

NRC FORM 313M (9-81) 10 CFR 35	U.S. NUCLEAR REGULATORY COMMISSION APPLICATION FOR MATERIALS LICENSE – MEDICAL	Approved by OMB 3150-0041
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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.

1.a. NAME AND MAILING ADDRESS OF APPLICANT (institution, firm, clinic, physician, etc.) INCLUDE ZIP CODE SACRED HEART HOSPITAL 1430 DeKalb Street Norristown, PA 19401 TELEPHONE NO.: AREA CODE (215) 278-8475	1.b. STREET ADDRESS(ES) AT WHICH RADIOACTIVE MATERIAL WILL BE USED (If different from 1.a.) INCLUDE ZIP CODE 1430 DeKalb Street Norristown, PA 19401
2. PERSON TO CONTACT REGARDING THIS APPLICATION NICHOLAS R. RORICK, M.D. Radiation Safety Officer TELEPHONE NO.: AREA CODE (215) 278-8475	3. THIS IS AN APPLICATION FOR: (Check appropriate item) a. <input type="checkbox"/> NEW LICENSE b. <input type="checkbox"/> AMENDMENT TO LICENSE NO. _____ c. <input checked="" type="checkbox"/> RENEWAL OF LICENSE NO. 37-01563-03
4. INDIVIDUAL USERS (Name individuals who will use or directly supervise use of radioactive material. Complete Supplements A and B for each individual.) See Item 8	5. RADIATION SAFETY OFFICER (RSO) (Name of person designated as radiation safety officer. If other than individual user, complete resume of training and experience as in Supplement A.) NICHOLAS R. RORICK, M.D.

6.a. RADIOACTIVE MATERIAL FOR MEDICAL USE

RADIOACTIVE MATERIAL LISTED IN:	ITEMS DESIRED "X"	MAXIMUM POSSESSION LIMITS (In millicuries)	ADDITIONAL ITEMS:	MARK ITEMS DESIRED "X"	MAXIMUM POSSESSION LIMITS (In millicuries)
10 CFR 31.11 FOR IN VITRO STUDIES	X	2mCi	IODINE-131 AS IODIDE FOR TREATMENT OF HYPERTHYROIDISM		
10 CFR 35.100, SCHEDULE A, GROUP I	X	AS NEEDED	PHOSPHORUS-32 AS SOLUBLE PHOSPHATE FOR TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA AND BONE METASTASES		
10 CFR 35.100, SCHEDULE A, GROUP II	X	AS NEEDED	PHOSPHORUS-32 AS COLLOIDAL CHROMIC PHOSPHATE FOR INTRACAVITARY TREATMENT OF MALIGNANT EFFUSIONS.		
10 CFR 35.100, SCHEDULE A, GROUP III	X	4Ci	GOLD-198 AS COLLOID FOR INTRACAVITARY TREATMENT OF MALIGNANT EFFUSIONS.		
10 CFR 35.100, SCHEDULE A, GROUP IV		AS NEEDED	IODINE-131 AS IODIDE FOR TREATMENT OF THYROID CARCINOMA		
10 CFR 35.100, SCHEDULE A, GROUP V		AS NEEDED	XENON-133 AS GAS OR GAS IN SALINE FOR BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES.		
10 CFR 35.100, SCHEDULE A, GROUP VI					

6.b. RADIOACTIVE MATERIAL FOR USES NOT LISTED IN ITEM 6.a. (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
8505290455 850508 REG 1 LIC 30 37-01563-03 34-2989	PDR		

INFORMATION REQUIRED FOR ITEMS 7 THROUGH 23

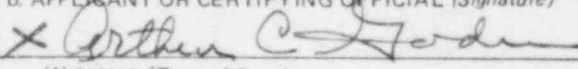
For Items 7 through 23, check the appropriate box(es) and submit a detailed description of all the requested information. Begin each item on a separate sheet. Identify the item number and the date of the application in the lower right corner of each page. If you indicate that an appendix to the medical 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. 1 Date: Oct 80

