

FORM NRC-313M

(8-78)

10 CFR 35

## U.S. NUCLEAR REGULATORY COMMISSION

## APPLICATION FOR MATERIALS LICENSE - MEDICAL

Approved:  
GAO R0557

**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

PENOBSCOT BAY MEDICAL CENTER  
GLEN COVE  
ROCKLAND MAINE 04841

TELEPHONE NO.: AREA CODE (207) 594 9511

1.b. STREET ADDRESS(ES) AT WHICH RADIOACTIVE MATERIAL WILL BE USED (If different from 1.a.) INCLUDE ZIP CODE

2. PERSON TO CONTACT REGARDING THIS APPLICATION

PETER E. GIUSTRA M.D.

TELEPHONE NO.: AREA CODE (207) 594 9511

3. THIS IS AN APPLICATION FOR: (Check appropriate item)

a. ☐ NEW LICENSEb. ☐ AMENDMENT TO LICENSE NO.c. ☒ RENEWAL OF LICENSE NO. 18-15864-01

4. INDIVIDUAL USERS (Name individuals who will use or directly supervise use of radioactive material. Complete Supplements A and B for each individual.)

PETER E. GIUSTRA M.D.  
PAUL J. KILLONAN M.D.  
LLOYD ROBERTS, M.D.

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.)

PETER E. GIUSTRA, 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	Under 100 uci	IODINE-131 AS IODIDE FOR TREATMENT OF HYPERTHYROIDISM	X	25
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		GOLD-198 AS COLLOID FOR INTRACAVITARY TREATMENT OF MALIGNANT EFFUSIONS.		
10 CFR 35.100, SCHEDULE A, GROUP IV	X	AS NEEDED	IODINE-131 AS IODIDE FOR TREATMENT OF THYROID CARCINOMA		
10 CFR 35.100, SCHEDULE A, GROUP V	X	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.)

RECEIVED BY LFMB	CHEMICAL AND/OR PHYSICAL FORM	MAXIMUM NUMBER OF MILLICURIES OF EACH FORM	DESCRIBE PURPOSE OF USE
Date DEC 4 1978 Log: Dec. P. 1 Renewal By: P. 1 Orig. To: P. 1 Action Compl. 12/15/78	COPIES SENT TO OFF. OF INSPECTION AND ENFORCEMENT "OFFICIAL RECORD COPY"	ML10	Applicant: 97509 Check No. 042 Amount/Fee Category 150.75 Type of Fee Annual Date Check Rec'd DEC 4 1978 Received By P. 1

8505300299 850510  
REG 1 LIC 30  
18-15864-01 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. \_\_\_\_\_ Date: Nov-4-1977

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 Rule: Attached
	Equivalent Duties Attached	16. EMERGENCY PROCEDURES (Check One)	
8. TRAINING AND EXPERIENCE		<input checked="" type="checkbox"/>	Appendix H Procedures Followed; or
	Supplements A & B Attached for Each Individual User; and <u>LIC # 18-15864-01</u>		Equivalent Procedures Attached
	Supplement A Attached for RSO.	17. AREA SURVEY PROCEDURES (Check One)	
9. INSTRUMENTATION (Check One)		<input checked="" type="checkbox"/>	Appendix I Procedures Followed; or
<input checked="" type="checkbox"/>	Appendix C Form Attached; or		Equivalent Procedures Attached
	List by Name and Model Number	18. WASTE DISPOSAL (Check One)	
10. CALIBRATION OF INSTRUMENTS		<input checked="" type="checkbox"/>	Appendix J Form Attached; or
	Appendix D Procedures Followed for Survey Instruments; or _____ (Check One)		Equivalent Information Attached
<input checked="" type="checkbox"/>	Equivalent Procedures Attached; and	19. THERAPEUTIC USE OF RADIOPHARMACEUTICALS (Check One)	
	Appendix D Procedures Followed for Dose Calibrator; or _____ (Check One)		Appendix K Procedures Followed; or
<input checked="" type="checkbox"/>	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	R.S. Landauer, Jr. & Co.	Monthly
	<input type="checkbox"/> TLD		
	<input type="checkbox"/> OTHER (Specify)		
b. FINGER	<input type="checkbox"/> FILM		
	<input type="checkbox"/> TLD		
	<input type="checkbox"/> OTHER (Specify)		
c. WRIST	<input checked="" type="checkbox"/> FILM	R.S. Landauer, Jr. & Co.	Monthly
	<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		b. ATTACH A COPY OF THE AGREEMENT LETTER SIGNED BY THE HOSPITAL ADMINISTRATOR.	
NAME OF HOSPITAL		c. WHEN REQUESTING THERAPY PROCEDURES, ATTACH A COPY OF RADIATION SAFETY PRECAUTIONS TO BE TAKEN AND LIST AVAILABLE RADIATION DETECTION INSTRUMENTS.	
MAILING ADDRESS			
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: 7 B		(1) NAME (Type of Print) Alan S. Kinne	
		(2) TITLE Assistant Director 97509	
(2) LICENSE FEE ENCLOSED: \$ 150.00		c. DATE 11/29/78	

