

FORM NRC-313M (8-78) 10 CFR 35	U.S. NUCLEAR REGULATORY COMMISSION <b>APPLICATION FOR MATERIALS LICENSE – MEDICAL</b>	Approved: GAO R0557
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**INSTRUCTIONS** – Complete Items 1 through 26 if this is an initial application or an application for renewal of a license. Use supplemental sheets where necessary. Item 26 must be completed on all applications and signed. Retain one copy. Submit original and one copy of entire application to: Director, Office of Nuclear Materials Safety and Safeguards, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555. Upon approval of this application, the applicant will receive a Materials License. An NRC Materials License is issued in accordance with the general requirements contained in Title 10, Code of Federal Regulations, Part 30, and the Licensee is subject to Title 10, Code of Federal Regulations, Parts 19, 20 and 35 and the license fee provision of Title 10, Code of Federal Regulations, Part 170. The license fee category should be stated in Item 26 and the appropriate fee enclosed.

<b>1.a. NAME AND MAILING ADDRESS OF APPLICANT</b> (Institution, firm, clinic, physician, etc.) INCLUDE ZIP CODE  <b>LUTHERAN MEDICAL CENTER</b> <b>2609 Franklin Blvd.</b> <b>Cleveland, Ohio 44113</b>  TELEPHONE NO.: AREA CODE (216) <u>696</u> - <u>4300</u>	<b>1.b. STREET ADDRESS(ES) AT WHICH RADIOACTIVE MATERIAL WILL BE USED</b> (If different from 1.a.) INCLUDE ZIP CODE  
<b>2. PERSON TO CONTACT REGARDING THIS APPLICATION</b>  <b>Theodore J. Castele, M.D.</b>  TELEPHONE NO.: AREA CODE (216) <u>696</u> - <u>4300</u>	<b>3. THIS IS AN APPLICATION FOR:</b> (Check appropriate item) a. <input type="checkbox"/> NEW LICENSE b. <input checked="" type="checkbox"/> AMENDMENT TO LICENSE NO. <u>34-01869-02</u> c. <input checked="" type="checkbox"/> RENEWAL OF LICENSE NO. <u>34-01869-02</u>
<b>4. INDIVIDUAL USERS</b> (Name individuals who will use or directly supervise use of radioactive material. Complete Supplements A and B for each individual.)  <b>Theodore J. Castele, M.D.</b> <b>Reynaldo Guillermo, M.D.</b> <b>Celia Yap, M.D.</b>	<b>5. RADIATION SAFETY OFFICER (RSO)</b> (Name of person designated as radiation safety officer. If other than individual user, complete resume of training and experience as in Supplement A.)  <b>Pijavar S. Rao, Ph.D.</b>

6.a. RADIOACTIVE MATERIAL FOR MEDICAL USE		
RADIOACTIVE MATERIAL LISTED IN:	ITEMS DESIRED "X"	MAXIMUM POSSESSION LIMITS (In millicuries)
10 CFR 31.11 FOR IN VITRO STUDIES		
10 CFR 35.100, SCHEDULE A, GROUP I		AS NEEDED
10 CFR 35.100, SCHEDULE A, GROUP II		AS NEEDED
10 CFR 35.100, SCHEDULE A, GROUP III		
10 CFR 35.100, SCHEDULE A, GROUP IV		AS NEEDED
10 CFR 35.100, SCHEDULE A, GROUP V		AS NEEDED
10 CFR 35.100, SCHEDULE A, GROUP VI		

ADDITIONAL ITEMS:	MARK ITEMS DESIRED "X"	MAXIMUM POSSESSION LIMITS (In millicuries)
IODINE-131 AS IODIDE FOR TREATMENT OF HYPERTHYROIDISM		
PHOSPHORUS-32 AS SOLUBLE PHOSPHATE FOR TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA AND BONE METASTASES		
PHOSPHORUS-32 AS COLLOIDAL CHROMIC PHOSPHATE FOR INTRACAVITARY TREATMENT OF MALIGNANT EFFUSIONS.		
GOLD-198 AS COLLOID FOR INTRACAVITARY TREATMENT OF MALIGNANT EFFUSIONS.		
IODINE-131 AS IODIDE FOR TREATMENT OF THYROID CARCINOMA		
XENON-133 AS GAS OR GAS IN SALINE FOR BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES.		

<b>6.b. RADIOACTIVE MATERIAL FOR USES NOT LISTED IN ITEM 6.a.</b> (Sealed sources up to 3 mCi used for calibration and reference standards are authorized under Section 35.14(d), 10 CFR Part 35, and NEED NOT BE LISTED.)			
ELEMENT AND MASS NUMBER	CHEMICAL AND/OR PHYSICAL FORM	MAXIMUM NUMBER OF MILLICURIES OF EACH FORM	DESCRIBE PURPOSE OF USE
COBALT-60	Teletherapy  Sealed Sources	24,000 curies  (Maximum 6,000 in one source)	Please refer to application for license no. 34-01869-02, to subsequent application for it's renewal and amendments one (1) through nine (9).

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# INFORMATION REQUIRED FOR ITEMS 7 THROUGH 23

For Items 7 through 23, check the appropriate box(es) and submit a detailed description of all the requested information. Begin each item on a separate sheet. Identify the item number and the date of the application in the lower right corner of each page. If you indicate that an appendix to the medical licensing guide will be followed, do not submit the pages, but specify the revision number and date of the referenced guide: Regulatory Guide 10.8, Rev. \_\_\_\_\_ Date: \_\_\_\_\_

7. MEDICAL ISOTOPES COMMITTEE		15. GENERAL RULES FOR THE SAFE USE OF RADIOACTIVE MATERIAL (Check One)	
<input checked="" type="checkbox"/>	Names and Specialties Attached; and	<input type="checkbox"/>	Appendix G Rules Followed; or
<input type="checkbox"/>	Duties as in Appendix B; or _____ (Check One)	<input type="checkbox"/>	Equivalent Rules Attached
<input checked="" type="checkbox"/>	Equivalent Duties Attached	16. EMERGENCY PROCEDURES (Check One)	
8. TRAINING AND EXPERIENCE		<input type="checkbox"/>	Appendix H Procedures Followed; or
<input checked="" type="checkbox"/>	Supplements A & B Attached for Each Individual User; and	<input checked="" type="checkbox"/>	Equivalent Procedures Attached
<input checked="" type="checkbox"/>	Supplement A Attached for RSO.	17. AREA SURVEY PROCEDURES (Check One)	
9. INSTRUMENTATION (Check One)		<input type="checkbox"/>	Appendix I Procedures Followed; or
<input type="checkbox"/>	Appendix C Form Attached; or	<input type="checkbox"/>	Equivalent Procedures Attached
<input checked="" type="checkbox"/>	List by Name and Model Number	18. WASTE DISPOSAL (Check One)	
10. CALIBRATION OF INSTRUMENTS		<input type="checkbox"/>	Appendix J Form Attached; or
<input type="checkbox"/>	Appendix D Procedures Followed for Survey Instruments; or _____ (Check One)	<input type="checkbox"/>	Equivalent Information Attached
<input checked="" type="checkbox"/>	Equivalent Procedures Attached; and	19. THERAPEUTIC USE OF RADIOPHARMACEUTICALS (Check One)	
<input type="checkbox"/>	Appendix D Procedures Followed for Dose Calibrator; or _____ (Check One)	<input type="checkbox"/>	Appendix K Procedures Followed; or
<input type="checkbox"/>	Equivalent Procedures Attached	<input type="checkbox"/>	Equivalent Procedures Attached
11. FACILITIES AND EQUIPMENT		20. THERAPEUTIC USE OF SEALED SOURCES	
<input type="checkbox"/>	Description and Diagram Attached	<input type="checkbox"/>	Detailed Information Attached; and
12. PERSONNEL TRAINING PROGRAM		<input type="checkbox"/>	Appendix L Procedures Followed; or _____ (Check One)
<input type="checkbox"/>	Description of Training Attached	<input type="checkbox"/>	Equivalent Procedures Attached
13. PROCEDURES FOR ORDERING AND RECEIVING RADIOACTIVE MATERIAL		21. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE GASES (e.g., Xenon - 133)	
<input type="checkbox"/>	Detailed information Attached	<input type="checkbox"/>	Detailed Information Attached
14. PROCEDURES FOR SAFELY OPENING PACKAGES CONTAINING RADIOACTIVE MATERIALS (Check One)		22. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE MATERIAL IN ANIMALS	
<input type="checkbox"/>	Appendix F Procedures Followed; or	<input type="checkbox"/>	Detailed Information Attached
<input type="checkbox"/>	Equivalent Procedures Attached	23. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE MATERIAL SPECIFIED IN ITEM 6.b	
<input type="checkbox"/>		<input type="checkbox"/>	Detailed Information Attached

