

AUG 20 1990

License No. 29-03047-01
Docket No. 030-02465
Control No. 111798

Beth Israel Hospital
ATTN: Jeffrey Moll
Executive Director
70 Parker Avenue
Passaic, New Jersey 07055

Gentlemen:

This is in reference to your request in a letter dated December 21, 1989 to renew License No. 29-03047-01. In order to continue our review, we need the following additional information:

1. Your application includes a request to add Dr. Peter A. Ross as an authorized user of radioisotopes. Please identify which authorizations you wish for Dr. Ross. Dr. Ross appears to possess the qualifications to be authorized for the material contained in 10 CFR 35.100, 35.200, and 35.500.
2. On a detailed version of your facility diagram, please indicate the type, dimensions, position and thickness of shielding that you will use for:
 - a. Use and storage of Tc-99m generators.
 - b. Storage of radiopharmaceuticals (refrigerated and nonrefrigerated).
 - c. Storage of radioactive waste, including decay-in-storage prior to disposal as nonradioactive waste. (This area should be large enough to handle an accumulation of used Tc-99m generators as well as other solid waste. If this area is located ancillary to your department, describe how you will secure the material. Confirm that this area will be surveyed at least weekly.)
 - d. Preparation and dispensing of 10 CFR 35.200 kit radiopharmaceuticals (e.g., lead glass L-block, etc.).
 - e. Identify adjacent areas across the walls from use and storage locations and show that adequate steps have been taken to assure that radiation levels in unrestricted areas do not exceed the limits specified in 10 CFR 20.103 (enclosed).
 - f. Confirm that a fume hood will be available for the storage of multi-dose volatiles and gases.

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PDR FOIA
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3. A licensee authorized to use byproduct material for imaging and localization is required by 10 CFR 35.220 (enclosed) to have a portable radiation detection survey instrument capable of detecting dose rates over the range of 0.1 millirem per hour to 100 millirem per hour, and a portable radiation measurement survey instrument capable of measuring dose rates over the range 1 millirem per hour to 1000 millirem per hour. Please provide the manufacturers and model numbers of the instruments you will use to meet these requirements for a measurement survey instrument and a detection survey instrument.
4. With regard to the calibration of survey instruments, please provide the following:
 - a. Confirm that back-up instruments will be available to replace instruments off-site for calibration;
 - b. 10 CFR 35.51 requires, that at the time of survey meter calibration, the apparent exposure rate from a built-in or owner-supplied check source be determined and recorded and that each survey instrument be checked with the dedicated check source each day of use. Please confirm that your procedures will include these requirements.
5. 10 CFR 35.70 (d) and (g) require licensees to establish radiation dose rate and removable contamination trigger levels. Please specify your dose rate trigger level in mR/hr and your removable contamination trigger level in dpm.
6. Please confirm that xenon-133 gas will be administered in rooms that are at negative pressure compared to surrounding rooms.
7. Confirm that the ventilation rates (air supply and air exhaust) will be measured each six months in areas of xenon-133 or aerosol use and that collection systems will be checked monthly.
8. 10 CFR 35.92 requires that radioactive waste, held for decay-in-storage, be held a minimum of ten half-lives and then monitored. Records must also be kept of such disposals. Please confirm that you will follow these requirements.
9. Please describe the equipment and shielding available for transporting the brachytherapy sources from storage sites to the place of use.
10. Please describe your method for determining the radiation dose to the extremities of personnel handling brachytherapy sources.
11. Describe your method for maintaining source accountability at all times. This should include a description of your sign-in and sign-out procedures, periodic inventory, and your method for determining that all sources are accounted for and returned to storage following treatment.

10 CFR 35.59(g) and (h) require a quarterly physical inventory of all sealed sources or brachytherapy sources and a quarterly survey of dose rates in all areas where such sources are stored. Please confirm that you will follow these requirements.

12. Please confirm that all bed linens will be checked with a radiation survey meter before being removed from the patient's room to ensure that no dislodged sources are inadvertently removed.
13. Please submit the following information regarding I-125 temporary eye implants:
 - a. Protocol to be used.
 - b. Patient release criteria with respect to the requirements contained in 10 CFR 35.75(b).
 - c. If patient is released prior to I-125 implant removal, will he/she be given oral/written instructions?
 - d. Will patient be prescreened for ability to deal with necessary instructions?
 - e. Will patient have identification on his person identifying plaque site?
 - f. Submit precautionary instructions that will be given to family members regarding iodine-125 plaque.
14. You are currently authorized to possess and use 10 millicuries of prepackaged kits of radioactive material as described in 10 CFR 31.11(a). Please verify if you wish to continue to have this authorization.

