

RECEIVED BY LFMB  
Date... 1/17/85  
Log... Jan 31  
By... Brown  
Eng. To...  
Action Compl. 1/17/85

**CAMDEN-CLARK  
MEMORIAL HOSPITAL**

800 Garfield Avenue  
P.O. Box 718  
Parkersburg, West Virginia 26102  
(304) 424-2111

LEO D. CARSON, ADMINISTRATOR

January 7, 1985

Mr. John Potter, Chief  
Material Licensing Section  
U.S. Nuclear Regulatory Commission  
Region II  
101 Marietta Street  
Atlanta, Georgia 30323

Dear Sir:

Ref. Material Lic. 47-09772-03,  
renewal of

As explained in our telephone conversation earlier today, the notice of expiration of our teletherapy license, dated 11/01/84 and post marked in Washington, D.C. December 19 '84 reached me today. Consequently, we have been unable to respond on time.

Additionally, a "Teletherapy Licensing Guide, " was supposed to have been enclosed and this was missing from the material I have received and a Form NRC 313 was enclosed in place of Form NRC 313T.

Please be informed that we wish to have our teletherapy license No. 47-09772-03 renewed as it has been renewed on Feb. 07, 1980 (Amendment No.04) and Amendments 05 through 10. A copy of the 5 year inspection performed by The Atom Therapy Services, representing Neutron Products Inc. is enclosed.

Should you have any questions regarding this teletherapy license renewal request, I may be reached at (304) 424-2744 Monday through Thursday. Please note that we are exempt of any licensing fees.

Sincerely,

B505290736 B50508  
REG2 LIC30  
47-09772-03 PDR

Mukund K Kartha  
Mukund K. Kartha, Ph.D.  
Radiation Safety Officer

MKK/lw

cc: Mrs. Frances Gracey  
Assoc. Admin. for Clinical Services

code 14  
**FEE EXEMPT**  
170.11(6)(9)

Official Copy

#30448  
Rec'd 1/11/85

ATOM THEFT SERVICE  
1325 W. 105th Street  
Cleveland, Ohio 44102  
Phone (216) 651-1020

5 YEAR INSPECTION REPORT

Customer CAMDEN-CLARK MEM. HOSP  
Location PARKERSBURG, W. VA. 26101  
Date of Inspection 11/7/84

Type of Unit PICKER C/9  
Head 590-E Serial No. 125  
License Engineer T. KIDD

The following items have been inspected and action taken or recommended as indicated.

INSPECTION AND MAINTENANCE REQUIRED	REMARKS
Inboard Shutter Rotor Bearings, Lubricate if required	OK
Outboard Shutter Rotor Bearings, Replace if necessary	OK
Shutter "ON" and "OFF" Stops, Replace or readjust as necessary	OK
Shutter Drive Assembly, Inspect, Lubricate and replace parts as reqd.	OK Adjust & Lubricate
Shutter, Record closing & opening time.	Close 2 sec Open 2 sec
Halo Safety Device, Check operation	Does Not Work. needs repair (elec.)
Shutter Limit Switches, Check for operation.	up down

ATOM THERAPY SERVICE 5 YEAR INSPECTION REPORT

Page 2

INSPECTION AND MAINTENANCE REQUIRED	REMARKS
Determine and record the Isocenter. Where applicable adjust lights, indicators, and switches as reqd.	Repaired O.D.I. light. and adj to 80. 36.1 from end of Collimator 81.1 from Source
Check Timer Operation.	OK - repaired Timer Panel (custom part)
Check Voltage of Shutter Drive Motor and adjust if necessary.	69.8 Volt AC.
Skip-Scan-Switch Actuation, Inspect	OK - Center did on house, has new style.
Oscilate Switch Actuation.	OK
Rotation Mode Operation & Speed Control, Check and adjust.	OK
Yoke Drive Operation, Check and adjust.	OK
Tilt Drive Operation, Check and adjust.	OK
Yoke Centering Switch, Check for Zero Centering of Yoke.	OK. Adjusted.
Head Tilt Limit Switches, Check for travel limits.	OK.
"C" Arm Centering Switch, Check for Zero Centering.	Adjusted