98455

## 24. PERSONNEL MONITORING DEVICES

	TYPE <small>(Check appropriate box)</small>	SUPPLIER	EXCHANGE FREQUENCY
a. WHOLE BODY	<input checked="" type="checkbox"/> FILM	R.S. Landauer, Company	Two (2) weeks
	<input type="checkbox"/> TLD		
	<input type="checkbox"/> OTHER <i>(Specify)</i>		
b. FINGER	<input type="checkbox"/> FILM		
	<input type="checkbox"/> TLD		
	<input type="checkbox"/> OTHER <i>(Specify)</i>		
c. WRIST	<input type="checkbox"/> FILM		
	<input type="checkbox"/> TLD		
	<input type="checkbox"/> OTHER <i>(Specify)</i>		

d. OTHER *(Specify)*

## 25. FOR PRIVATE PRACTICE APPLICANTS ONLY

a. HOSPITAL AGREEING TO ACCEPT PATIENTS CONTAINING RADIOACTIVE MATERIAL			
NAME OF HOSPITAL		b. ATTACH A COPY OF THE AGREEMENT LETTER SIGNED BY THE HOSPITAL ADMINISTRATOR.	
MAILING ADDRESS		c. WHEN REQUESTING THERAPY PROCEDURES, ATTACH A COPY OF RADIATION SAFETY PRECAUTIONS TO BE TAKEN AND LIST AVAILABLE RADIATION DETECTION INSTRUMENTS.	
CITY	STATE	ZIP CODE	

## 26. CERTIFICATE

*(This item must be completed by applicant)*

The applicant and any official executing this certificate on behalf of the applicant named in Item 1a certify that this application is prepared in conformity with Title 10, Code of Federal Regulations, Parts 30 and 35, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief.

a. LICENSE FEE REQUIRED <i>(See Section 170.31, 10 CFR 170)</i> <div style="text-align: right; margin-top: 10px;">                     RECEIVED                      0311328                 </div>	b. APPLICANT OR CERTIFYING OFFICIAL <i>(Signature)</i> <div style="text-align: center;">                       Theodore J. Castele, M.D.                 </div>
(1) LICENSE FEE CATEGORY: 7 A	(1) NAME <i>(Type of Print)</i> Director of Radiology
(2) LICENSE FEE ENCLOSED: \$ 310.00 <i>( \$ 40 - Amendment )</i> <i>( \$ 270 - Renewal )</i>	(2) TITLE 1-22-79
c. DATE	



(8-78)

# **TRAINING AND EXPERIENCE AUTHORIZED USER OR RADIATION SAFETY OFFICER**

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

Theodore J. Castele, M.D.

2. STATE OR TERRITORY IN  
WHICH LICENSED TO  
PRACTICE MEDICINE

## 3. CERTIFICATION

SPECIALTY BOARD  
ACATEGORY  
BMONTH AND YEAR CERTIFIED  
C

DR. THEODORE J. CASTELE, M.D. HAS BEEN PREVIOUSLY AUTHORIZED TO  
USE RADIOACTIVE MATERIAL. PLEASE REFER TO LICENSE NO. 34-01869-02.

## 4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING	
		LECTURE/ LABORATORY COURSES (Hours) C	SUPERVISED LABORATORY EXPERIENCE (Hours) D
a. RADIATION PHYSICS AND INSTRUMENTATION			
b. RADIATION PROTECTION			
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY			
d. RADIATION BIOLOGY			
e. RADIOPHARMACEUTICAL CHEMISTRY			

## 5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE

# TRAINING AND EXPERIENCE AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER  Pejavar Sridhar Rao, Ph.D.		2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE		
3. CERTIFICATION				
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C		
American Board of Radiology	Radiological Physics	December 1976		
4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES				
FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING		
		LECTURE/ LABORATORY COURSES (Hours) C	SUPERVISED LABORATORY EXPERIENCE (Hours) D	
a. RADIATION PHYSICS AND INSTRUMENTATION	Case Western Reserve University/University Hospitals January 1971 - December 1972	20	1000	
b. RADIATION PROTECTION	" "	20	1000	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	" "	20	-	
d. RADIATION BIOLOGY	" "	15	-	
e. RADIOPHARMACEUTICAL CHEMISTRY	" "	5	-	
5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE

(8-78)

# TRAINING AND EXPERIENCE AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

Dr. Reynaldo F. Guillermo

2. STATE OR TERRITORY IN  
WHICH LICENSED TO  
PRACTICE MEDICINE

Ohio, New York, Florida

## 3. CERTIFICATION

SPECIALTY BOARD  
ACATEGORY  
BMONTH AND YEAR CERTIFIED  
CGeneral Radiology  
Written Only

## 4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING	
		LECTURE/ LABORATORY COURSES (Hours) C	SUPERVISED LABORATORY EXPERIENCE (Hours) D
a. RADIATION PHYSICS AND INSTRUMENTATION	Albert Einstein College Hospi- tal Dept.-Radiotherapy, Bronx, NY	140 hrs.	90 hrs.
b. RADIATION PROTECTION	" "	120 hrs.	70 hrs.
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	" "	140 hrs.	90 hrs.
d. RADIATION BIOLOGY	" " Montefiore Hosp. Bronx, NY	30 hrs. 20 hrs.	
e. RADIOPHARMACEUTICAL CHEMISTRY	" "	50 hrs.	

## 5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
1) Cs <sup>137</sup>	25-30 mg.	Albert Einstein College Hospital, Bronx, NY	3 Years	Intracavitary
2) Radium	5-15 mg.	"	3 Years	Interstitial (Head & Neck)
3) Strontium <sup>90</sup>	90	"	3 Years	Contact
4) IR-192	10-20 mg.	"	1 Year	Interstitial

PRECEPTOR STATEMENT

Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.

