

# FAX

Bates  
County  
Memorial Hospital  
*The Heart of Community Healthcare*

**RADIOLOGY**

615 West Nursery Street  
P. O. Box 370  
Butler, MO 64730  
PHONE: 660-200-7085  
FAX 660-200-7084

TO: Bill Reichhold  
FROM: Christi Pope  
NUMBER OF PAGES (including cover sheet): \_\_\_\_\_  
FAX #: 630-515-1259  
DATE: 5/11/2016  
RE: NRC License change

The physician just sent this back to me.  
Please review and let me know if you  
need anything else.

Thanks.  
Chris

This facsimile contains confidential information which may also be legally privileged and which is intended only for the use of the individual or entity named above. If the reader of this facsimile is not the intended recipient, you are hereby on notice that you are in possession of confidential and privileged information. Any dissemination, distribution, or copying of this facsimile is strictly prohibited. If you have received this facsimile in error, please immediately notify the sender by telephone and return the original facsimile to the sender at the above address via the US Postal Service. Thank you.

RECEIVED MAY 25 2016

<b>Table C.2 Items 5 and 6 on NRC Form 313: Radioactive Material and Use</b> <i>(If using this checklist, check applicable rows and fill in details, and attach copy of checklist to the application.)</i>				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	This response includes security-related sensitive information (see Section 5.2) which is included in Attachment _____ and marked "Security-related information - withhold under 10 CFR 2.390"			
Yes	Radionuclide	Form or Manufacturer/ Model No.	Maximum Quantity	Purpose of Use
X	Any byproduct material permitted by 10 CFR 35.100	Any	As needed	Any uptake, dilution, and excretion study permitted by 10 CFR 35.100.
X	Any byproduct material permitted by 10 CFR 35.200	Any	As needed	Any imaging and localization study permitted by 10 CFR 35.200.
	F-18	Any	_____ curies	Production of PET radioactive drugs under 10 CFR 30.32(j).
	O-15	Any	_____ curies	Production of PET radioactive drugs under 10 CFR 30.32(j).
	C-11	Any	_____ curies	Production of PET radioactive drugs under 10 CFR 30.32(j).
	Any byproduct material permitted by 10 CFR 35.300	Any	_____ millicuries	Any radiopharmaceutical therapy procedure permitted by 10 CFR 35.300.
X	Iodine-131	Any	200 _____ millicuries	Administration of I-131 sodium iodide.
	Byproduct material permitted by 10 CFR 35.400 (Radionuclide _____)	Sealed source or device (Manufacturer _____ Model No. _____)	_____ millicuries	Any brachytherapy procedure permitted by 10 CFR 35.400.
	Byproduct material permitted by 10 CFR 35.400 (Radionuclide _____)	Sealed source or device (Manufacturer _____ Model No. _____)	_____ millicuries	Any brachytherapy procedure permitted by 10 CFR 35.400.
	Byproduct material permitted by 10 CFR 35.400 (Radionuclide _____)	Sealed source or device (Manufacturer _____ Model No. _____)	_____ millicuries	Any brachytherapy procedure permitted by 10 CFR 35.400.
	Byproduct material permitted by 10 CFR 35.400 (Radionuclide _____)	Sealed source or device (Manufacturer _____ Model No. _____)	_____ millicuries	Any brachytherapy procedure permitted by 10 CFR 35.400.