## ATOM THERAPY SERVICE 5 YEAR INSPECTION REPORT

INSPECTION AND MAINTENANCE REQUIRED	REMARKS
Slip Rings, Inspect & Lubricate.	Cleaned & lubricated
Stand Drive, Inspect, adjust chain, and lubricate.	adjust Chain & lubricate
Wire Ropes, Inspect and lubricate	N.A.
Shutter V-Belt, Inspect V-Belt, replace if necessary.	OK
Indicator Lamps, Inspect & replace as required.	Replaced Warning bulbs in Head.
Key Switch Operation, Inspect.	OK
Elapsed Timer Operation, Inspect	needs Replaced
Yoke and Head Tilt Brakes, Inspect and adjust	cleaned & Adjusted.
Inspect & replace all electrical wiring which has any physical damage or insulation which has become brittle or cracked.	OK
Inspect & replace any electrical components which show overheat, corrosion, leakage or damage.	OK
Inspect for structural faults.	OK



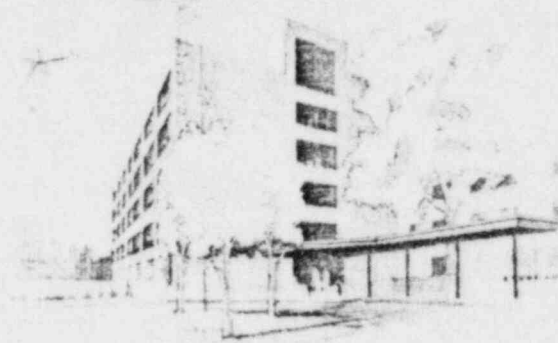
## ATOM THERAPY SERVICE 5 YEAR INSPECTION REPORT

INSPECTION AND MAINTENANCE REQUIRED	REMARKS												
Inspect Collimator A. Field size indicators, check & adjust. Record final readings. B. Crosshairs centered. C. Light field to Radiation field. Check with film. D. Calibrate distance localizer. Record final readings.	Distance Calibrated _____ CM <table><tr><th>Field Size</th><th>Dials Indicate</th><th>Light Field</th></tr><tr><td><u>10</u> CM x <u>10</u> CM</td><td><u>10</u> CM x <u>10</u> CM</td><td><u>10</u> CM x <u>10</u> CM</td></tr><tr><td><u>18</u> CM x <u>18</u> CM</td><td><u>18</u> CM x <u>18</u> CM</td><td><u>17.9</u> CM x <u>17.8</u> CM</td></tr><tr><td><u>25</u> CM x <u>25</u> CM</td><td><u>25</u> CM x <u>25</u> CM</td><td><u>25</u> CM x <u>24.9</u> CM</td></tr></table>	Field Size	Dials Indicate	Light Field	<u>10</u> CM x <u>10</u> CM	<u>10</u> CM x <u>10</u> CM	<u>10</u> CM x <u>10</u> CM	<u>18</u> CM x <u>18</u> CM	<u>18</u> CM x <u>18</u> CM	<u>17.9</u> CM x <u>17.8</u> CM	<u>25</u> CM x <u>25</u> CM	<u>25</u> CM x <u>25</u> CM	<u>25</u> CM x <u>24.9</u> CM
Field Size	Dials Indicate	Light Field											
<u>10</u> CM x <u>10</u> CM	<u>10</u> CM x <u>10</u> CM	<u>10</u> CM x <u>10</u> CM											
<u>18</u> CM x <u>18</u> CM	<u>18</u> CM x <u>18</u> CM	<u>17.9</u> CM x <u>17.8</u> CM											
<u>25</u> CM x <u>25</u> CM	<u>25</u> CM x <u>25</u> CM	<u>25</u> CM x <u>24.9</u> CM											
Inspect for loose nuts & bolts. Tighten where necessary.	OK												
Inspect & tighten Trunnion to head bolts.	OK												
Inspect & tighten Barrier & Counter Weight Bolts.	OK												
Inspect & tighten wall & floor mounting bolts.	OK												
Inspect & tighten main hanger bolts.	OK												
Inspect, adjust and align all accessories.	OK												
Inspect unit for safe operation, including warning lights, door inter-locks, zoneguard, etc. Repair as necessary.	OK												
Couch, Inspect & lubricate.	Needs Repair Will write Custome report on cost of this repair.												