<p><b>1. APPLICANT PHYSICIAN'S NAME AND ADDRESS</b></p> <p>FULL NAME <b>REYNALDO F GUILLERMO</b></p> <p>STREET ADDRESS <b>LUTHERAN MEDICAL CENTER DEPT OF RADIOLOGY 2609 FRANKLIN BLVD</b></p> <p>CITY <b>CLEVELAND</b> STATE <b>OHIO</b> ZIP CODE <b>44113</b></p>	<p><b>KEY TO COLUMN C</b></p> <p><b>PERSONAL PARTICIPATION SHOULD CONSIST OF:</b></p> <p>1-Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage.</p> <p>2-Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements and plotting of data.</p> <p>3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.</p>
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**2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN**

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION		
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME		
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES		
	IN VITRO STUDIES		
OTHER			
I-125	DETECTION OF THROMBOSIS		
I-131	THYROID IMAGING		
P-32	EYE TUMOR LOCALIZATION		
Se-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY		
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES		
OTHER			
Tc-99m	BRAIN IMAGING		
	CARDIAC IMAGING		
	THYROID IMAGING		
	SALIVARY GLAND IMAGING		
	BLOOD POOL IMAGING		
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING		
	LUNG IMAGING		
	BONE IMAGING		
OTHER			



# PRECEPTOR STATEMENT (Continued)

## 2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
P-32 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	0	
P-32 (Colloidal)	INTRACAVITARY TREATMENT	3	
I-131	TREATMENT OF THYROID CARCINOMA	1	
	TREATMENT OF HYPERTHYROIDISM	0	
Au-198	INTRACAVITARY TREATMENT	0	
Co-60 or Cs-137	INTERSTITIAL TREATMENT	20	
	INTRACAVITARY TREATMENT	110	
I-125 or Ir-192	INTERSTITIAL TREATMENT	8	
Co-60 or Cs-137	TELETHERAPY TREATMENT	600	
Sr-90	TREATMENT OF EYE DISEASE	40	
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR		
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS		
Other P-32			

## 3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING

1/77 - 3/77 480 hrs

## 4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:

a. NAME OF SUPERVISOR  
J. BOSWORTH, M.D.

b. NAME OF INSTITUTION  
ALBERT EINSTEIN COLLEGE OF MEDICINE

c. MAILING ADDRESS  
1825 Eastchester Rd.

d. CITY  
BRONX, NY 10461

## 5. PRECEPTOR'S SIGNATURE

## 7. PRECEPTOR'S NAME (Please type or print)

## 8. DATE

## 5. MATERIALS LICENSE NUMBER(S)

as part of institutional permit - 88-3



TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

CELIA YAP, M.D.

2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE

OHIO

3. CERTIFICATION

SPECIALTY BOARD  
A

CATEGORY  
B

MONTH AND YEAR CERTIFIED  
C

RADIOLOGY

DEC, 1974

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING	
		LECTURE/ LABORATORY COURSES (Hours) C	SUPERVISED LABORATORY EXPERIENCE (Hours) D
a. RADIATION PHYSICS AND INSTRUMENTATION	CASE WESTERN RESERVE UNIVERSITY 1970-1971, 1972-1973	1 hr/week	
b. RADIATION PROTECTION	CASE WESTERN RESERVE UNIVERSITY 1970-1971, 1972-1973	1 hr/week	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	CASE WESTERN RESERVE UNIVERSITY 1970-1971, 1972-1973	1 hr/week	
d. RADIATION BIOLOGY	CASE WESTERN RESERVE UNIVERSITY 1969-1970, 1971-1972	1 hr/week	
e. RADIOPHARMACEUTICAL CHEMISTRY	CASE WESTERN RESERVE UNIVERSITY 1969-1970, 1971-1972	1 hr/week	

5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experiments)

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE
		Mont Sinai Hospital Cleveland Ohio	1972 - as part of research project
		Lutheran Medical Center Cleveland Ohio	1974 - present

# PRECEPTOR STATEMENT (Continued)

## 2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
P-32 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	0	
P-32 (Colloidal)	INTRACAVITARY TREATMENT	0	
I-131	TREATMENT OF THYROID CARCINOMA	0	
	TREATMENT OF HYPERTHYROIDISM	10	
Au-198	INTRACAVITARY TREATMENT	0	
Co-60 or Cs-137	INTERSTITIAL TREATMENT	2	
	INTRACAVITARY TREATMENT	5	
I-125 or Ir-192	INTERSTITIAL TREATMENT	0	
Co-60 or Cs-137	TELETHERAPY TREATMENT	~ 20 ~ 25 patients / day for 9 months	
Sr-90	TREATMENT OF EYE DISEASE	2	
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR		
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS		
Other			

## 3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING

<b>4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:</b>		<b>6. PRECEPTOR'S SIGNATURE</b> X SEE ATTACHED LETTER.	
a. NAME OF SUPERVISOR		<b>7. PRECEPTOR'S NAME (Please type or print)</b>	
b. NAME OF INSTITUTION			
c. MAILING ADDRESS			
d. CITY			
<b>5. MATERIALS LICENSE NUMBER(S)</b>		<b>8. DATE</b>	



# CUYAHOGA COUNTY HOSPITAL

• CLEVELAND METROPOLITAN GENERAL HOSPITAL •  
3390 SCRANTON ROAD • CLEVELAND, OHIO 44109 • 216-398-6000

HENRY E. MANNING  
PRESIDENT

January 29, 1979

GLENN E. POTTER  
VICE PRESIDENT OPERATIONS

Nuclear Regulatory Commission  
Materials Licensing Division  
Washington, D.C. 20555

Celia L. Yap, M.D.

Gentlemen:

As former Acting Director of the Department of Radiology at Cleveland Metropolitan General Hospital, I have been asked by Dr. Celia L. So Yap to forward a summary of her training and experience in Nuclear Medicine and Radiation Therapy.

Dr. Yap was a resident in the Department of Radiology at Cleveland Metropolitan General Hospital from July 1, 1969 through June 30, 1972. She had her Nuclear Medicine rotation at Mt. Sinai Hospital of Cleveland for three months and spent approximately 500 hours in clinical radioisotope training. She participated in approximately 900 examinations.

She has training and experiences with the following radioisotopes:

Tc<sup>99m</sup> for bone imaging, lung imaging, liver and spleen imaging, brain imaging, thyroid imaging, cardiac imaging, blood pool imaging and placenta localization.

I-125 and I-131 for in vitro and in vivo thyroid studies, thyroid imaging, liver function studies, kidney function studies, determination of blood and blood plasma volume, fat absorption studies and cisternography.

Se-7 for pancreas imaging and Xe-133 for pulmonary function studies.

As part of the residency program, she spent nine months in Radiation Therapy and treated an average of 20-25 patients per day. She participated in the treatment of patients using the following modalities:

Cobalt-60 teletherapy, Superficial therapy, Sr-90 application for the treatment of eye diseases and interstitial and intracavitary treatment with Cs-137 needles.

Sincerely yours,

*Alvin Segel*  
Alvin Segel, M.D.  
Associate Radiologist  
Cuyahoga County Hospital

AS:fwj

## BOARD OF TRUSTEES

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HONORARY TRUSTEES: Donald S. Carmichael and Thomas F. Parton



## NUCLEAR MEDICINE (ISOTOPE) COMMITTEE

The Nuclear Medicine Committee of Lutheran Medical Center was formed in compliance with Section 35.11(B)10CFR35 which requires an institutional licensee to appoint a Medical Isotope Committee to review and evaluate all proposals for research, diagnostic and therapeutic uses of radioisotopes within the institution. The committee's duties and responsibilities are set out in Section 35.11(B)10CFR35. In particular, the Nuclear Medicine Committee of Lutheran Medical Center and the Divisions of Nuclear Medicine and Radiation Therapy carry out their responsibilities and functions as prescribed in Federal Law using guidelines endorsed by recognized organizations having to do with radiation i.e. American College of Radiology, American Association Physicists in Medicine, The American Radium Society, The Society of Therapeutic Radiologist, Society of Nuclear Medicine, The National Committee for Radiation Protection, The International Atomic Energy Agency, and The International Committee of Radiation Protection.