APPENDIX C

<b>Table C.3 Items 7 through 11 on NRC Form 313: Training &amp; Experience, Facilities &amp; Equipment, Radiation Protection Program, and Waste Disposal</b> <i>(Check all applicable rows and fill in details and attach a copy of the checklist to the application or provide information separately.)</i>		
Item Number and Title	Suggested Response	Check box to indicate material included in application
	<ul style="list-style-type: none"> <li>Location, room numbers, and principal use of each room or area where byproduct material is prepared, used or stored, location of direct transfer delivery tubes from a PET radionuclide/radioactive drug production facility or production area of PET radioactive drugs under 10 CFR 30.32(j), and areas where higher energy gamma-emitting radionuclides (e.g., PET radionuclides) are used;</li> <li>Location, room numbers, and principal use of each adjacent room (e.g., office, file, toilet, closet, hallway), including areas above, beside, and below therapy treatment rooms, indicating whether the room is a restricted or unrestricted area as defined in 10 CFR 20.1003; and</li> <li>Provide shielding calculations and include information about the type, thickness, and density of any necessary shielding to enable independent verification of shielding calculations, including a description of any portable shields used (e.g., shielding of proposed patient rooms used for implant therapy, including the dimensions of any portable shield, if one is used; source storage safe).</li> </ul> <p>In addition to the above, for teletherapy and GSR facilities, applicants should provide the directions of primary beam usage for teletherapy units and, in the case of an isocentric unit, the plane of beam rotation.</p>	<input checked="" type="checkbox"/>  <input checked="" type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>
Item 9: Radiation Monitoring Instruments	A statement that: "Radiation monitoring instruments will be calibrated by a person qualified to perform survey meter calibrations."	<input checked="" type="checkbox"/>
	AND/OR	
	A statement that: "We have developed and will implement and maintain written survey meter calibration procedures in accordance with the requirements in 10 CFR 20.1501 and that meet the requirements of 10 CFR 35.61."	<input type="checkbox"/>
	AND	
	A description of the instrumentation (e.g., gamma counter, solid state detector, portable or stationary count rate meter, portable or stationary dose rate or exposure rate meter, single or multichannel analyzer, liquid scintillation counter, proportional counter) that will be used to perform required surveys. See Attachment 3	<input checked="" type="checkbox"/>
	AND	
	A statement that: "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."	<input checked="" type="checkbox"/>
Item 9: Dose Calibrator and Other Dosage Measuring Equipment	A statement that: "Equipment used to measure dosages will be calibrated in accordance with nationally recognized standards or the manufacturer's instructions."	<input checked="" type="checkbox"/>

see next page for corrections  
submitted to the NRC 05051  
RSD



Item Number and Title	Suggested Response	Check box to indicate material included in application
	<ul style="list-style-type: none"> <li>Location, room numbers, and principal use of each room or area where byproduct material is prepared, used or stored, location of direct transfer delivery tubes from a PET radionuclide/radioactive drug production facility or production area of PET radioactive drugs under 10 CFR 30.32(j), and areas where higher energy gamma-emitting radionuclides (e.g., PET radionuclides) are used;</li> <li>Location, room numbers, and principal use of each adjacent room (e.g., office, file, toilet, closet, hallway), including areas above, beside, and below therapy treatment rooms, indicating whether the room is a restricted or unrestricted area as defined in 10 CFR 20.1003; and</li> <li>Provide shielding calculations and include information about the type, thickness, and density of any necessary shielding to enable independent verification of shielding calculations, including a description of any portable shields used (e.g., shielding of proposed patient rooms used for implant therapy, including the dimensions of any portable shield, if one is used; source storage safe).</li> </ul> <p>In addition to the above, for teletherapy and GSR facilities, applicants should provide the directions of primary beam usage for teletherapy units and, in the case of an isocentric unit, the plane of beam rotation.</p>	<input type="checkbox"/>   <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>
Item 9: Radiation Monitoring Instruments	A statement that: "Radiation monitoring instruments will be calibrated by a person qualified to perform survey meter calibrations."	<input checked="" type="checkbox"/>
	AND/OR A statement that: "We have developed and will implement and maintain written survey meter calibration procedures in accordance with the requirements in 10 CFR 20.1501 and that meet the requirements of 10 CFR 35.61."	<input type="checkbox"/>
	AND A description of the instrumentation (e.g., gamma counter, solid state detector, portable or stationary count rate meter, portable or stationary dose rate or exposure rate meter, single or multichannel analyzer, liquid scintillation counter, proportional counter) that will be used to perform required surveys. See Attachment 3	<input checked="" type="checkbox"/>
	AND A statement that: "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."	<input checked="" type="checkbox"/>
Item 9: Dose Calibrator and Other Dosage Measuring Equipment	A statement that: "Equipment used to measure dosages will be calibrated in accordance with nationally recognized standards or the manufacturer's instructions."	<input checked="" type="checkbox"/>