

**Greenwich Hospital**  
5 Perryridge Road  
Greenwich, CT 06830-4608

May 7, 2015

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03001276

U.S. Nuclear Regulatory Commission  
Region 1  
2100 Renaissance Blvd. Suite 100  
King of Prussia, PA 19406-2713

RE: License No.: 06-09522-01, Notification

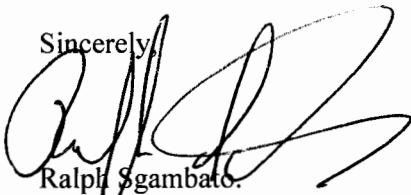
Dear Sir or Madam:

I am writing to you to notify your office that we wish to add an authorized Medical Physicist to our license. Please add Alexander Pevsner, Ph.D. as an Authorized Medical Physicist for use of the Iridium-192 in a High Dose Rate Remote Afterloader Unit for calibrations, spot-checks, and training.

Dr. Pevsner was previously an Authorized Medical Physicist on NRC license number 29-02641-03, amendment 97. In addition I have enclosed a copy of his emergency procedures training provided by Nucletron on March 30, 2015.

If you have any additional questions please contact me at (203)863-3063 or [Ralph.sgambato@greenwichhospital.org](mailto:Ralph.sgambato@greenwichhospital.org)

Sincerely,



Ralph Sgambato  
Program Director of Radiology and Diagnostic Imaging

RECEIVED 12-15 PM 07:20

586925  
NMSS/RGN1 MATERIALS-002

## Nucletron Training Seminar

Institution: Greenwich Hospital

City, State/Province, Zip: Greenwich Hospital

### 1 Teaching Aids Used

User's Manual	<input checked="" type="checkbox"/>
Applicators and Accessories	<input checked="" type="checkbox"/>
Source Container and Dummy Sources	<input checked="" type="checkbox"/>
Other	<input checked="" type="checkbox"/>

### 2 Topics Covered

Explanation of Remote Afterloading	<input type="checkbox"/>
Explanation of Radiation Protection	<input type="checkbox"/>

### 3 Applications

Bronchus	<input type="checkbox"/>
Interstitial	<input type="checkbox"/>
Intracavitary	<input type="checkbox"/>
Intraoperative	<input type="checkbox"/>

### 4 Applicators/Accessories

Bronchus	<input type="checkbox"/>
GYN	<input type="checkbox"/>
Esophagus	<input type="checkbox"/>
Interstitial	<input type="checkbox"/>
Other	<input type="checkbox"/>

### 5 Equipment Operation

Treatment Unit	<input checked="" type="checkbox"/>
Handling	<input checked="" type="checkbox"/>
Power Requirements	<input checked="" type="checkbox"/>
Console	<input checked="" type="checkbox"/>
Treatment	<input checked="" type="checkbox"/>
Start	<input checked="" type="checkbox"/>
Interrupt	<input checked="" type="checkbox"/>
Emergency Stop	<input checked="" type="checkbox"/>
Alarm and Error Codes	<input checked="" type="checkbox"/>

**Radioactive Source:** IR-192

### 6 Receiving

Unpacking	<input type="checkbox"/>
Acceptance	<input type="checkbox"/>
Calibration	<input type="checkbox"/>
Installation	<input type="checkbox"/>

### 7 Shipping

Release	<input type="checkbox"/>
Packing	<input type="checkbox"/>
Documents	<input type="checkbox"/>
Measurements	<input type="checkbox"/>

Emergency Procedures	<input checked="" type="checkbox"/>
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All areas marked were covered during training

03/30/2015 03:30:09 pm

Instructor

Instructor

03/30/2015 03:30:09 pm

SigPlus1

Department Head

FSE

Physicist

Title

Title

\* List of all attendees accompanies this form



## Nucletron Training Attendance Registration


Hospital: Greenwich Hospital Date: Monday, March 30, 2015

City /Country Greenwich

Course: Annual Emergency Procedures

Instructor: J Clay

	Name	Department	Title	Email Address
1	Alexander Pevsner	Rad Onc	Physicist	
2	Daniela Addeo	Rad Onc	MD	
3	Niranjan Bhandare	Rad Onc	Physicist	
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Instructor Signature:  03/30/2015 03:32:12 pm Instructor

Instructor Name & Title: J Clay FSE

Administrator:  03/30/2015 03:31:38 pm Administrator

Admin Name & Title: N. Bhandare  
Physicist

We, the Instructor and Facility Administrator certify that the above individuals have been instructed in the above mention training in accordance with Nucletron, an Elekta Company's Training Standards.

This is to acknowledge the receipt of your letter application dated

5-07-15, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amend: 06-09522-01  
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

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 586925  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.