We will continue our review upon receipt of this information. Please reply in duplicate to my attention at the Region I office and refer to Mail Control 100-111798.

In order to continue prompt review of your application, we request that you submit your response to this letter within 30 calendar days from the date of this letter.

Sincerely,

**ORIGINAL SIGNED BY:
JEAN GRESICK-SCHUGSTA**

Jean A. Gresick-Schugsta
Nuclear Materials Safety Section A
Division of Radiation Safety
and Safeguards

Enclosures:

1. 10 CFR Part 35
2. Regulatory Guide 10.8

RI:DRSS
Schulirigkamp/pmb

08/9/90

RI:DRSS
Gresick-Schugata

08/9/90

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ML 333 CRISTINA - 0004.0.0
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Sincerely,

ORIGINAL SIGNED BY:
JEAN GRESICK-SCHUGSTA

Jean A. Gresick-Schugsta
Nuclear Materials Safety Section A
Division of Radiation Safety
and Safeguards

Beth Israel Hospital

Enclosures:

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2. Regulatory Guide 10.8

RI:DRSS

Schulinkamp/pmb

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ML10



BETH ISRAEL HOSPITAL

70 PARKER AVENUE PASSAIC, NEW JERSEY 07055 (201) 365-5000

JEFFREY S. MOLL
Executive Director

LAWRENCE GURTMAN
President

MILTON KLEINMAN
GERALD LIPKIN
NORMAN PICKELNY
ROBERT RACHESKY
ROBERT SINGER
JON GURKOFF
Vice-President

ARTHUR GURTMAN
Secretary

SAM JAFFE
Treasurer

Document # 1

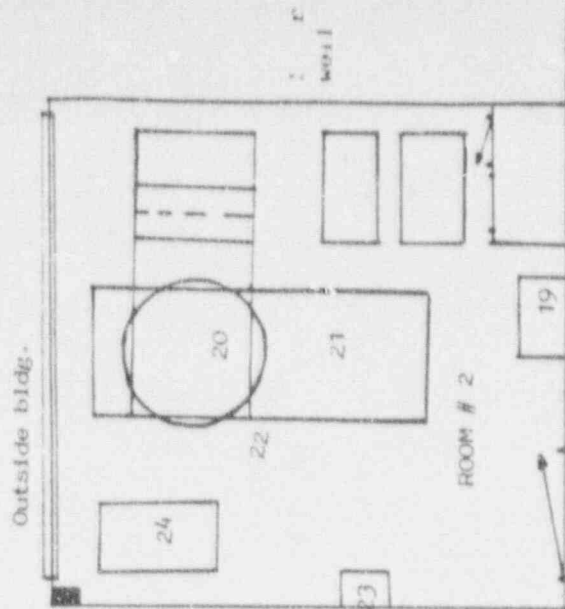
Accompanying the reply letter to NRC letter dated Aug. 20,
1990