The Nuclear Medicine Committee is established by authority of the Medical Chief of Staff. The Committee reports directly to the Medical Council of the Center and gives an annual report of it's continuing activities to the Medical Staff, as well as, periodic reports throughout the year in conjuncture with necessity. The Committee is made up as follows:

Howard Neiberg, M.D. (Committee Chairman and Radiologist)  
William Forsythe III, M.D. (Urologist)  
William Sinclair, M.D. (Pathologist)  
Harris Taylor, M.D. (Endocrinology)  
John Sampliner, M.D. (Radiologist)  
Pejavar Sridhar Rao, Ph.D. (Radiation Physicist)  
Janet Dostal, R.T. (A.R.R.T)  
Rajni Patel, R.T. (Nuclear Medicine)

This Committee acts in advisory and consultative capacity to the Divisions of Nuclear Medicine and Radiation Therapy and the Director of the Department of Radiology, Theodore J. Castele, M.D. Day to day responsibility for the running of the department is assigned to specific individuals. Responsibility for radiation safety in the entire Department of Radiology is delegated to the Radiation Physicist.

Duties of the Committee also include the responsibility for the maintenance or written records of the following: receipts, storage and disposal of all radioisotopes used in the Medical Center, staff radiation exposure, and all proceedings of the Committee. The Committee is also responsible for dissemination of all information pertaining to radioisotopes in the Medical Center and is kept informed of all NRC rules and regulations. In turn, the NRC is kept informed of all changes in membership of the Committee.

The Committee assembles for an annual meeting at which time a report from the Director of the Department of Radiology on the work of the department for the preceding year is delivered. This report includes a summary of the radiation safety records of the department, results of the radioisotope procedures carried out in the Division of Nuclear Medicine, and a discussion of equipment and radio-pharmaceutical performance. In the light of this report the Committee recommends any necessary modification to procedures with a view to improving safety for both staff and patients. All new procedures and/or modifications in procedure are presented to the Committee for review and evaluation.

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Additional meeting of the Committee may take place periodically during the year, as deemed necessary, in order to deal with current and specific radioisotope procedures and/or equipment and radio-pharmaceutical performance within the Division of Nuclear Medicine.

# RADIATION SURVEY AND MONITORING INSTRUMENTATION

INSTRUMENT	NUMBER AVAILABLE	RADIATION DETECTED	SENSITIVITY RANGE	WINDOW THICKNESS	USE
Jordan Radector AGB-500 B-SR has 10 uCi. Krypton- 85 source substituted for original 10 uCi. SR-90 source.	1	Gamma Beta	0-500,000 0-500		Monitoring, Surveying, Measuring.
Jordan Radiation Survey Meter, Model 710	1	Gamma	0-500 0-5,000 0-50,000		Monitoring, Surveying, Measuring.
Anton Electronic Lab, Inc. Radiological Survey Meter, Model CDV-700.	1	Gamma Beta	0-500 0-5,000 0-500,000		Monitoring, Surveying.
Nuclear-Chicago RIDL Module, Model 40-12B, 33-13A, 49-26, 54-7 with a 2-inch NaI Thallium-Activated Crystal in a NRD Instrument Co Lead- Collimated Shield.	1	Gamma	NOT CALIBRATED FOR ROENTGENS	300 mgm./cm. <sup>2</sup>	Measuring
Victoreen Model 444 Portable Health Physics Instrument.	1	Alpha, Beta,	0-3mR/hr. Full Scale to 0-300 R/hr. Full scale in 10 ranges.	1.5mg./cm. <sup>2</sup>	Surveying, Monitoring.
NRD Instrument Co. Well Scintillation Counter, Model CS-660	1	Gamma	300 mgm./cm. <sup>2</sup>		Measuring
Tobor Large Sample Counting System, Model 825 with two opposing Movable 3x3 inch Sodium Iodide Thallium -Activated Crystals	1	Gamma	NOT CALIBRATED FOR ROENTGENS		Measuring
Nuclear-Chicago Analyzer Scaler, Model No. 8725 with Franklin Digital Printer Model 812830	1				Measuring
Victoreen Radocon II Model 555	1	Gamma	<u>Rate</u> 0.3 mr. per minute to 1,000 r. per minute  <u>Integrate</u> 3 mr. to 10,000r.	Air equivalent plastic for all four chambers.	Calibration.



## LEAK TESTING

Leak tests are performed by P. S. Rao, Ph.D., consulting RSO, or by members of Ray-Con, the group of radiologic physicists at the Department of Radiology, University Hospitals, Cleveland, Ohio.

### LEAK TEST PROCEDURE AS FOLLOWED BY RAY-CON

#### a) Method of taking samples:

1. Gather materials used - 4 wipe sticks (Q-tips), 4 strips of polyethylene, adhesive tape, 1 plastic vial, 1 pair gloves, 1 plastic bag, GM survey meter.
2. Mark the wipe sticks on the stems near the cotton swabs with indelible ink so that they are distinguishable from each other. Moisten the swabs.
3. Ascertain that the source is in the OFF position. Wear personnel monitoring device. Put gloves on.
4. Wipe four different accessible areas on sourcehead with the four swabs, noting which swab wiped a particular area. (On the Theratron F, the four areas are (i) sourcehead-collimator junction, (ii) bottom of collimator, (iii) collimator adjustment knobs, and (iv) inside of emergency shutter release screw.)
5. Break each stick so that part including swab and distinguishing mark is about 2" long. Wrap each stick in cellophane strip and seal with adhesive tape. Insert all four sticks in plastic vial.
6. Monitor gloves, and if no activity above background is detected, insert into plastic bag. Discard bag only after later analysis has shown that no contamination is present.
7. Wash hands and monitor for activity over background..
8. Monitor plastic vial for activity over background.
9. Analyse vial in well counter as described below.
10. If contamination is detected, analyse sticks individually to locate source of contamination.

#### b) Instruments:

1. NMC (Nuclear Measurements, Indianapolis) well type scintillation counter and pulse height analyser Model PHA-1CA.
2. Packard scaler and timer Model 47-26 with printer.
3. Co-60 standard source of known activity.

## LEAK TESTING (CONTINUED)

### c) Method of Analysis:

1. High Voltage and window of the counting system are set to count Co-60 radiation.
2. Count the background and determine the background count/minute.
3. Count the sample and determine the net sample count perminute,  $N_s$ .
4. Count the Co-60 standard and determine the net count/minute of the standard,  $N$ .
5. Activity of the sample in micro curie =  $\frac{A}{N} \times N_s$  where A is the activity of the standard in microcurie.

### d) Sensitivity of the Counting System:

By counting the background and sample for 2 hours each, the minimum detectability is  $4 \times 10^{-6}$  microcurie. Criteria used for the minimum detectability is net count/minute of the sample = 3 times the standard deviation of the background count per minute.

## CALIBRATION OF SURVEY INSTRUMENTS

Check appropriate items

- X 1. Survey instruments will be calibrated at least annually and following repair.
- X 2. Calibration will be performed at two points on each scale. The two points will be approximately 1/3 and 2/3 of full scale. A survey instrument may be considered properly calibrated when the instrument readings are within  $\pm 10\%$  of the calculated or known values for each point checked. Readings within  $\pm 20\%$  are considered acceptable if a calibration chart or graph is prepared and attached to the instrument.