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 checked="" type="checkbox"/>	Appendix G Rules Followed; or
<input checked="" type="checkbox"/>	Duties as in Appendix B; or (Check One)		Equivalent Rules Attached
	Equivalent Duties Attached	16. EMERGENCY PROCEDURES (Check One)	
8. TRAINING AND EXPERIENCE		<input checked="" type="checkbox"/>	Appendix H Procedures Followed; or
<input checked="" type="checkbox"/>	Supplements A & B Attached for Each Individual User; and		Equivalent Procedures Attached
<input checked="" type="checkbox"/>	Supplement A Attached for RSO.	17. AREA SURVEY PROCEDURES (Check One)	
9. INSTRUMENTATION (Check One)		<input checked="" type="checkbox"/>	Appendix I Procedures Followed; or
	Appendix C Form Attached; or		Equivalent Procedures Attached
<input checked="" type="checkbox"/>	List by Name and Model Number	18. WASTE DISPOSAL (Check One)	
10. CALIBRATION OF INSTRUMENTS		<input checked="" type="checkbox"/>	Appendix J Form Attached; or
<input checked="" type="checkbox"/>	Appendix D Procedures Followed for Survey Instruments; or (Check One)		Equivalent Information Attached
	Equivalent Procedures Attached; and	19. THERAPEUTIC USE OF RADIOPHARMACEUTICALS (Check One)	
<input checked="" type="checkbox"/>	Appendix D Procedures Followed for Dose Calibrator; or (Check One)		Appendix K Procedures Followed; or
	Equivalent Procedures Attached		Equivalent Procedures Attached
11. FACILITIES AND EQUIPMENT		20. THERAPEUTIC USE OF SEALED SOURCES	
<input checked="" type="checkbox"/>	Description and Diagram Attached		Detailed Information Attached; and
12. PERSONNEL TRAINING PROGRAM			Appendix L Procedures Followed; or (Check One)
<input checked="" type="checkbox"/>	Description of Training Attached		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 checked="" type="checkbox"/>	Detailed Information Attached		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	
			Detailed Information Attached
<input checked="" type="checkbox"/>	Appendix F Procedures Followed; or	23. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE MATERIAL SPECIFIED IN ITEM 6.b	
	Equivalent Procedures Attached		Detailed Information Attached

24. PERSONNEL MONITORING DEVICES				
TYPE (Check appropriate box)			SUPPLIER	EXCHANGE FREQUENCY
a. WHOLE BODY	<input checked="" type="checkbox"/>	FILM	Siemens	Monthly
	<input type="checkbox"/>	TLD		
	<input type="checkbox"/>	OTHER (Specify)		
b. FINGER	<input type="checkbox"/>	FILM		
	<input checked="" type="checkbox"/>	TLD	Siemens	Monthly
	<input type="checkbox"/>	OTHER (Specify)		
c. WRIST	<input type="checkbox"/>	FILM		
	<input type="checkbox"/>	TLD		
	<input type="checkbox"/>	OTHER (Specify)		

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 (See Section 170.31, 10 CFR 170)	b. APPLICANT OR CERTIFYING OFFICIAL (Signature) 
(1) LICENSE FEE CATEGORY:	(1) NAME (Type of Print) ARTHUR C. GODIN
(2) LICENSE FEE ENCLOSED: \$	(2) TITLE ADMINISTRATOR
	c. DATE 5 Nov 84

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(e)(3), enacted into law by section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who supply information to the Nuclear Regulatory Commission on NRC Form 313M. This information is maintained in a system of records designated as NRC-3 and described at 40 Federal Register 45334 (October 1, 1975).