## 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 Form NRC-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.

## 1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

### 3. CERTIFICATION

**CATEGORY  
B**

MONTH AND YEAR CERTIFIED  
C

#### 4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

LOCATION AND DATE(S) OF TRAINING

TYPE AND LENGTH OF TRAINING

LECTURE/ LABORATORY COURSES		(Hours)
		C

SUPERVISED  
LABORATORY  
EXPERIENCE  
(Hours)  
0

b. RADIATION PROTECTION

#### d. RADIATION BIOLOGY

e. RADIOPHARMACEUTICAL CHEMISTRY

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

MAXIMUM AMOUNT

**WHERE EXPERIENCE WAS GAINED**

### DURATION OF EXPERIENCE

TYPE OF USE

97509

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		<b>KEY TO COLUMN C</b> <b>PERSONAL PARTICIPATION SHOULD CONSIST OF:</b> 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.
FULL NAME		
STREET ADDRESS		
CITY	STATE      ZIP CODE	

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			

97509

# 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

b. NAME OF INSTITUTION

c. MAILING ADDRESS

d. CITY

5. MATERIALS LICENSE NUMBER(S)

### 6. PRECEPTOR'S SIGNATURE

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

8. DATE

# PENOBSCOT BAY MEDICAL CENTER

GLEN COVE, ROCKLAND, MAINE 04841

EXECUTIVE OFFICE 207-594-9511

AMBULATORY CARE 594-9511

Application of Penobscot Bay Medical Center, Rockland, Maine

Form NRC-313M

Item 7

7) Medical Isotopes Committee.

Established by authority of Jerry Koonz, Exec. Director of the Penobscot Bay Medical Center. as the administrative body responsible for the safe use of Radioisotopes and radiation devices within the Penobscot Bay Medical Center.

A) Membership:

Peter E. Giustra, M.D.	Diag. Radiology and Nuclear Medicine. Also chairman and Radiation Protection Officer.
Paul J. Killoran, M.D.	Diag. Radiology and Nuclear Medicine.
Stephen Ross, M.D.	Internal Medicine and Oncology
Walter R. Loker, R.T.	Chief Tech. Radiology and Nuclear Medicine.

B) Experience:

See previous AEC #18-13161-01

C) Duties as in Appendix B.

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Item 7  
11/28/78

APPENDIX C

INSTRUMENTATION

1. Survey meters

a. Manufacturer's name: Victoreen Instrument Co.

Manufacturer's model number: 6 B CD 700

Number of instruments available: 2

Minimum range: 0 mr/hr to 50 mr/hr

Maximum range: \_\_\_\_\_ mr/hr to \_\_\_\_\_ mr/hr

b. Manufacturer's name: \_\_\_\_\_

Manufacturer's model number: \_\_\_\_\_

Number of instruments available: \_\_\_\_\_

ranges: \_\_\_\_\_

Minimum range \_\_\_\_\_ mr/hr to \_\_\_\_\_ mr/hr

Maximum range \_\_\_\_\_ mr/hr to \_\_\_\_\_ mr/hr

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97509

gtm # 1  
Nov 28, 1978

2. Dose calibrator

Manufacturer's name: Capintec Co. (E.R. Squibb Co.)