- X 3. Survey instruments will be calibrated

- a. By the manufacturer
- b. At the licensee's facility

- (i) Calibration source  
Manufacturer's name \_\_\_\_\_  
Model no. \_\_\_\_\_  
Activity in millicuries \_\_\_\_\_  
Accuracy \_\_\_\_\_  
Traceability to primary standard \_\_\_\_\_

- (ii) The calibration procedures in Appendix D, Section I will be used.

or

- (iii) The step-by-step procedures, including radiation safety procedures are attached.

- X c. By a consultant or outside firm

- (i) Name Ray-con (Group of Radiologic Physicists)

- (ii) Location Radiology Department  
University Hospitals, Cleveland, Ohio 44106

- (iii) Procedures and sources

- X have been approved by NRC and are on file in License No. 34-05469-01

- \_\_\_\_\_ are attached



## TELETHERAPY UNIT EMERGENCY PROCEDURE

In the event of equipment failure resulting in the source remaining on, immediately enter the treatment room and proceed with the following:

STEP 1: Close adjustable field definer.

STEP 2: Remove patient from treatment room.

STEP 3: Close, lock and post treatment room door.

STEP 4: Telephone: Dr. Guillermo (524-2510)

General Electric Company (362-4351)

To manually close the emergency shutter perform the following:

1. Remove large thumb screw from front of head.
2. Remove steel rod clipped to top of head.
3. Insert rod into thumb screw and thumb screw hole and push emergency shutter closed.

CAUTION: STAY OUT OF DIRECT BEAM AT ALL TIMES!

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### SERVICE

All service operations on the teletherapy unit including installation, exchange and removal of the source, maintenance or repair of mechanism involving source exposure are handled by General Electric Company - Medical Systems Division of Milwaukee, Wisconsin.

Local Service Division: 1200 Valley Belt Drive  
Brooklyn Heights, Ohio 44131  
telephone: (216) 362-4350

General Electric Source Handler Number: 48-00337-06

ADDITIONAL INFORMATION

A.) INFORMATION REGARDING EXISTING CO-60 TELETHERAPY UNIT

1. Unit: AECL Theratron F with integral beam absorber  
Source: AEC Model C146  
Source Serial No.: S2798  
Source Activity: 4760 curies on April 21, 1978
2. Beam Stops: No restrictions exist on the orientation of the primary beam when it is directed at the integral beam absorber. When the beam absorber is not in the primary beam, interlocks prevent the beam from turning on if (a) the sourcehead is swiveled more than  $45^{\circ}$  in a counter-clockwise direction (looking at the gantry), (b) it is tilted backwards (towards the gantry) more than  $20^{\circ}$  or (c) it is tilted forward more than  $90^{\circ}$ , all angles being measured from the vertical. A change in the last condition is being incorporated, whereby the sourcehead will not be able to tilt forward more than  $60^{\circ}$ .
3. Viewing System: This consists of a convex mirror mounted on the wall of the treatment room and a viewing window in the door to the room. The window is of leaded glass and is  $\frac{1}{4}$ " lead equivalent. It is 12" wide and 24" high, and it is centered 4' 9" above the ground. No change will be made in this existing system.



B.) INFORMATION REGARDING PROPOSED CO-60 TELETHERAPY UNIT

1. Unit: AECL Theratron 780, with integral beam absorber.  
Source: AECL Model C-146 or C-151  
Source output: 100 Rmm
2. Beam Stops: No restrictions will exist on the orientation of the primary beam when it is directed at the integral beam absorber. When the beam absorber is not in the primary beam, interlocks will permit the beam to turn ON only if the sourcehead is swiveled sideways up to  $90^\circ$  from the vertical in the direction of the northwest wall.
3. Plan and Elevation Details: Please see the attached drawings. These have been based on the drawing no. SK-C (job no. 619) by Visnapuu & Gaede, Architects and Planner, Cleveland, Ohio, and dated 5-7-70, revised 9-2-70. The walls and ceiling are of concrete of density  $147 \text{ lb/ft}^3$  ( $2.35 \text{ g/cm}^3$ ).  
The drawings indicate the maximum extent of the primary beam when directed at the walls and ceiling. The maximum extent corresponds to the diagonal of the largest field attainable, namely  $35\text{cm} \times 35\text{cm}$  at  $80\text{cm}$ . The diagonal then subtends an angle of  $34^\circ$  at the source.
4. Viewing System: This will consist of a convex mirror on the northwest wall of the treatment room and a viewing window in the door to the room. The window will be of leaded glass and will be equivalent to  $\frac{1}{4}$ " lead.
5. Penetrations and Voids: A 3" stainless steel electrical pipe with endcaps runs at an angle of  $30^\circ$  to the vertical through the wall near the control console, which is in a restricted area. The horizontal extent of the void is 3.5" or 8.8cm which is equal to  $(8.8/6.2 =) 1.4$  half-value layers. The void increases the exposure rate by a factor of  $(2^{1.4} =) 2.7$ . Since the maximum instantaneous exposure rate in the absence of the void is  $0.3 \text{ mR/h}$ , an increase to  $(2.7 \times 0.3 =) 0.8 \text{ mR/h}$  in the region of the void does not call for extra shielding, especially for a restricted area.  
Two 2" deep recesses for TV connections in the same wall also do not require special shielding.
6. Door Interlocks: An interlock will require the door to the treatment room to be shut when the source is in the ON condition. If the door is opened during exposure, the source will move to the OFF position, and will remain there until the door is shut again and the system is reset at the control panel.

B.) INFORMATION REGARDING PROPOSED CO-60 TELETHERAPY UNIT (CONTINUED)

7. Calculations of Radiation Levels: The following assumptions have been made:

- a) Room dimensions are as shown on the drawings described above in paragraph 3. Radiation levels have been calculated for the points indicated there on.
- b) The source output is 100 R/min at 1 meter.
- c) The leakage radiation 1 meter from the source is 10 mR/h when the beam is OFF and 0.1 R/min when the beam is ON, regardless of direction.
- d) The integral beam absorber absorbs 99.7% of the primary beam. Calculations assume that 30° scatter radiation is present even though the manufacturer specifies that the beam absorber intercepts up to 35° scatter.
- e) The SSD is 80cm.
- f) The average beam ON time is 11 hours per week (corresponding to a weekly workload of 66,000 R at 1 meter). This time is divided between the permissible orientations of the sourcehead as follows:

RADIATION CONDITION	DIRECTED TOWARDS BEAM ABSORBER	ORIENTED TOWARDS	Hrs/WEEK	FRACTION OF 1 HOUR (AVERAGE)
I	yes	Floor	2.5	1/16
II	yes	S.E. wall	2.5	1/16
III	yes	Ceiling	2.5	1/16
IV	yes	N.W. wall	2.5	1/16
V	no	N.W. wall	1.0	1/40

In arriving at the last column, a 40 hour work-week has been used.

For V, the sourcehead is assumed to be at its highest position.

To calculate radiation levels at three points (E, J, L) which are subject to primary radiation, the above have been modified:

See next page.

