

DEC 31 1990

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

Gentlemen:

Enclosed is Check No. 048346-39631 (\$120) which accompanied your application dated November 13, 1990, for an amendment to Materials License 29-03047-01.

Since your application is additional information requested by Jean A. Gresick-Schugsta of our Licensing staff in her letter of August 20, 1990, the additional fee is not required.

If you have any questions concerning this matter, please let us know.

Sincerely,

Signed by:
Glenda Jackson

M Maurice Messier
License Fee & Debt Collection Branch
Division of Accounting and Finance
Office of the Controller

Enclosure:
Check No. 048346-39631 (\$120)

DISTRIBUTION:
S/F Copy
OC/DAF/ R/F
LFDCB R/F (2)
DW/ LBRI/BETH

OFFICE :OC/LFDCB *sk*
SURNAME:SKimberley:lb
DATE :12/17/90

~~OC/LFDCB~~
~~MMessier~~
~~12/17/90~~

OC/LFDCB
GJackson
12/27/90

9301070162 920520
PDR FOIA
STOLL92-58

PDR

D/19

22 AVENUE, PASSAIC, NEW JERSEY 07055
TELEPHONE (201) 365-5055

U.S. NUCLEAR REGULATORY COMMISSION REGION -1
Nuclear Materials Section B
631 Park Ave.
King of Prussia, PA 19406

Date		Ship Via		Del'y. Required		Terms	
11/13/90		FOB HOSPITAL UNLESS OTHERWISE INDICATED					
Item	QTY	UNIT	B. I. NO	PROD. NO	DESCRIPTION	CODE	UNIT COST TOTAL
1	1	ea.			Amendment Check for \$120.00	7210870	\$ 120.00
2							
3							
4							
5							
6					CHECK ENCLOSED		
7							
8							
9							
10							
11							
12					(RADIOLOGY)		
13							
14							
15					TOTAL		\$ 120.00

☐ CONFIRMATION
DO NOT DUPLICATE

PHONED TO: _____ BY: WHL DATE: 4/13/96

1. INVOICE TO:
Accounts Payable Department
70 Parker Ave., Passaic, N.J. 07055

2. SHIP TO:
Receiving Department --- Between the hours
of 9:00 A.M. and 4:30 P.M.

3. PRICE CHANGES REQUIRE HOSPITAL RECONFIRMATION.

4. PARTIAL DELIVERIES:
☐ This Purchase Order shall become null and void 60 days from date of issue
with unshipped balance to be canceled.

5. DISCOUNT PERIOD:
Will be calculated from the date an acceptable invoice is received
or receipt of material or services, whichever is later.

6. INSPECTION:
All material shall be received subject to Purchaser's inspection and rejection.
Defective material or material not in accordance with this order or Pur-
chaser's specifications or requirements will be held for Seller's instructions
and at Seller's risk.

7. All deliveries of small items are subject to re-count within a period of 7
days from the date signed for.

8. All materials are to be shipped prepaid.

9. Please notify us at once if there is any portion of the order you cannot fill.

10. COMPLIANCE WITH LAWS:
Without limiting the generality of the foregoing, Seller, in accepting this order,
represents that the goods to be furnished or the services to be rendered hereunder were
or will be sold, produced or performed in compliance with all applicable requirements
of Federal, State & Local Law and administrative rules and regulations pertaining
thereto, including occupation Safety Health Act Standards.

11. This order is exempt from N.J. Sales tax, certificate #EO-221-487-126.

12. INSURANCE:
Seller agrees to indemnify and hold harmless and protect Purchaser against liabilities,
claims or demands, for injuries or damages to any person or property growing out of the
performance of this contract. Seller further agrees to furnish upon Purchaser's request,
insurance carrier's Certificate showing that Seller has adequate Workmen's Compensa-
tion, Public Liability, and Property Damage insurance coverage. Said certificate must
set forth the amount of coverage, number of policy and date of expiration. If Seller is
self-insurer, the certificate of the Department of Labor & Industry of the State in which
said Labor is to be performed must be furnished by such department directly to the
Purchaser.

E.E. Huieff 11/1/60
PURCHASING DIRECTOR



BETH ISRAEL HOSPITAL

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

Renewal Request of NRC license 29-03047-01

Item 7

7.1.1 Authorized Users for Medical Use

Licensee request the renewal of all authorized users named on NRC license 29-03047-01.



