



DEPARTMENT OF THE ARMY

MADIGAN ARMY MEDICAL CENTER

TACOMA, WASHINGTON 98431-5000

REPLY TO
ATTENTION OF

HSHJ-RP

20 June 1985

SUBJECT: Request for Amendment to Nuclear Regulatory Commission License
46-02645-05, Madigan Army Medical Center

THRU: Commander
USA Health Services Command
ATTN: HSCL-P
Ft. Sam Houston, TX 78234-6000

Office of the Surgeon General
ATTN: HQDA (DASG-PSP-E)
Washington, DC 20310

TO: United States Nuclear Regulatory Commission
License Management Branch, Region V
1450 Maria Lane, Suite 210
Walnut Creek, CA 94596

1. References.

- a. Byproduct Material License Nos. 46-02645-03 and 46-02645-05.
- b. Letter, DASG-PSP-E, 30 April 1985, Office of the Surgeon General, Washington, DC 20310, subject: Nuclear Regulatory Commission (NRC) Decentralization of Licensing Authority and endorsement thereto, Headquarters, USA Health Services Command (HSCL-P), 10 June 1985.
- c. Title 10, Code of Federal Regulations (CFR), Part 35, Human Uses of Byproduct Material.
- d. "Protocol for the Dosimetry of X- and Gamma-Ray Beams with Maximum Energies Between 0.6 and 50 MeV," Physics in Medicine and Biology, Vol. 16, No. 3, 1971, pages 379--396, American Association of Physicists in Medicine (AAPM).
- e. "A Protocol for the Determination of Absorbed Dose from High-Energy Photon and Electron Beams," Medical Physics, Vol. 10, No. 6, November/December, 1983, pages 741--771, American Association of Physicists in Medicine (AAPM).

2. Title 10 CFR Part 35.21(c) requires that calibration of Cobalt-60 teletherapy units be performed IAW the procedures recommended by the Scientific Committee on Radiation Dosimetry (SCRAD) of the American Association of Physicists in Medicine (AAPM) (reference 1d). This calibration protocol published in 1971, however, has since been updated and

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HSHJ-RP

20 June 1985

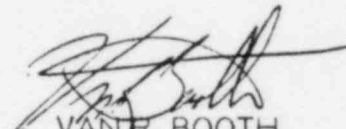
SUBJECT: Request for Amendment to Nuclear Regulatory Commission License
46-02645-05, Madigan Army Medical Center

superceded by the Task Group 21 (TG-21), Radiation Therapy Committee, AAPM protocol entitled "A Protocol for the Determination of Absorbed Dose from High-Energy Photon and Electron Beams" published in 1983 by the AAPM (reference 1e).

3. This medical center is not absolutely certain that an amendment to our teletherapy license BML No. 46-02645-05 is necessary merely incident to the fact that the AAPM SCRAD calibration protocol originally endorsed by the NRC in 10 CFR 35.21(c) has been superceded by the updated TG-21 calibration protocol published by the same organization for the same types of teletherapy units. In an effort to ascertain if a license amendment was required, the Radiation Therapy Clinic of this medical center telephonically contacted Mr. David D. Skov, Radiation Specialist, Region V, NRC office on 12 June 1985. Mr. Skov referred us to MS. Pat Vacca of the Washington, DC office of the NRC. She telephonically indicated that a license amendment appeared to be necessary given the fact that 10 CFR 35.21(c) has not yet been updated to specify the most recent (TG-21) AAPM teletherapy unit calibration protocol.

4. Request that the above described situation regarding the fact that the current 10 CFR 35.21(c) does not yet reflect the most recent AAPM teletherapy unit calibration protocol be evaluated by your office and a license amendment allowing this medical center to calibrate our Cobalt-60 teletherapy unit and our Varian 6MV LINAC under the new (TG-21) AAPM protocol be issued if deemed necessary by your office.

FOR THE COMMANDER:



VAN R. BOOTH
MAJ, MSC
Adjutant

DISPOSITION FORM

For use of this form, see AR 340-15; the proponent agency is TAGO.

REFERENCE OR OFFICE SYMBOL

HSHJ-RP

SUBJECT

Annual Review of the Radiation Protection Program and ALARA Evaluation--Jun 84 to Jun 85

TO Radiation Control Committee (RCC)

FROM Rad Prot Off

DATE 24 Jun 85
/dwl/7973

CMT 1

1. References.

a. Application for NRC Byproduct Material License, 4 February 1982, Headquarters, MAMC (AFZH-MD-RP).

b. NRC License 46-02645-03, expiration date 28 February 1988.

c. MAMC Program for Maintaining Occupational Radiation Exposures As Low As Reasonably Achievable, paragraph 2c(3).