B.) INFORMATION REGARDING PROPOSED CO-60 TELETHERAPY UNIT (CONTINUED)

(7f)

POINT	INSTEAD OF	CHANGE TO	BEAM ABSORBER	ORIENTED TOWARDS	Hrs/ WEEK	FRACTION OF 1 HOUR
E	II	II	yes	S.E. WALL, HORIZONTAL	1.25	1/32
		II'	yes	S.E. WALL, 30° to HORIZONTAL	1.25	1/32
J	IV	IV	yes	N.W. WALL, HORIZONTAL	1.25	1/32
		IV'	yes	N.W. WALL, 30° to HORIZONTAL	1.25	1/32
L	III	III	yes	CEILING, VERTICAL	1.25	1/32
		III'	yes	CEILING, 30° to VERTICAL	1.25	1/32

B.) INFORMATION REGARDING PROPOSED CO-60 TELETHERAPY UNIT (CONTINUED)

7. g.)

The instantaneous exposure rate  $\dot{X}$  is calculated using the following expressions:

(i) For primary radiation,

$$\dot{X} = \frac{0.003 \dot{X}_u B_u}{(d_{pri})^2} \quad \text{or}$$

$$\dot{X} = \frac{\dot{X}_u B_u}{(d_{pri})^2}, \text{ if the integral beam absorber is not in the beam}$$

(ii) For leakage radiation,

$$\dot{X} = \frac{\dot{X}_L B_L}{(d_{sec})^2}$$

(iii) For scattered radiation,

$$\dot{X} = \frac{a \dot{X}_u B_s}{(d_{sca})^2 (d_{sec})^2}$$

In the above expressions,

$\dot{X}_u$  = Exposure rate at 1 meter from source in useful beam

$\dot{X}_L$  = Exposure rate at 1 meter from source for leakage radiation

$B_u$  = Transmission through a barrier for the useful beam, taken from NCRP Report 49, Figs. 11, 12 on pp. 101, 102

$B_L$  = Transmission through a barrier for leakage radiation, from the same as for  $B_u$

$B_s$  = Transmission through barrier for scattered radiation, taken from NCRP Report 49, Figs. 14, 15 on pp. 104, 105

$d_{pri}$  = Distance to point of interest from source

$d_{sca}$  = Distance to scatterer from source

$d_{sec}$  = Distance to point of interest from source or scatterer

$a$  = Ratio of scattered to incident exposure, taken from NCRP Report 49, Table B-2, p. 59

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B.) INFORMATION REGARDING PROPOSED CO-60 TELETHERAPY UNIT (CONTINUED)

8. Calculations show that the instantaneous exposure rate at all points in the surrounding areas is always less than 2 mR/h, except in three points, namely A, J and L.

Point A is in a restricted area and is located just outside the door to the teletherapy room. A maximum of 9.4 mR/h is anticipated for an average of 1 hour per week. The total exposure to personnel at this point is 9.5 mR per week or 124 mR per quarter which falls within the limits set on a restricted area as per 10CFR20.101(a).

Point L is in an unrestricted area on the floor above the teletherapy room, and is directly over the isocenter. The area is used as a conference room for the School of Nursing, with one portion of it temporarily serving as an office. When the primary beam is directed upwards at an angle of  $30^\circ$  to the vertical, radiation scattered through  $30^\circ$  from a patient can cause an instantaneous exposure rate of 5.86 mR/h. It is planned to reduce this to under 2 mR/h by adding steel or lead over the concrete barrier. The minimum dimensions of the added barrier will be:

- a square 30" on the side and at least 1.6 HVL's thick, within
- a square 48" on the side and at least 1.3 HVL's thick, within
- a square 60" on the side and at least 1.0 HVL thick, within
- a square 80" on the side and at least 0.5 HVL thick,

all the squares being centered on the point L directly above the isocenter of the teletherapy unit. The engineering services of Lutheran Medical Center are currently studying these requirements to determine the best possible means of realizing them. With the addition of the new barrier, the region above the teletherapy room will meet the requirements on radiation levels of unrestricted areas as specified in 10CFR20.105(b).

Point J is also in an unrestricted area. It is immediately exterior to the northwest wall of the teletherapy room and is located on a grass verge separating the building from a sidewalk. The occupancy factor may be taken to be 1/16. This point can be subjected to an instantaneous exposure rate of 9.76 mR/h when the primary beam is directed away from the beam absorber and directly at the wall. This mode of use is expected to average 1 hour a week. The total average weekly exposure at this point due to all modes of operation is expected to be 10mR. If the occupancy factor of 1/16 is included, then the anticipated average yearly exposure to an individual is  $(10)(52)(1/16) = 32$  mR. Since this is less than 500 mR, it is requested that an exception as provided for in 10CFR20.105(a) be granted to the radiation level in this area.

Location	Radiation Condition	Average time per hour	Average time per week	d <sub>pri</sub>	d <sub>sec</sub>	d <sub>sca</sub>	a	S	B <sub>u</sub>	B <sub>L</sub>	B <sub>s</sub>	X̄	X <sub>H</sub>	X <sub>W</sub>
A Outside door. Restricted area.	IV 45°scatter from patient, 90° from wall	1/16	2.5	-	3230	800 & 4040	0.0036 & 0.0009	9.0 lead	-	-	0.25	0.045	0.24	9.5
	V 90°scatter from wall	1/40	1.0	-	3810	2740	0.0009	11.1 lead	-	-	0.19	9.4		
B Control console. Restricted area.	I - V Leakage	11/40	11	-	3610	-	-	710	-	6.6E-4	-	0.304	0.08	3.4
	I - IV 90°scatter	10/40	10	-	3610	800	0.0009	710	-	-	6.8E-6	0.004		
C Passageway. Unrestricted area.	I - V Leakage	11/40	11	-	4880	-	-	710	-	6.6E-4	-	0.166	0.07	2.8
	I, III 90°scatter	1/8	5	-	4880	800	0.0009	710	-	-	6.8E-6	0.002		
	II 45°scatter	1/16	2.5	-	4880	800	0.0036	710	-	-	2.7E-4	0.383		
D Passageway. Receives 30°scatter Unrestricted area.	I, III Leakage	1/8	5	-	4430	-	-	820	-	2.1E-4	-	0.064	0.05	1.8
	90°scatter	1/8	5	-	4430	800	0.0009	820	-	-	3.8E-6	0.002		
	II Leakage	1/16	2.5	-	5140	-	-	790	-	2.8E-4	-	0.064		
	30°scatter	1/16	2.5	-	4430	800	0.0060	820	-	-	1.6E-4	0.459		

