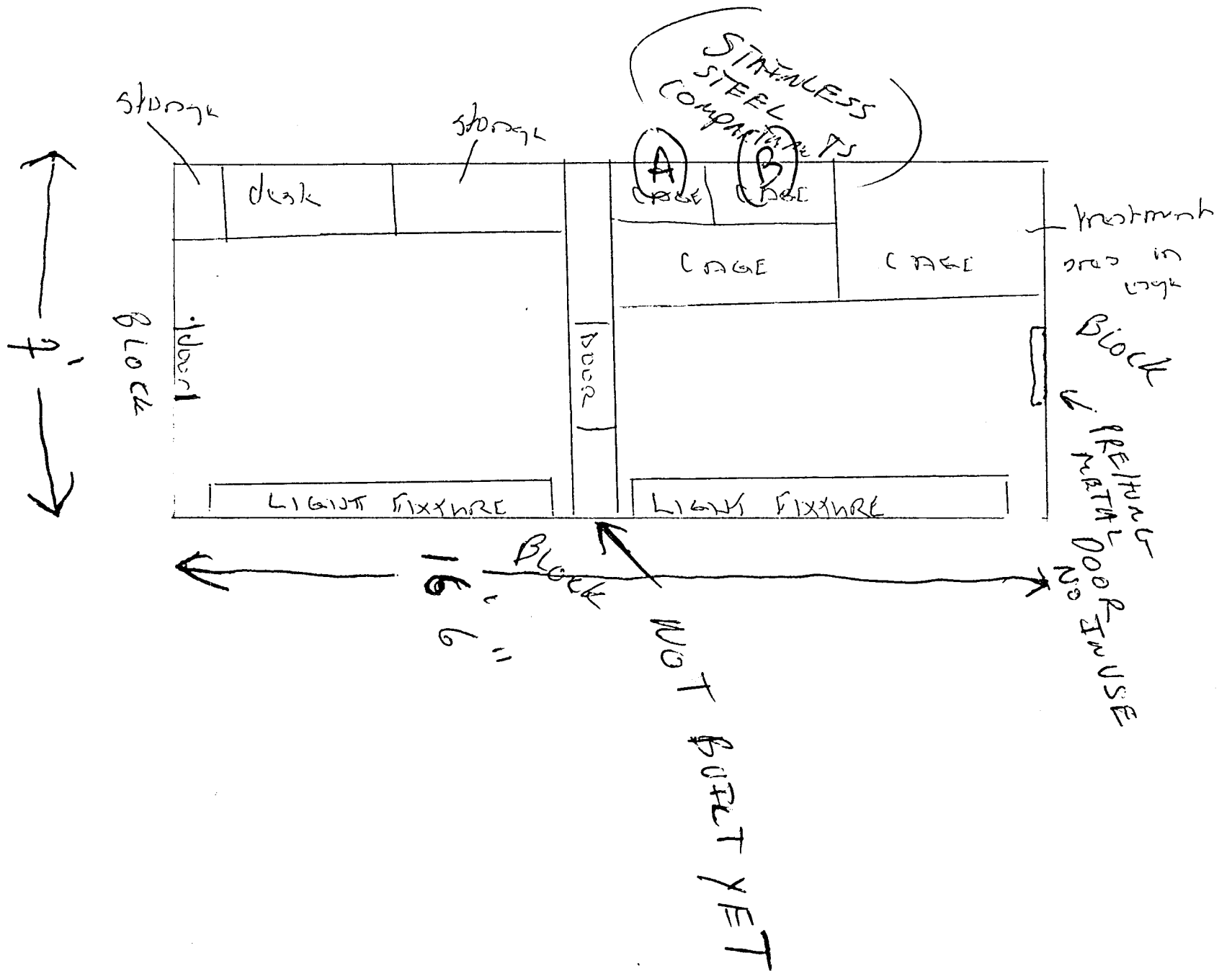
Question 8) There will be a minimal number of personnel involved in taking care of the radioactive cats. An on site training program to include: how to handle the cats; gloves and gowns to be used while dealing with the cats; proper dosimeter and when to have them on and off; proper disposal and labeling of radioactive material; proper use of the Geiger counter; proper record keeping; emergency procedures including personnel to contact in case of an emergency; clean up instructions; instructions as to handling the Iodine 131 (this should only be done by the RSO or AU). The training will be done by the RSO or the AU. The OSHA officer will also be giving a training session on OSHA regulations in regard to radioactive material.

Question 9) The room to be used is located in the basement isolated from most departments with the exception of the purchasing department. A physicist has been consulted with regards to confining the Iodine 131 to the room where the cats will be treated only. A separate smaller room is located directly in front of the area where the cats will be treated and housed. The only equipment to be used includes: the cages the cats will be housed in; a Geiger counter to measure radiation levels; a shield to be used during the injections to prevent splashing on the staff, and the injections themselves. The paperwork documenting the cats treated, doses, etc will be maintained in the room in front of the treatment room. The entire area will be off limits to the staff and locked when not in use. The only keys will be held by management, Dr. Masloski and Dr. Crevier.

Question 10) A radiation safety program will be set up and conducted by the RSO and/or the AU to include: how to handle the I 131; what to do in the case of a spill or accidental human exposure; record keeping to account for any and all of the I 131 ordered for use; use of the Geiger counter, safety shields, dosimeters, radiation gloves and gowns; proper handling, labeling and disposal of the waste materials; proper handling of the cats

Question 11) We will use the model waste procedures published in Appendix T to NUREG—1556, Volume 7. We will be using the decay-in-storage disposal method. The

waste material will be stored in the room and labeled as radioactive waste until ten half lives of the radioisotope have transpired ( 80 days for the Iodine 131) at which time it will be disposed of in the dumpster. The trash will be scanned by the Geiger counter prior to disposal.



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

4/30/2007, and to inform you that the initial processing which includes an administrative review has been performed.

☒ NEW LICENSE APPLICATION (03037465)  
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 140471.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

(FOR LFMS USE)  
INFORMATION FROM LTS  
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: Program Code: 02400  
: Status Code: 3  
: Fee Category: \_\_\_\_\_  
: Exp. Date: 0  
: Fee Comments: \_\_\_\_\_  
: Decom Fin Assur Req'd: \_  
: .....

LICENSE FEE TRANSMITTAL

A. REGION

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1. APPLICATION ATTACHED

Applicant/Licensee: CONNECTICUT VETERINARY CENTER  
Received Date: 20070503  
Docket No: 3037465  
Control No.: 140471  
License No.: 06-31245-01  
Action Type: New Licensee

2. FEE ATTACHED

Amount: \$1,200.00  
Check No.: 26081

3. COMMENTS

Signed M. A. Perkins  
Date 5/3/2007

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 \_\_\_\_\_