2. Personnel.

a. Principal Users. As of Jun 85, a total of 12 assigned, credentialed personnel had been approved by the MAMC RCC to use radioactive material.

b. Personnel Changes. During the year Jun 84 to Jun 85, the MAMC Radiation Protection Program saw the departure of CPT David M. Judd, MSC, Radiation Therapy Physicist. CPT Judd was replaced by CPT Joseph P. Hellman, MSC, Nuclear Medical Science Officer. The RPO, CPT Danny Chang, MSC, was replaced by MAJ David W. Lee, MSC, in Oct 85. CPT Chang became the alternate RPO. IAW 10 CFR 35.11(b), LTC Dora J. Staton, ANC, was designated to provide input to the RCC regarding the nursing care of patients undergoing sealed or unsealed therapeutic irradiations. LTC Thomas R. Oberhofer, MSC, C, Microbiology, Department of Pathology retired in Jun 85. LTC Oberhofer will be replaced on the RCC by CPT John Schilhab due to arrive at MAMC in Jul 85. CPT Karl E. Friedl, MSC, Department of Clinical Investigations, was replaced on the RCC by CPT Charles J. Hannan, MSC. COL Floyd L. Wergeland, MC, PCS'd to Saudi Arabia in Jun 85. COL Wergeland will be replaced by COL Les Berger, MC, due to arrive at MAMC in Jul 85, as Chairman of the MAMC RCC. The Radiation Protection Office is scheduled to receive a school-trained 9IX, Health Physics Technician to fill paragraph 102K, line 03 of the MAMC TDA in Nov 85.

3. Personnel Dosimetry.

a. As of Jun 85, MAMC provided personnel dosimetry service of the types listed below to the following numbers of MAMC permanent radiation workers:

(1) Whole-Body Badges	194
(2) Wrist Badges	17
(3) Collar Badges	19
(4) Ring TLD's	31

IAW AR 40-14, 15 Mar 82 and SB11-206, 31 May 83, all MAMC personnel dosimetric film and ring TLD's are provided and evaluated monthly by the USA Ionizing Radiation Dosimetry Center, Lexington, KY 40511-5102. Due to the backlog of the Dosimetry Center, it currently takes about six to seven weeks for MAMC to receive the dose reports back from the Dosimetry Center for any given monthly dosimetric device wear period. Dosimetric devices dosed in excess of the standards specified in paragraph 7, AR 40-14, 15 Mar 82, are reported immediately to MAMC by TWX from the Dosimetry Center.

HSHJ-RP

24 Jun 85

SUBJECT: Annual Review of the Radiation Protection Program and ALARA
Evaluation--Jun 84 to Jun 85

b. Therapeutic irradiations involving unsealed radioactive materials, mostly Iodine-131, are conducted at MAMC on Ward 21 while sealed therapeutic implants involving Cesium-137 or Iridium-192 are conducted on Ward 13. Whenever such therapeutic procedures are conducted, selected ward nursing personnel on all three shifts are provided whole-body film badges for the duration of each therapeutic procedure. These "temporary" film badged nursing personnel total 23 and 25, respectively, for Wards 21 and 13.

c. Investigations of doses in excess of ALARA action levels conducted between Jun 84 to Jun 85 were as follows:

(1) Cardiac Catheterization Laboratory	3
(2) Radiation Therapy Clinic	2
(3) Department of Radiology	5
(4) Urology Clinic	1
(5) Nuclear Medicine Clinic	3
(6) Pulmonary Clinic	1

The ALARA criteria used to prompt the above investigations were:

- (1) 41 mrem whole-body dose in a single month
- (2) 250 mrem collar badge dose in a single month
- (3) 625 mrem wrist badge or ring TLD dose in a single month