CAMDEN-CLARK  
MEMORIAL HOSPITAL

800 Garfield Avenue  
P.O. Box 718  
Parkersburg, West Virginia 26102  
(304) 424-2111

LEO D. CARNSER, ADMINISTRATOR



September 25, 1984

30-3390

30-529

Material Licensing Branch  
Division of Fuel & Material Safety  
U.S. Nuclear Regulatory Commission  
Washington, D.C. 20555

U.S. N.R.C.  
MATERIAL LIC. BRANCH

84 OCT -3 AM 1:20

RECEIVED

Dear Sir/Madam:

Lic. No. 47-09772-02 & 03

We have an additional Radiation Oncologist, Srini Vasan, M.D. on our medical staff. He received his specialty training in Radiation Oncology at the National Cancer Institute, Bethesda, Maryland and is certified in Therapeutic Radiology by the American Board of Radiology. A copy of his preceptor statement is attached. Please note that his experience in teletherapy is much more extensive than the preceptor statement indicates, for only one-sixth of his training period involved telecobalt usage. During the other part of his three year training, he received extensive clinical and didactic training in teletherapy with linear accelerators.

Since he is now practicing at our institution, we wish to include him as a user on our teletherapy license (No. 47-09772-03) and a user for brachytherapy (Group VI) on our materials license No. 47-09772-02. We are a fee exempt medical institution and hence no license amendment fee payment is enclosed. Should you have any questions, please contact Dr. Vasan or Dr. Kartha, who is our Radiation Safety Officer, at (304) 424-2744.

Sincerely,

*Frances K. Gracey* 1-100 78.

Mrs. Frances K. Gracey  
Associate Administrator

FKG/jfp

cc; James Carter, M.D.  
Mukunda Kartha, Ph.D.

Log: Oct. 2-II  
FEE EXEMPT

8411120235 841019  
NMS LIC30  
47-09772-03 PDR

3pp.

18203  
18203

TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER  Srini Vasan, M.D.	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE  Maryland & West Virginia
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3. CERTIFICATION

SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
American Board of Radiology (Radiation Therapy)	Therapeutic Radiology	June 1984

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	National Cancer Institute Bethesda, Maryland July 1981 - June 1984	110	
b. RADIATION PROTECTION	NCI	10	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	NCI	10	
d. RADIATION BIOLOGY	NCI	60	
e. RADIOPHARMACEUTICAL CHEMISTRY	NCI	2	

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

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
Co-60 I-125 P-32 Cs-137 Ir-192 Sr-90	15 mCi 75 mg Ra Eq 50 mg Ra Eq	National Cancer Inst Bethesda Naval Hosp Walter Reed Army Med Center	3 Years	Therapeutic

## 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

Srini Vasan.

STREET ADDRESS

800 Garfield Avenue  
P.O. Box 718

CITY

Parkersburg

STATE

WV

ZIP CODE

26102

## 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		
OTHER			
	BONE IMAGING		

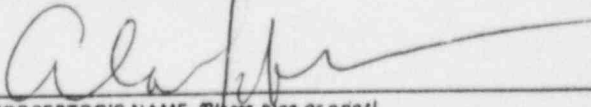


PRECEPTOR STATEMENT (Continued)			
2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)			
ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
P-32 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES		
P-32 (Colloidal)	INTRACAVITARY TREATMENT	2	
I-131	TREATMENT OF THYROID CARCINOMA		
	TREATMENT OF HYPERTHYROIDISM		
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT	20	
I-125 or Ir-192	INTERSTITIAL TREATMENT	10	
	TELETHERAPY TREATMENT	50	
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	

4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:		6. PRECEPTOR'S SIGNATURE	
a. NAME OF SUPERVISOR ALAN ZABER		 7. PRECEPTOR'S NAME (Please type or print) ALAN ZABER	
b. NAME OF INSTITUTION National Cancer Inst			
c. MAILING ADDRESS 9000 Rockville Pike			
d. CITY Bethesda MD 20205			
5. MATERIALS LICENSE NUMBER(S)		8. DATE 9/20/84	

FORM NRC-313M-SUPPLEMENT B  
(8-78)