1. **AUTHORITY** Sections 81 and 161(b) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2111 and 2201(b)).
2. **PRINCIPAL PURPOSE(S)** The information is evaluated by the NRC staff pursuant to the criteria set forth in 10 CFR Parts 30-36 to determine whether the application meets the requirements of the Atomic Energy Act of 1954, as amended, and the Commission's regulations, for the issuance of a radioactive material license or amendment thereof.
3. **ROUTINE USES** The information may be used: (a) to provide records to State health departments for their information and use; and (b) to provide information to Federal, State, and local health officials and other persons in the event of incident or exposure, for their information, investigation, and protection of the public health and safety. The information may also be disclosed to appropriate Federal, State, and local agencies in the event that the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, or local agency to the extent relevant and necessary for a NRC decision or to an appropriate Federal agency to the extent relevant and necessary for that agency's decision about you. A copy of the license issued will routinely be placed in the NRC's Public Document Room, 1717 H Street, N.W., Washington, D.C.
4. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION** Disclosure of the requested information is voluntary. If the requested information is not furnished, however, the application for radioactive material license, or amendment thereof, will not be processed.
5. **SYSTEM MANAGER(S) AND ADDRESS** Director, Division of Fuel Cycle and Material Safety, Office of Nuclear Material Safety and Safeguards, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555.

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

NICHOLAS RICHARD RORICK, M.D., J.D.

2. STATE OR TERRITORY IN
WHICH LICENSED TO
PRACTICE MEDICINE
PA, CA

3. CERTIFICATION

SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
American Board of Radiology	Radiology	Dec 82
American Board of Nuclear Medicine	Nuc. Med.	May 83

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

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		
P-32 (Colloidal)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA		
	TREATMENT OF HYPERTHYROIDISM		
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192	INTERSTITIAL TREATMENT		
Co-60 or Cs-137	TELETHERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	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

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

a. NAME OF SUPERVISOR

ROBERT D. RUSSO, M.D., FACR

b. NAME OF INSTITUTION

ST VINCENT'S HOSPITAL & MED CNTR

c. MAILING ADDRESS

2800 Main Street, Bridgeport,

d. CITY

Connecticut 06606

5. MATERIALS LICENSE NUMBER(S)

6. PRECEPTOR'S SIGNATURE

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

8. DATE

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.

1. APPLICANT PHYSICIAN'S NAME AND ADDRESS

FULL NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

KEY TO COLUMN C

PERSONAL PARTICIPATION SHOULD CONSIST OF:

- 1-Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage.
- 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.
- 3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.

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			

37-01563-03

RADIATION SAFETY COMMITTEE

Responsibilities, duties, and meeting frequency are as described in Appendix B of Regulatory Guide 10.8 (Rev. 1, Oct 1980).

CHAIRMAN

Nicholas R. Rorick, M.D.

Radiology/Nuclear Medicine

MEMBERS

John J. Dascher, M.D. Radiology

Lee L. Konecke, M.D. Internal Medicine

Jay Springer, M.D. Endocrinology

Cometa Aguinaldo, M.T., ASCT, B.S. Pharm. Laboratory

Deborah Lobko, R.T., CNMT Nuclear Medicine

J. Russell Walsh, Associate Administrator

Item 7

9/11/84

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TRAINING AND EXPERIENCE

A. AUTHORIZED USERS

Harold M. Weiner, M.D.

American Board of Radiology (Radiology) Dec. 69

John J. Dascher, M.D.

American Board of Radiology (Diagnostic Rad.) Jun 74

Nicholas R. Rorick, M.D.

American Board of Radiology (Radiology) Dec. 72

American Board of Nuclear Medicine (Nuc. Med.) May 73

Severin Teufel, M.D.

American Board of Pathology (Clin. Path) 1968

Manuel M. Bergnes, M.D.

American Board of Pathology (Clin. Path) 1950

Alan R. Weiss, M.D.

American Board of Radiology (Diagnostic Rad.) May 78

B. RADIATION SAFETY OFFICER

Nicholas R. Rorick, M.D.

