



The Heart and Vascular Clinic

March 27, 2012

Materials Licensing Branch
U.S. Nuclear Regulatory Commission, Region III
2443 Warrenville Road, Suite 210
Lisle, IL 60532-4352

License Number: 13-32820-01

To Whom It May Concern:

Please accept this amendment request to change the Radiation Safety Officer at The Heart and Vascular Clinic to Robert T. Anger, Jr. Mr. Anger is currently the Radiation Safety Officer at Indiana University Health North Hospital, NRC License # 13-32602-01, a license authorized for 35.100, 35.200, and 35.300 uses. Attached, please find a copy of the Memorandum of Understanding from administration delegating these duties along with Mr. Anger's acceptance of these responsibilities.

If you need further assistance, please contact Robert Anger, Jr. at 800.321.2207 or via email at ranger@mpcphysics.com.

Sincerely,

Ovais Raza, M.D., FACC
Owner/Medical Director

RECEIVED MAY 07 2012

Management/ RSO Letter of Understanding

The management of The Heart and Vascular Clinic appoints Robert T. Anger, Jr, the Radiation Safety Officer (RSO), who agrees in writing, to be responsible for implementing the radiation protection program. The licensee through the Radiation Safety Officer, shall ensure that radiation safety activities are being performed in accordance with licensee approved procedures and regulatory requirements.

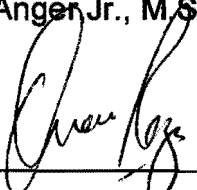
Management must permit the RSO the following:

- 1) Specific written notation of authority, duties and responsibilities.
- 2) Sufficient authority, organizational freedom, time, resources and management prerogative to:
 - A) Identify radiation safety problems
 - B) Initiate, recommend or provide corrective actions
 - C) Stop unsafe operations
 - D) Verify implementation of corrective actions

I, Robert T. Anger, Jr. accept the appointment of Radiation Safety Officer.


Robert T. Anger, Jr., M.S., DABR, FACR

3/12/12
Date


CEO

3/27/12
Date

RSO Authority, Duties, and Responsibilities

The Radiation Safety Officer (RSO) shall:

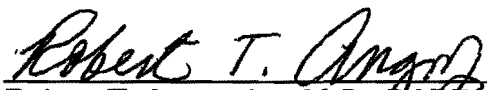
1. Have the authority to implement the Radiation Protection Program as referenced in 10 CFR 20.1101.
2. Have the authority, organizational freedom, time, resources, and management prerogative to:
 - a. Identify radiation safety problems;
 - b. Initiate, recommend or provide corrective actions,
 - c. Stop unsafe operations; and,
 - d. Verify implementation of corrective actions.
3. Investigate deviations from the radiation safety practices approved by facility management and/or the Radiation Safety Committee, if applicable.
4. Collect in a centralized location, executive management approved procedures that can include policy and technical issues which, would makeup the Radiation Protection Program as follows:
 - a. Authorization for the purchase of radioactive material.
 - b. Receipt and opening of packages containing radioactive material.
 - c. Storage of radioactive material.
 - d. Inventory control of radioactive material.
 - e. Safe use of radioactive material.
 - f. Emergency procedures in the event of loss, theft, etc.
 - g. Periodic radiation surveys and wipe tests
 - h. Checks of radiation survey and other radiation safety instruments.
 - i. Disposal of radioactive material.
 - j. Personnel training of those who work in or frequent areas of radioactive material use or storage.
5. Oversee a record system of the Radiation Protection Program per 10 CFR 20.2102 to include at least the following:

Audits and other reviews of the Radiation Protection Program content and implementation for a period of three (3) years after the record is made.

The provisions of the Radiation Protection Program until the license is terminated by the NRC such as:

 - a. All records, reports, written policies and procedures required by regulatory agencies concerning radioactive material.

- b. A copy of the regulations governing the possession, use and disposal of licensed material, such as Title 10 Code of Federal Regulations.
- 6. Periodically evaluate "action levels" for continued appropriateness to ensure compliance with 10 CFR 20.1501 and 1502 for the following:
 - a. Personnel exposure investigation levels
 - b. Area surveys, dose rates, wipe tests and contamination levels
 - c. Bioassays, if necessary
 - d. Radioactive effluent concentrations, if necessary
- 7. Review the following Radiation Protection Program records, if applicable:
 - a. Sealed source inventories
 - b. Sealed source leak tests
 - c. Dose calibrator linearity tests
 - d. Dose calibrator accuracy tests
 - e. Dose calibrator geometrical variation tests
 - f. Occupational radiation exposure reports
 - g. Medical event documentation
 - h. Spill / incident reports for cause and corrective action
 - i. Dose rate surveys and contamination wipe results
 - j. Changes in the radiation safety program
- 8. Ensure the use of reasonable practices and controls to strive to maintain doses to workers and to the public are ALARA, in compliance with 10 CFR 20.1101(b).
- 9. Review with facility management at least annually of the content of the Radiation Protection Program and determine if the written program is being implemented in compliance with 10 CFR 20.1101(c).
- 10. Ensure as a part of the ALARA effort that individual members of the public shall not receive a Total Effective Dose Equivalent (TEDE) of more than 10 mrem (0.1 mSv) per year from airborne radioactive material releases as per 10 CFR 20.1101(d) as necessary.
- 11. Be a member of the Radiation Safety Committee (RSC), if applicable, that will oversee all uses of byproduct material permitted by the license as per 10 CFR 35.24(f).


Robert T. Anger, Jr., M.S., DABR, FACR
Radiation Safety Officer

3/12/12
Date

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3251 Shampine Dr South
Bedford IN 4

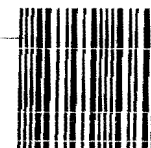
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