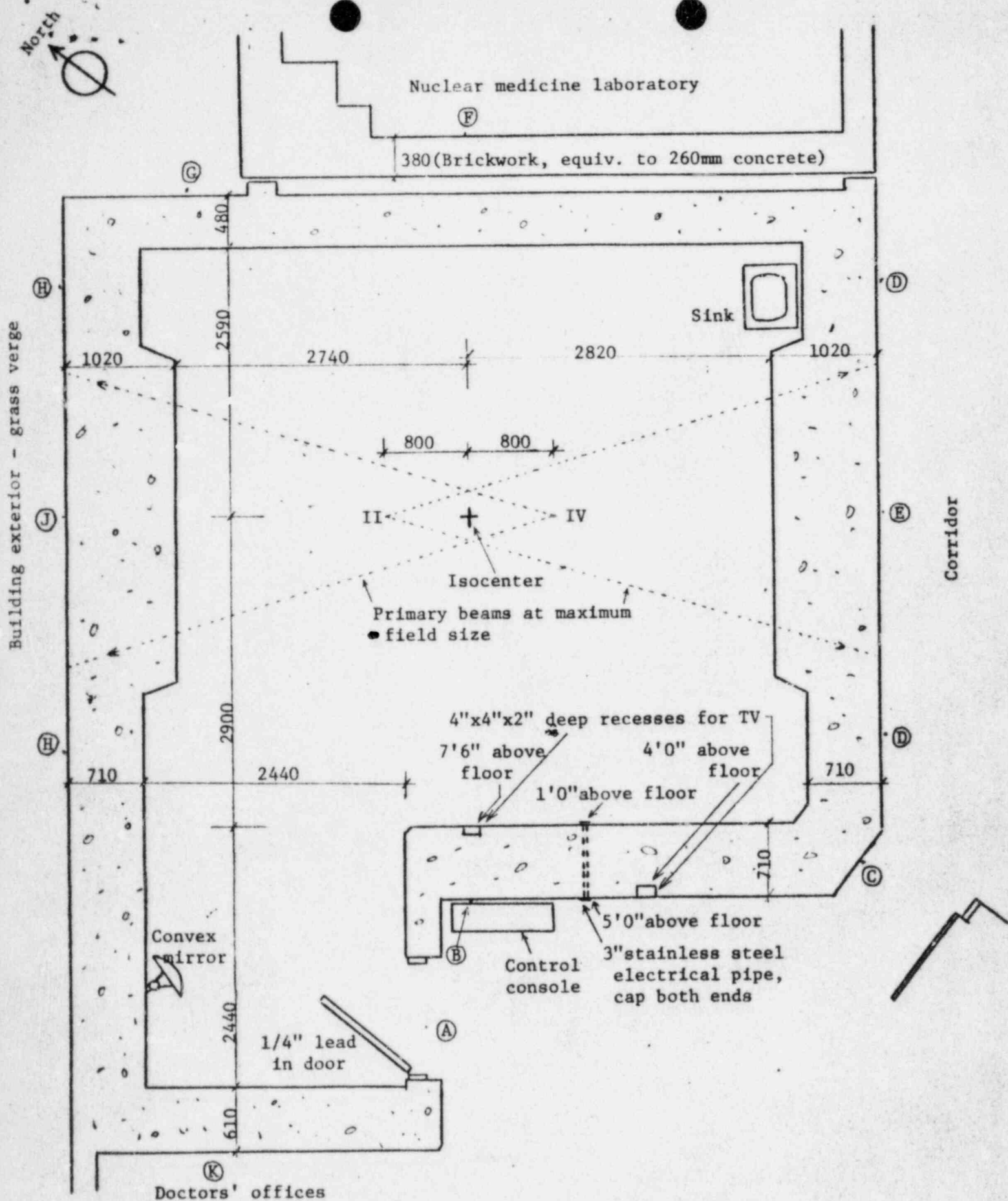
Location	Radiation Condition	Average time per hour	Average time per week	d <sub>pri</sub>	d <sub>sec</sub>	d <sub>sca</sub>	a	S	B <sub>u</sub>	B <sub>L</sub>	B <sub>s</sub>	$\dot{X}$	X <sub>H</sub>	X <sub>W</sub>
D (cont)	IV Leakage	1/16	2.5	-	3760	-	-	880	-	1.0E-4	-	0.042		
	V Leakage	1/40	1.0	-	4430	-	-	820	-	2.1E-4	-	0.064		
E Passageway. Receives primary beam. Unrestricted area	I, III Leakage	1/8	5	-	3840	-	-	1020	-	2.3E-5	-	0.009	0.005	0.2
	90°scatter	1/8	5	-	3840	800	0.0009	1020	-	-	2.1E-7	0.0001		
	II Primary	1/32	1.25	4640	-	-	-	1020	2.3E-5	-	-	0.019		
	II' 30°scatter	1/32	1.25	-	3840	800	0.0060	1020	-	-	1.8E-5	0.069		
	IV Leakage	1/16	2.5	-	3040	-	-	1020	-	2.3E-5	-	0.015		
	V Leakage	1/40	1.0	-	3840	-	-	1020	-	2.3E-5	-	0.009		
F Nuclear medicine laboratory Restricted area	I - V Leakage	11/40	11	-	3450	-	-	740	-	5.0E-4	-	0.252	0.07	2.9
	I - IV 90°scatter	10/40	10	-	3450	800	0.0009	740	-	-	1.1E-5	0.008		

Location	Radiation Condition	Average time per hour	Average time per week	d <sub>pri</sub>	d <sub>sec</sub>	d <sub>sca</sub>	a	S	B <sub>u</sub>	B <sub>L</sub>	B <sub>s</sub>	X̄	X <sub>H</sub>	X <sub>W</sub>
G Building exterior, grass verge. Unrestricted area.	I,III Leakage	1/8	5.0	-	4340	-	-	680	-	9.5E-4	-	0.303	0.16	6.5
	90°scatter	1/8	5.0	-	4340	800	0.0009	680	-	-	3.2E-5	0.014		
	II Leakage	1/16	2.5	-	3820	-	-	600	-	2.3E-3	-	0.946		
	IV Leakage	1/16	2.5	-	4940	-	-	770	-	3.5E-4	-	0.086		
	45°scatter	1/16	2.5	-	4340	800	0.0036	680	-	-	3.2E-4	0.573		
	V Leakage	1/40	1.0	-	4340	-	-	680	-	9.5E-4	-	0.303		
	90°scatter from wall	1/40	1.0	-	3070	2740	0.0009	480	-	-	6.8E-4	0.609		
H Building exterior, grass verge. Unrestricted area. Receives 30°scatter	I,III Leakage	1/8	5.0	-	4340	-	-	820	-	2.1E-4	-	0.067	0.05	1.9
	90°scatter	1/8	5.0	-	4340	800	0.0009	820	-	-	3.8E-6	0.002		
	II Leakage	1/16	2.5	-	3670	-	-	880	-	1.0E-4	-	0.045		
	IV Leakage	1/16	2.5	-	5050	-	-	790	-	2.8E-4	-	0.066		
	30°scatter	1/16	2.5	-	4340	800	0.0060	820	-	-	1.6E-4	0.478		
	V Leakage	1/40	1.0	-	4340	-	-	820	-	2.1E-4	-	0.067		



Location	Radiation Condition	Average time per hour	Average time per week	d <sub>pri</sub>	d <sub>sec</sub>	d <sub>sca</sub>	a	S	B <sub>u</sub>	B <sub>L</sub>	B <sub>s</sub>	$\dot{X}$	X <sub>H</sub>	X <sub>W</sub>
J Building exterior, grass verge. Receives primary radiation. Unrestricted area.	I, III Leakage	1/8	5.0	-	3760	-	-	1020	-	2.3E-5	-	0.010	0.25	10
	90°scatter	1.8	5.0	-	3760	800	0.0009	1020	-	-	2.1E-7	0.0001	.	
	II Leakage	1/16	2.5	-	2960	-	-	1020	-	2.3E-5	-	0.016		
	IV Primary	1/32	1.25	4560	-	-	-	1020	2.3E-5	-	-	0.020		
	IV' 30°scatter	1/32	1.25	-	3760	800	0.0060	1020	-	-	1.8E-5	0.072		
	V Primary	1/40	1.0	3760	-	-	-	1020	2.3E-5	-	-	9.76		
K Doctor's office. Restricted area.	I - V Leakage	11/40	11	-	6870	-	-	700	-	7.5E-4	-	0.095	0.03	1.3
	I, III 90°scatter	1/8	5.0	-	6870	800	0.0009	700	-	-	2.4E-5	0.004		
	IV 60°scatter	1/16	2.5	-	6870	800	0.0023	700	-	-	2.1E-4	0.096		
	V 90°scatter from wall	1/40	1.0	-	5950	2740	0.0009	610	-	-	1.0E-4	0.002		