The Cardiac Cath Lab experienced a significant number of ALARA investigations where in virtually every instance the individuals involved sustained high collar badge doses. These high collar doses are attributable to the fact that the fluoroscopic cardiac cath system image intensifier tower (II) tower must frequently be tilted away from the vertical position during the course of numerous diagnostic radiation procedures. As a result of the necessity for the II tower to be tilted away from the vertical position, no leaded drapes can be attached to the bottom of the II tower to reduce the amount of radiation scattered from the patient toward the head areas of cardiac cath lab personnel because such lead drapes, similar to those present on fluoroscopic systems used in diagnostic radiology, would in effect fall into the x-ray beam and obscure the cardiologist's view. The Cardiac Cath Lab has ordered two leaded mobile shields for their technicians to stand behind during certain radiation procedures, and a ceiling-mounted, retractable leaded glass shield has been ordered which, once installed, will provide shielding for the cardiologist's facial area without at the same time obstructing his view. One person in the Department of Radiology had three of the ALARA investigations. It turned out that he was placing his whole-body badge outside of his lead-lined apron at collar level while conducting numerous fluoroscopic examinations. Initially, he estimated that he would rarely conduct fluoroscopic procedures; consequently, he was not issued a collar badge. This individual has since been issued a collar badge.

d. A total of 13 MAMC radiation workers received 10% or more of the permissible annual dose limit during the year Jun 84 to Jun 85. Most of these personnel were assigned to the Cardiac Cath Lab and received their doses to the head area as indicated by their collar badge film doses. One individual in the Nuclear Medicine Clinic received 2.1 rem over a 12-month period to her ring TLD. The only other two individuals who worked with radioactive material in the Nuclear Medicine Clinic received whole-body doses over a 12-month period of 00.248 rem and 00.215 rem.

HSHJ-RP

24 June 1985

SUBJECT: Annual Review of the Radiation Protection Program and ALARA
Evaluation--Jun 84 to Jun 85

e. IAW Appendix E, AR 40-37, 7 Jan 77, thyroid in-vivo counting was routinely conducted on all Nuclear Medicine Clinic personnel who worked at any one time with radioiodine sources in excess of 5 mCi. Such counting is conducted within 96 hours after handling individual sources of radioiodine in excess of 5 mCi. During the year, Jun 84 to Jun 85, none of the bioassay results regarding the thyroid uptake of radioiodine by Nuclear Medicine Clinic radiation workers revealed any appreciable internal deposition of radioiodine. Paragraph 8c, AR 40-14, 15 Mar 82, requires that bioassay doses be logged onto the radiation worker's DD Form 1141 if the thyroid dose exceeds five percent of the permissible annual dose equivalent allowable for the thyroid. The thyroid is allowed to receive 15 rem/year, five percent of which is 62.5 mrem/month. The thyroid must uptake 0.136 microcuries of Iodine-131 in order for it to receive a dose of 62.5 mrem. No Nuclear Medicine Clinic radiation worker even came close to uptaking in his/her thyroid 0.136 microcuries of Iodine-131; consequently, none of the thyroid doses were loggable onto any Nuclear Medicine Clinic radiation worker's DD Form 1141. During the year Jun 84 to Jun 85, a total of 30 thyroid bioassays were conducted.

4. Radioactive Waste.

a. Condition 18 of MAMC's NRC License No. 46-02645-03 authorizes MAMC to hold radioactive waste isotopes with half-lives less than 65 days for decay-in-storage provided such radioactive waste is held for a minimum of ten half-lives and the bags of radwaste once decayed are monitored with a radiation survey instrument to insure that no radioactivity is present above background levels, prior to incineration. During the year Jun 84 to Jun 85, MAMC disposed by incineration after ten half-lives of decay a total of approximately 6700 cubic feet of radwaste. This radioactive waste, prior to decay, contained primarily Technitium-99m, Iodine-125, Iodine-131, and trace amounts of Ruthenium-103m and Strontium-89. Technitium generator columns were segregated and monitored separately to insure decay to background levels prior to disposal.

b. 10 CFR Part 20.302(d) allows MAMC to dispose of soluble radioactive material into the sanitary sewage system provided the total activity of all the isotopes disposed of in this manner, excluding tritium and Carbon-14, does not exceed 1 Curie per year total. Up to 5 Curies/year of tritium and up to 1 Curie/year of Carbon-14 may be disposed of in the sanitary sewage system. During the year Jun 84 to Jun 85, MAMC disposed into the sanitary sewage system a total of 2954.62 microcuries of soluble radioactive material which consisted primarily of Iodine-125. This activity of radioactive material was diluted by the total volume of MAMC's sanitary sewage system which is approximately 12,277,000 gallons/month which is equivalent to 4.6×10^{10} milliliters. Thus, the radioactivity concentration was exceedingly low and does not exceed any of the radioactivity concentration levels specified in 10 CFR 20.

c. Iridium-192 ribbons were returned to the manufacturer after use.

5. Radiation Protection Surveys.

a. Radioisotope Surveys--Jun 84 to Jun 85.