BETH ISRAEL HOSPITAL

300 PARKER AVENUE, NEW BRUNSWICK, N.J. 08901

NUCLEAR MEDICINE DEPARTMENT

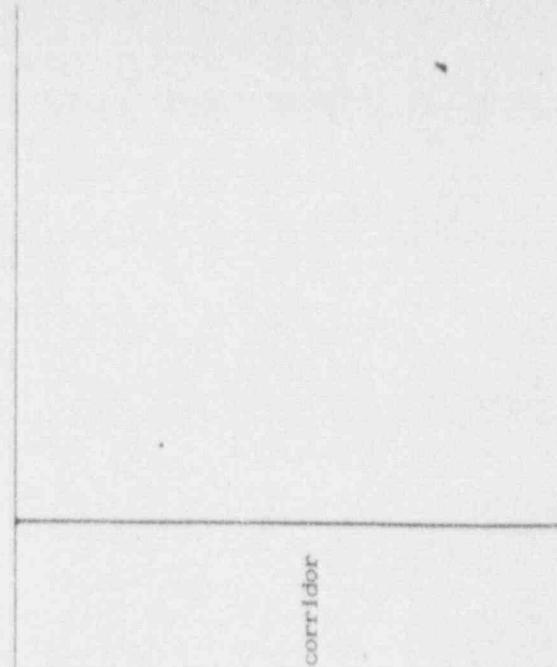
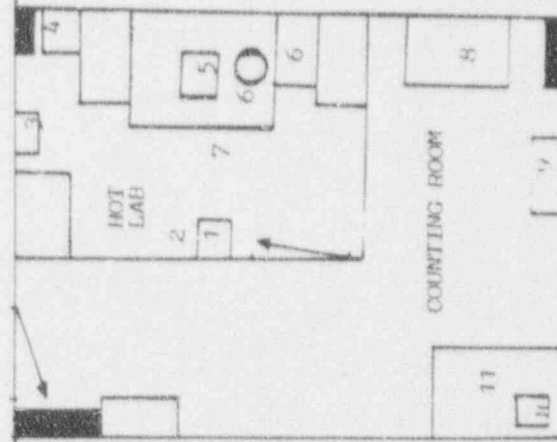
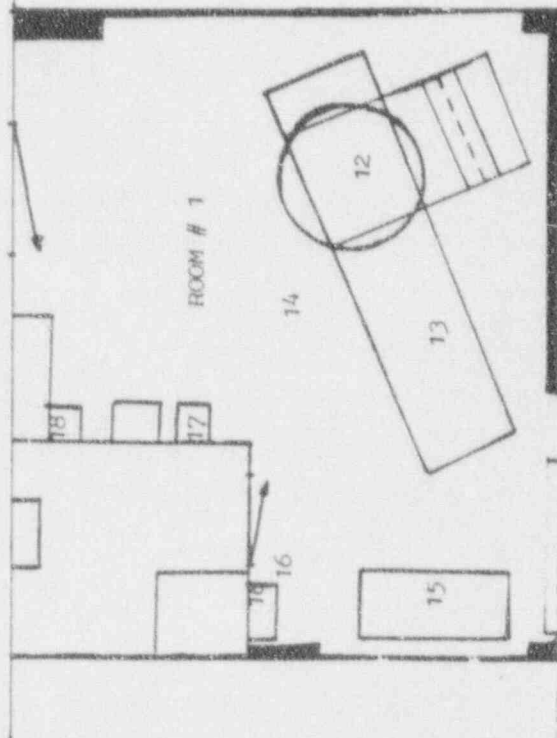
FLOOR PLAN



corridor

corridor

corridor



outside bldg.

outside bldg.

outside bldg.



BETH ISRAEL HOSPITAL

70 PARKER AVENUE PASSAIC, NEW JERSEY 07055 / (201) 365-5000

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Executive Director

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President

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NORMAN PICKELNY
ROBERT RACHESKY
ROBERT SINGER
JON GURKOFF
Vice-President

ARTHUR GURTMAN
SECRETARY

SAM JAFFE
Treasurer

Document # 2

Accompanying the reply letter to NRC letter dated Aug. 20,
1990



BETH ISRAEL HOSPITAL

70 PARKER AVENUE PASSAIC, NEW JERSEY 07652 201.365-5000
Department of Nuclear Medicine

WEEKLY AREA SURVEYS AND WIPES

Date: _____

Survey Meter Used: _____ Calibration Date: _____ Bkg mR/hr: _____

Counting Instrument Used: _____ Calibration Standard Used: Co-57

Settings for Std: LL _____ W _____ Initial dpm: _____ as of: _____

Std. cpm: _____ Decay Factor: _____ Present dpm: _____

Counting Efficiency (CE) = (cpm/dpm) x 100 = _____ %

AREA	mR/hr	CPM/100cm ² LL= _____ W= _____	Comments or Action Taken
0. Background			Acceptable Contamination = $2.2CE + 3 \text{ Bkg cpm}$ _____ cpm
Hot Lab & 1. Injection Stand			
Counting Rm. 2. Phone			
3. Sink			
4. Storage Container			
5. L-Block			
6. Dose Calibrator			
7. Floor			
8. Counter Desk			
9. ADC Counter			
10. Phone			
11. Office desk			
Room #1 12. Camera Head			
13. Imaging Table			
14. Floor			
15. Computer Console			
16. Sink			
17. Phone			
18. Lazy Susan			
Room #2 19. Sink			
20. Camera Head			
21. Imaging Table			
22. Floor			
23. Phone			
24. Computer Console			
25.			
26.			
27.			
28.			

Please refer to the floor plan in the Nuclear Medicine Log Book.

Surveyor's Signature _____



BETH ISRAEL HOSPITAL

77 PARKER AVENUE PASSAIC, N.J. 07055 (201) 265-5000

JEFFREY S. MOLL
Executive Director

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Document # 3

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