



Commonwealth Hospital

Paul Quinn

Fairfax Hosp Assn

Applicant	<i>5644</i>
Check No.	<i>5644</i>
Amount/Fee Category	<i>#40</i>
Type of Fee	<i>Amendment</i>
Date Check Rec'd	<i>4/19/85</i>
Received By	<i>Brown</i>

4315 Chain Bridge Road, Fairfax, Virginia 22030

(703) 691-3600

April 2, 1984

U.S. Nuclear Regulatory Commission
Region II
101 Marietta Street, N.W., Suite 3100
Atlanta, Georgia 30303

RECEIVED

'85 APR 17 A11 42

RE: Byproduct Materials License No. 45-18184-01

U.S. N.R.C.
LIC. FEE MGMT. BRANCH

Dear Sir/Madame:

Commonwealth Hospital would like to request the following amendments to byproduct materials license no. 45-18184-01.

- (1) James A. Deye, Ph.D. will become a member of the Radiation Safety Committee and will replace Health Physics Services as the consulting physicist at Commonwealth Hospital. Dr. Deye is certified by the American Board of Radiology in Radiological Physics and is considered a Qualified Expert by NRC and the Commonwealth of Virginia.
- (2) Survey meter calibration will be performed at least annually by Radiation Service Organization of Laurel, Maryland in accordance with the NRC Regulatory Guide 10.8, Appendix D, "Calibration of Instruments." RSO's procedures and sources have been approved by the State of Maryland under License No. MD-33-021-01.
- (3) Dose Calibrator Calibrations will be performed by, or under the supervision of, James A. Deye, Ph.D. in accordance with NRC Regulatory Guide 10.8, Appendix D, "Methods for Calibration of Dose Calibrator." All tests will be performed at time intervals specified in Appendix D.

The license amendment fee of \$40.00, made payable to the U.S. Nuclear Regulatory Commission is enclosed. Please contact Deborah Bruno at 703-698-3394 or James A. Deye at 703-698-3705 if you need any additional information.

8507050439 850611
REG2 LIC30
45-18184-01 PDR

Sincerely,

COMMONWEALTH HOSPITAL

Steven E. B.
ADMINISTRATOR

RECEIVED BY LFMB

Date... *4/19/85*
Leg... *April 5-11*
By... *Brown*
Orig. To...
Action Compl. *5/17/85*

5-0542
Received 4/9/85
PB Reg II

Official Copy

Fairfax Hosp Assn

Applicant	<i>5644</i>
Check No.	<i>5644</i>
Amount/Fee Category	<i>\$80</i>
Type of Fee	<i>Amendment</i>
Date Check Rec'd	<i>5/16/85</i>
Received By	<i>Brown</i>