Manufacturer's model number: CRC 6 A

Number of instruments available: 1

3. Diagnostic instruments

<u>Type of Instrument</u>	<u>Manufacturer's Name</u>	<u>Model No.</u>
Photodot 3 "	Nuclear Chicago	1775
Dual Probe	Ohio Nuclear	84

4. Other

### CALIBRATION OF SURVEY INSTRUMENTS

Check appropriate items

- ☒ 1. Survey instruments will be calibrated at least annually and following repair.
- ☐ 2. Calibration will be performed at two points on each scale. The two points will be approximately 1/3 and 2/3 of full scale. A survey instrument may be considered properly calibrated when the instrument readings are within  $\pm 10\%$  of the calculated or known values for each point checked. Readings within  $\pm 20\%$  are considered acceptable if a calibration chart or graph is prepared and attached to the instrument.
- ☒ 3. Survey instruments will be calibrated
- ☐ a. By the manufacturer
- ☐ b. At the licensee's facility
- (i) Calibration source  
Manufacturer's name \_\_\_\_\_  
Model no. \_\_\_\_\_  
Activity in millicuries \_\_\_\_\_  
Accuracy \_\_\_\_\_  
Traceability to primary standard \_\_\_\_\_
- (ii) The calibration procedures in Appendix D, Section I will be used.
- or
- (iii) The step-by-step procedures, including radiation safety procedures are attached.
- ☒ c. By a consultant or outside firm
- (i) Name Dr. Joseph Blinick Radiation Physicist
- (ii) Location Southern Maine Radiation Therapy Institute
- (iii) Procedures and sources  
\_\_\_\_\_ have been approved by NRC and are on file in License No. \_\_\_\_\_  
☒ are attached

Item 10  
11/28/78

PENOBSCOT BAY MEDICAL CENTER  
Rockland, Maine  
November 27, 1978

## SURVEY METER CALIBRATION PROCEDURES

Survey meters are calibrated quarterly by Terry Zipper, M.S., at the Maine Medical Center, Portland, Maine, under the direction of Joseph S. Blinick, Ph.D., who is certified in Radiological Physics by the American Board of Radiology.

A 25 mg. source of radium-226, whose calibration is traceable to NBS is used for the calibration. The source and chamber are placed in a scatter-free environment. By adjusting the distance between source and chamber, different known exposure rates can be obtained at the chamber. The chamber readings are compared to the known exposure rates. At least two readings (at approximately  $1/3$  and  $2/3$  full scale) are taken for each range.

If the readings are not within  $\pm 20\%$  of the known exposure rates, the instrument is either adjusted to bring the reading within this range or the actual correction factor is prominently displayed on the instrument.

Whenever the batteries are changed or when there is any suspicion the calibration has changed, additional calibrations are performed.

ML10

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9/28/10  
11/28/78

# PENOBSCOT BAY MEDICAL CENTER

GLEN COVE, ROCKLAND, MAINE 04841

EXECUTIVE OFFICE 207-594-9511

AMBULATORY CARE 594-9511

Application of Penobscot Bay Medical Center, Rockland, Maine

Form NRC-313M

Item 10

## Calibration of Instruments:

The Capintec dose calibrator is under a maintenance and Recalibration contract with Capintec, Inc. 136 Summit Ave. Montvale, N.J. for at least annual recalibration. as well as recalibration after any service.

The dose calibrator is checked daily by the use of a Standard of Cs137 purchased from Squibb and Sons, New Brunswick, N.J. Ours is a 5 ml vial (Lot # 8834 DE) with an activity of 9.1 uci., as of July 1, 1977. As of Jan. 2, 1978, the activity was 8.7 uci, Oct. of 1978 activity is 8.4 uci.

## Method of this check.

1. Set Calibrator setting at 220 (refer to Capintec card on Calibrator).
2. Set dial range at 200 uci.
3. If needed adjust background dial so that reading is 000.
4. Remove reference vial of Cs 137 from lead shield and place in Plastic well holder.
5. Record results in uci.
6. Replace reference vial into Lead vial shield.

Linearity is checked on a quarterly basis by the assay of the first elution of a new generator, using the steps as outlined in the draft guide.

The Survey instruments are calibrated at the Southern Maine Radiation Therapy Institute, Portland Maine. See attached method.

Item 10  
Nov 28, 1978

### CALIBRATION OF DOSE CALIBRATOR

A. Sources Used for Linearity Test:

Check as appropriate

✓ First elution from new Mo-99/Tc-99m generator

or

other\* (specify) \_\_\_\_\_

B. Sources Used for Instrument Accuracy and Constancy Tests:

Radionuclide

Activity  
(mCi)

### Accuracy

57 Co

\_\_\_\_\_

---

133 Ba

\_\_\_\_\_

\_\_\_\_\_

137 Cs

---

---

other

\_\_\_\_\_

\_\_\_\_\_

C. \_\_\_\_\_ The procedures described in Appendix D Section 2 will be used for calibration of the dose calibrator.

or

Equivalent procedure are attached.