BETH ISRAEL HOSPITAL

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

Renewal Request of NRC license 29-03047-01

Item 7

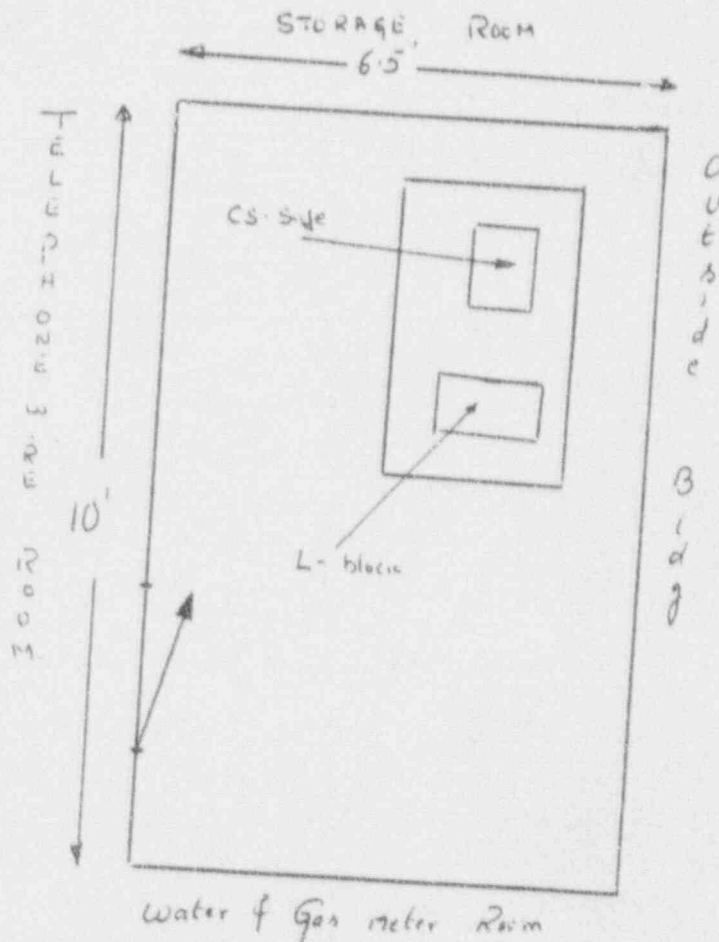
7.2 Authorized Users for Nonmedical Use

Licensee request to have Dennis Owens, M.S. as authorized user for non-medical use of byproduct material for the purpose of evaluating appropriate counting and survey instruments.

BETH ISRAEL HOSPITAL
Department of Radiation Oncology

Brachytherapy Source
Storage

Floor plan



ISRAEL HOSPITAL
Radiation Oncology

Brachytherapy Source
Storage



Department of Radiation Oncology

[illegible]

BETH ISRAEL HOSPITAL
Department of Radiation Oncology

SURVEY OF PATIENT ROOM WITH TEMPORARY RADIOACTIVE SEED IMPLANT

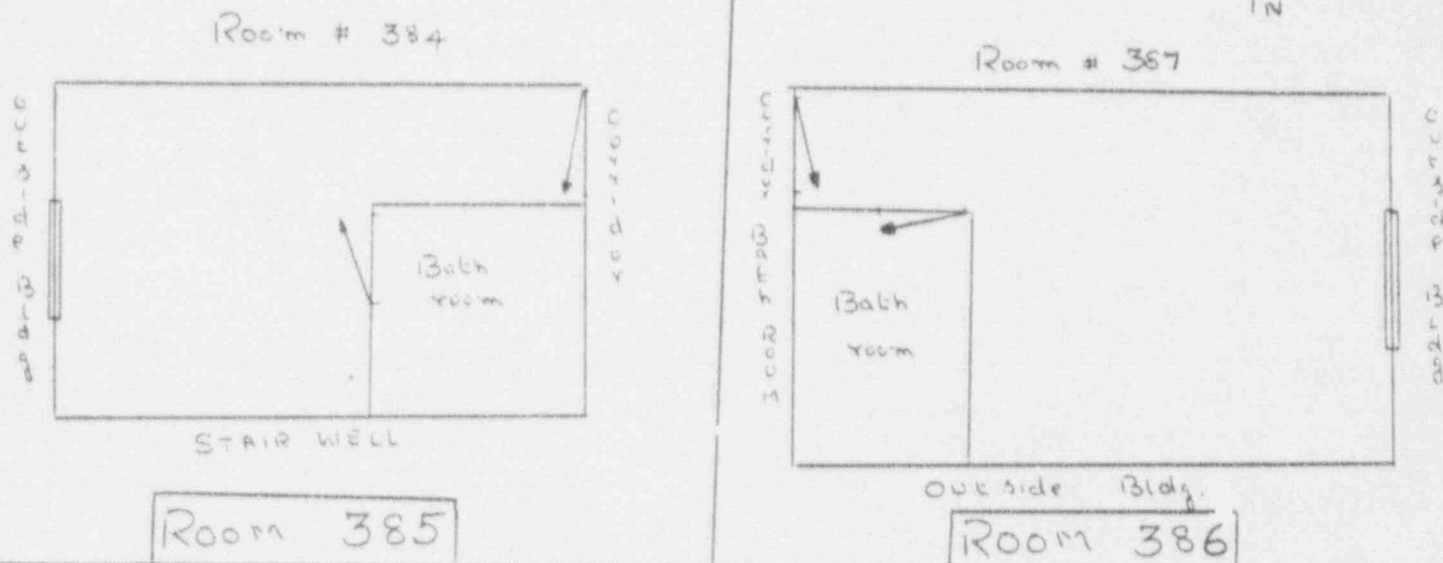
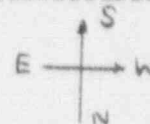
Patient Name: _____ Room: 385/386

Radionuclide: _____ Amount: _____ # of sources/ribbons: _____

Date: _____ Surveyor: _____ Survey Meter: _____

DIAGRAM:

Scale 1 cm = 2.5 ft.



- | | | |
|-----------------------------------|-------|--------|
| 1. Bedside without Shield: | _____ | mR/hr. |
| 2. Bedside with Shield: | _____ | mR/hr. |
| 3. Foot of bed without Shield: | _____ | mR/hr. |
| 4. Foot of bed with Shield: | _____ | mR/hr. |
| 5. 3 ft. from bed without shield: | _____ | mR/hr. |
| 6. Entrance door: | _____ | mR/hr. |
| 7. Corridor: | _____ | mR/hr. |
| 8. Adjacent Room: | _____ | mR/hr. |

Patient Supine on bed
Visitors allowed at designated area for _____ hours/day

PATIENT AND ROOM RELEASE

Patient may not be released until the following certification is signed and dated by the Radiation safety officer or his designee. No linen be removed from this room without the knowledge of the Radiation safety officer or his designee.

A radiation survey of the patient, room and linen and the count of the implant sources confirm that all radioactive sources have been removed and accounted for.

Dose Rate: _____ mR/hr. Date: _____

Signature: _____