INSTRUMENTATION

1. Survey meters

a. Manufacturer's name: BAIRD-ATOMICManufacturer's model number: 420-ENumber of instruments available: 1Minimum range: 0 mr/hr to .125 mr/hrMaximum range: 0 mr/hr to 125 mr/hrb. Manufacturer's name: VICTOREENManufacturer's model number: 493Number of instruments available: 1ranges: 1Minimum range: 0 mr/hr to 0.5 mr/hrMaximum range: mr/hr to mr/hrc. Manufacturer's name: LUDLUMManufacturer's model number: 44-9Number of instruments available: 2Minimum range: 0 mr/hr to 2 mr/hrMaximum range: 0 mr/hr to 200 mr/hrd. Manufacturer's name: ATOMIC PRODUCTSManufacturer's model number: 069-701Minimum range: 0 mr/hr to .5 mr/hr

2. Dose Calibrator

Manufacturer's name: CAPINTECManufacturer's model number: CRC-10 RNumber of instruments available: 1

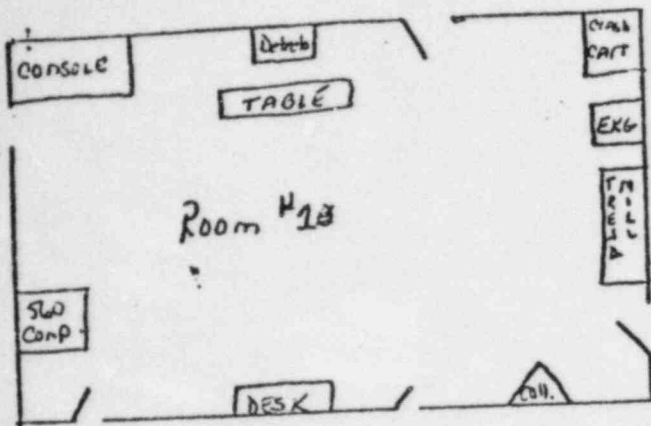
3. Diagnostic instruments

<u>Type of Instrument</u>	<u>Manufacturer's Name</u>	<u>Model No.</u>
Gamma Camera	Picker	DC-4/15
Gamma Camera	Ohio-Nuclear	Sigma-410.

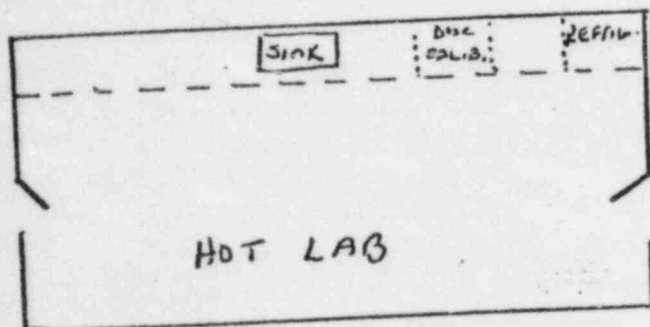
4. Other - None - Imaging

Ohio-Nuclear MCS-560 Computer

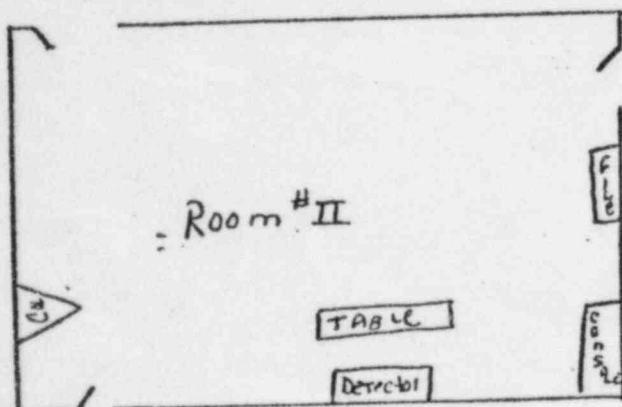
37-01563-03



- | Location | GPM |
|----------------|-------|
| 1. console | _____ |
| 2. Detector | _____ |
| 3. Table | _____ |
| 4. Treadmill | _____ |
| 5. Crashcart | _____ |
| 6. Collimators | _____ |
| 7. Desk | _____ |
| 8. Computer | _____ |
| 9. Floor | _____ |
| 10. Trash | _____ |



- | | |
|--------------------|-------|
| 1. Hot Lab | _____ |
| 2. Sink | _____ |
| 3. Floor | _____ |
| 4. Refrigerator | _____ |
| 5. Dose Calibrator | _____ |
| 6. Counter | _____ |
| 7. Trash | _____ |