\*Must be equivalent to the highest activity used.

Item No. 10

Date: Nov. 28 1978

97509

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# PENOBSCOT BAY MEDICAL CENTER

GLEN COVE, ROCKLAND, MAINE 04841

EXECUTIVE OFFICE 207-594-9511

AMBULATORY CARE 524-9511

Application of Penobscot Bay Medical Center, Rockland, Maine

Form NRC-313M

Item 11

## Facilities and Equipment

The Facilities consist of an isotope preparation and storage room (hot lab), adjoining a diagnostic room where isotopes are administered and scanning performed. (See attached layout sketch)

The Equipment consists of a Dual Probe Ohio Nuclear Model 84 scanner, also a Photodot single probe scanner and scaler. in the Scanning room. In the Hot Lab. there are two Victoreen GM survey meters, also one Squibb Capentec dose calibrator. See attached layout sheet

ML10

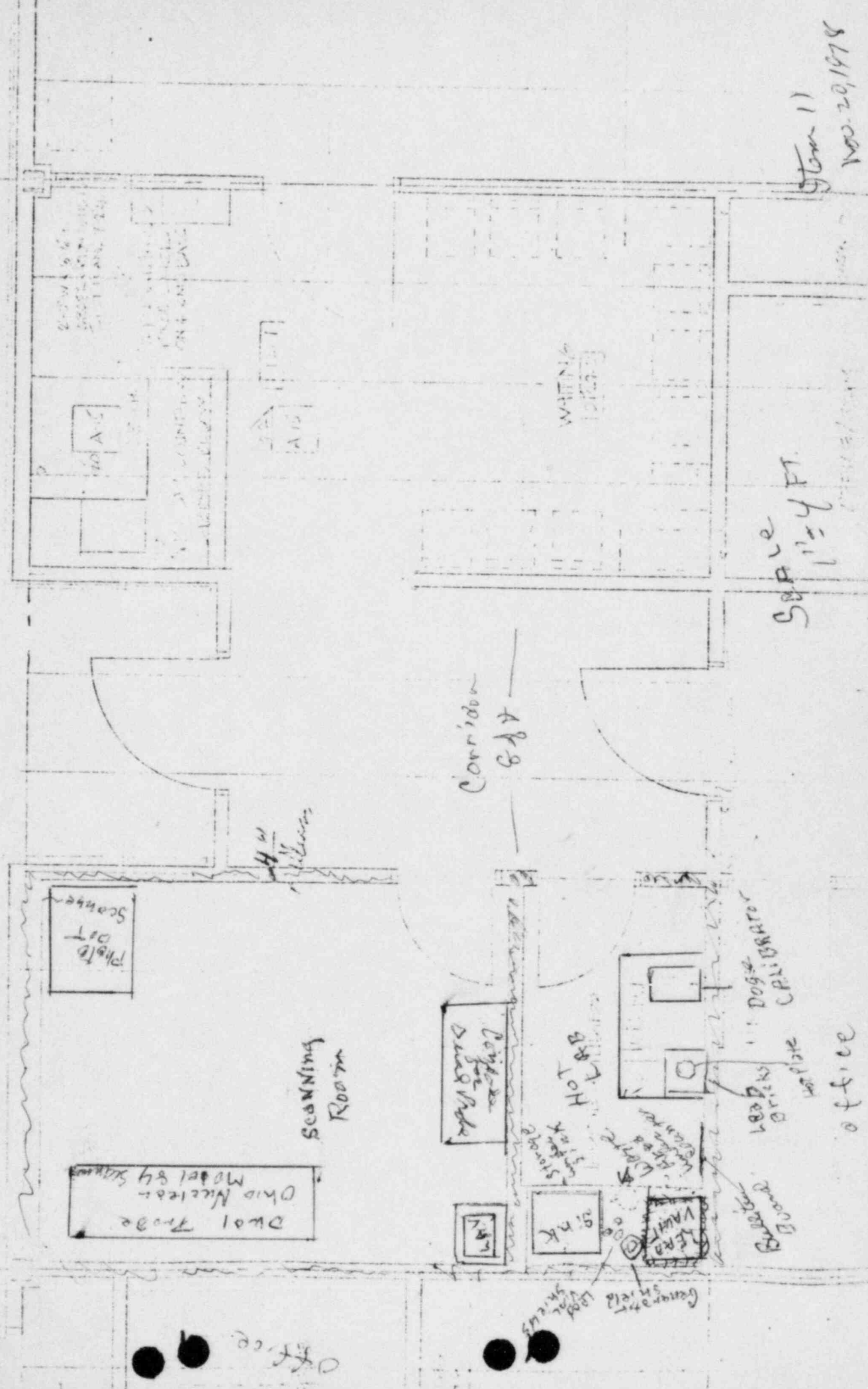
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Item 11  
Nov 28, 1975