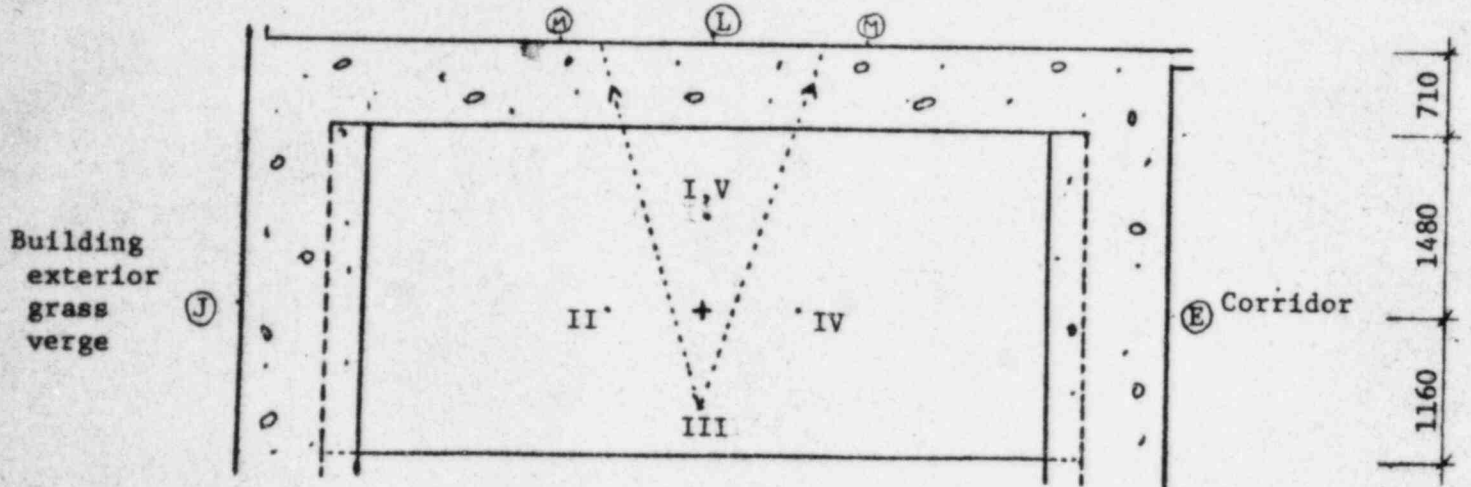
Location	Radiation Condition	Average time per hour	Average time per week	d <sub>pri</sub>	d <sub>sec</sub>	d <sub>sca</sub>	a	S	B <sub>u</sub>	B <sub>L</sub>	B <sub>s</sub>	$\dot{X}$	X <sub>H</sub>	X <sub>W</sub>
L Floor above, conference room. Receives primary beam. Unrestricted area	Leakage (Beam OFF)	-	157	-	1390	-	-	710	-	6.6E-4	-	0.003	0.46	19
	I,V Leakage	3.5/40	3.5	-	1390	-	-	710	-	6.6E-4	-	2.05		
	II,IV Leakage	1/8	5.0	-	2330	-	-	760	-	3.8E-4	-	0.420		
	90°scatter	1/8	5.0	-	2190	800	0.0009	710	-	-	6.8E-6	0.012		
	III Primary	1/32	1.25	2990	-	-	-	710	6.6E-4	-	-	1.33		
	III' 30°scatter	1/32	1.25	-	2190	800	0.0060	710	-	-	5.0E-4	5.86		
M Floor above, conference room. Receives 30°scatter. Unrestricted area.	I,V Leakage	3.5/40	3.5	-	1880	-	-	960	-	4.6E-5	-	0.078	0.15	5.9
	II Leakage	1/16	2.5	-	3010	-	-	980	-	3.6E-5	-	0.024		
	60°scatter	1/16	2.5	-	2530	800	0.0023	820	-	-	4.8E-5	0.162		
	III Leakage	1/16	2.5	-	3250	-	-	770	-	3.5E-4	-	0.199		
	30°scatter	1/16	2.5	-	2530	800	0.0060	820	-	-	1.4E-4	1.23		
	IV Leakage	1/16	2.5	-	2240	-	-	730	-	5.4E-4	-	0.646		
	120°scatter	1/16	2.5	-	2530	800	0.0008	820	-	-	1.1E-6	0.001		



Plan of Cobalt teletherapy room to be equipped with AECL Theratron 780 in Lutheran Medical Center, Cleveland, Ohio.

Scale: 1/4 inch = 1 foot. Dimensions shown are in millimeters.

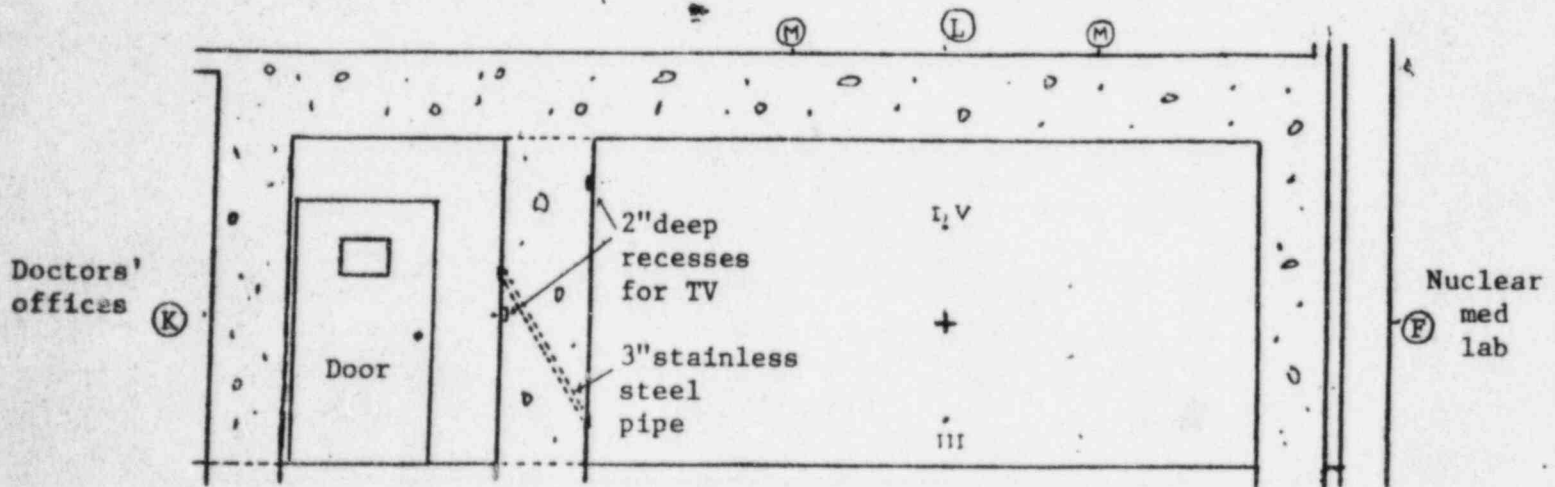
First floor - conference room



Unexcavated below floor

View towards northeast

First floor - conference room



Unexcavated below floor

View towards northwest

Elevations of Cobalt teletherapy room to be equipped with Theratron 780 in Lutheran Medical Center, Cleveland, Ohio.

Scale: 3/16 inch = 1 foot. Dimensions shown are in millimeters.