- | | |
|---------------|-------|
| 1. Console | _____ |
| 2. Detector | _____ |
| 3. Table | _____ |
| 4. Collimator | _____ |
| 5. Floor | _____ |
| 6. Trash | _____ |

SACRED HEART HOSPITAL
NUCLEAR MEDICINE DEPT
05 OCT 84

Technologist: _____
Date: _____

37-01563-03

PERSONNEL TRAINING PROGRAM AND FREQUENCY

The material shown in Section 19.2 of 10CFR19, conditions of the institutional license, and appropriate sections of Part 20 of 10CFR20 will be reviewed with the Nuclear Medicine Technologist by the Radiation Safety Officer. Included in this review: hazards relating to handling and storing radioactive material; safe handling procedures; laboratory operating and emergency procedures, reporting of unsafe conditions, and obtaining personal exposure data.

The Nuclear Medicine Technologist is certified and registered by ARRT. Before allowing new technicians to assume their duties, the RSO will assure that they are adequately oriented in the above subjects.

Provisions are made for continuing education and a log record is maintained of all such training experiences. Training will also be provided regarding new regulations affecting the licensed program and changes in the institutional license.

Periodic review of personal exposure data is performed with the Nuclear Medicine Technologist so as to minimize personal exposure and encourage good radiation protection habits.

Item 12

9/11/84

APPENDIX J WASTE DISPOSAL

Note: In view of the recent problems with shallow-land burial sites used by commercial waste disposal firms, NRC is encouraging its licensees to reduce the volume of wastes sent to these facilities. Important steps in volume reduction are to segregate radioactive from nonradioactive waste, to hold short-lived radioactive waste for decay in storage, and to release certain materials in the sanitary sewer in accordance with § 20.303 of 10 CFR Part 20.

1. Liquid waste will be disposed of (check as appropriate)

☒ In the sanitary sewer system in accordance with § 20.303 of 10 CFR Part 20.

☐ By commercial waste disposal service (see also Item 4 below).

☐ Other (specify): _____

2. Mo-99/Tc-99m generators will be (check as appropriate)

☒ Returned to the manufacturer for disposal.

☐ Held for decay* until radiation levels, as measured in a low background area with a low-level survey meter and with all shielding removed, have reached background levels. All radiation labels will be removed or obliterated, and the generators will be disposed of as normal trash.**

* Be sure that waste storage areas were described in Item 11 and that they are surveyed periodically (Item 17).

** These generators may contain long-lived radioisotopic contaminants. Therefore, the generator columns will be segregated so that they may be monitored separately to ensure decay to background levels prior to disposal.

☐ Disposed of by commercial waste disposal service (see also Item 4 below).

☐ Other (specify): _____

3. Other solid waste will be (check as appropriate)

☒ Held for decay* until radiation levels, as measured in a low background area with a low-level survey meter and with all shielding removed, have reached background levels. All radiation labels will be removed or obliterated, and the waste will be disposed of in normal trash.

☐ Disposed of by commercial waste disposal service (see also Item 4 below).

☒ Other (specify): Returned to Mfr.
for Disposal (Nuclear
Pharmacy Inc.)

4. The commercial waste disposal service used will be

(Name) _____ (City, State) _____

NRC/Agreement State License No. _____

**SACRED HEART HOSPITAL
AND
REHABILITATION CENTER**



37-01563-03

SIGNATURE OF CERTIFYING OFFICIAL

I hereby certify that this institution has implemented the
ALARA Program as set forth in Appendix O, Regulatory Guide
10.8, Revision 1, October 1980.

A handwritten signature in cursive script, reading "Arthur C. Godin".

Signature

Arthur C. Godin

Name (Print or Type)

Administrator

Title

Item 24
05 Nov 84



A NOT FOR PROFIT COMMUNITY HOSPITAL OWNED AND OPERATED BY
THE MISSIONARY SISTERS OF THE MOST SACRED HEART OF JESUS