Glenn II  
Nov 28, 1978

7

CORRIDOR



Scale  
1" = 4 FT.

Glenn II  
Nov. 20, 1978

# PENOBSCOT BAY MEDICAL CENTER

GLEN COVE, ROCKLAND, MAINE 04841

EXECUTIVE OFFICE 207 594-9511

AMBULATORY CARE 594-9511

Application of Penobscot Bay Medical Center, Rockland, Maine

Form NRC-313M

Item 12

## Personnel Training Program

All technologists working in this department have at least two years prior experience in the field of Nuclear Medicine.

The program here is under the direction of Dr. Peter Giustra, Chief of the Dept. of Nuclear Medicine.

The full program is reviewed continuously by the Lecture method, and on the job training. Subjects covered include the following:

- Safety precautions in handling Radioactive material.
- The different types of Isotopes.
- Collimators and their relation to the Isotope level.
- Potential hazards associated with Radioactive material.
- Correct ways of receiving Radioactive material
- Policies and Procedures in use for this department.
- Rules and Regulations, as issued by the Nuclear Regulatory Commission.
- Limits of our License.
- Monitoring procedures.
- Spill procedures and the steps to follow in event of a spill.

The technologists alternate in attending Seminars pertaining to the field of Nuclear Medicine, and bring back information to use in Inservice meetings.

97509

Item 12  
Nov. 28, 1978

# PENOBSCOT BAY MEDICAL CENTER

GLEN COVE, ROCKLAND, MAINE 04841

EXECUTIVE OFFICE 207-594-9511

AMBULATORY CARE 594-9511

Application of Penobscot Bay Medical Center, Rockland, Me.

Form NRC-313M

Item 13

## Procedures for Ordering and Receiving Radioactive Material

1. The Chief Technologist will place all orders for radioactive material and will ensure that the requested materials and quantities are authorized by the license and that possession limits are not exceeded.
2. During normal working hours carriers will be instructed to deliver radioactive packages directly to the Nuclear Medicine Department.
3. During off-duty hours security personnel will accept delivery of radioactive packages in accordance with the procedures outline in the suggested memorandum. (attached)
4. If security is busy, A nursing supervisor will accept delivery in accordance with the same memorandum.

97509

Item 13  
120.28, 1978

# PENOBSCOT BAY MEDICAL CENTER

GLEN COVE, ROCKLAND, MAINE 04841

EXECUTIVE OFFICE 207-594-9511

AMBULATORY CARE 594-9511

Application of Penobscot Bay Medical Center, Rockland, Maine

Form NRC-313M

Item 13

Memorandum:

To. Security Personnel and Nursing Supervisors:

From: Nuclear Medicine Dept.

Subject: Receipt of packages containing Radioactive material.

Any packages containing radioactive material that arrives between 4:30 P.M. and 8:00 A.M. or on a Holiday or Sunday shall be signed for by the Security guard on duty and taken immediately to the Nuclear Medicine Department. Unlock the door, (Key on the board in the Scanning room.) place the package on top of the counter next to the sink at the end of the room. Relock the door and replace the key.

If the package is wet or appears to be damaged, immediately contact Mr. Loker or the Radiation Safety Officer, Dr. P. Giustra. Ask the carrier to remain at the hospital until it can be determined that neither he nor the delivery vehicle is contaminated.

Mr. Walter Loker R.T. Home Phone 594-7067

Dr. Peter Giustra Home Phone 1-273-2202

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ML10

97509

Item 13  
Rev. 24/1975