- | | |
|--|------|
| (1) Total number of radioisotope swipe surveys | 3204 |
| (2) Number of swipe surveys revealing radioactive contamination between 100 to 500 DPM/100 cm ² that required clean-up by the section concerned | 18 |
| (3) Number of swipe surveys revealing contamination | |

HSJH-RP
SUBJECT:

24 June 1985

Annual Review of the Radiation Protection Program and ALARA
Evaluation--Jun 84 to Jun 85

greater than 500 DPM/100 cm² that required
clean-up by the section and reswiping by the
Radiation Protection Office

23

b. Ionizing Radiation-Producing Device Surveys. MAMC possesses a total of 50 x-ray-producing system located in 16 different locations. The MAMC Radiation Protection Office also provides radiation protection support to the Ft. Lewis DENTAC which possesses a total of 24 standard dental/panoramic x-ray systems located at 6 separate locations. All 72 x-ray-producing systems were surveyed annually (Jun 84 to Jun 85) IAW page 156, 1985 Ed., JCAH Manual.

c. Lead Glove, Aprons. IAW page 157, 1985 Ed., JCAH Manual, all MAMC and Ft. Lewis DENTAC lead gloves and lead aprons were checked for lead integrity defects radiographically or fluoroscopically by the Radiation Protection Office personnel and MS Chase, Department of Radiology. These evaluations involved a total of 82 lead aprons and 16 lead gloves.

6. Radioisotope Therapies. From Jun 84 to Jun 85, the following radioisotope brachytherapies requiring extensive Radiation Protection Office support were conducted:

a. Iodine-131 Therapies	13
b. Iridium-192 Therapies	2
c. Cesium-137 Therapies	2
d. Phosphorous-32 Therapies	2

7. Major Incidents.

a. Diagnostic/Therapeutic Isotope Misadministrations. No diagnostic/therapeutic radioisotope misadministrations, reportable to the Nuclear Regulatory Commission, occurred during the period Jun 84 to Jun 85.

b. Film Badge Overexposures. No personnel dosimetric devices were dosed in excess of the permissible radiation protection standards for occupational radiation workers specified in paragraph 7, AR 40-14, 15 Mar 82, during the period Jun 84 to Jun 85; consequently, no film badge overdoses, reportable to OTSG, occurred during this period.

8. Radiation Protection Training. Radiation Protection Office staff presented annual training required by NRC Regulatory Guide 10.8 and paragraph 9-9a(2)(b), AR 40-5, 1 Jun 85, concerning the biological effects of ionizing radiation, protective measures, radiation protection standards, and the As Low As Reasonable Achievable concept to the following target groups:

a. Main Radiology	k. Fulton Dental Clinic
b. Nuclear Medicine Clinic	l. MAMC Dental Clinic
c. Outpatient X-Ray Clinic	m. DC-2, DC-3, DC-5
d. Dept of Clinical Investigations	n. Pulmonary Clinic
e. Housekeeping	o. Medical Maintenance Personnel
f. Fire Department	p. Ward 13 Personnel
g. Emergency Room	q. Ward 21 Personnel
h. Radiation Therapy	r. Veterinary Clinic/Dermatology
i. Cardiac Cath Lab	s. TMC-1 X-Ray Technicians

HSHJ-RP

24 June 1985

SUBJECT: Annual Review of the Radiation Protection Program and ALARA
Evaluation--Jun 84 to Jun 85

j. Urology Clinic

t. Newly Assigned Nursing Personnel

9. Radiation Protection-Related Training. Training received by Radiation Protection Office personnel during the period Jun 84 to Jun 85 was as follows:

- a. Nuclear Hazards Training Course (1 week)--one person
- b. Medical Effects of Nuclear Weapons (1 week)--one person

10. Significant Events.

a. DA Authorization Renewal. Paragraph 8, AR 40-37, 7 Jan 77, requires DA activities to have a DA Authorization that authorizes the possession and transfer of radioactive material of individual activities greater than one microcurie that are not otherwise regulated by the Nuclear Regulatory Commission. MAMC's DA Authorization 05-79 expired on 31 Dec 1984. A renewal application was submitted thru HQ, HSC(HSCL-P) to OTSG(DASG-PSP-E) on 11 Dec 1984. To date, MAMC has not yet received an updated DA Authorization pursuant to this renewal application. HQ, HSC(HSCL-P) has informed the Radiation Protection Office that sometimes "the wheels of OTSG grind slow." Despite the lack of an updated DA Authorization, HQ, HSC(HSCL-P) has informed the Radiation Protection Office that MAMC can continue to operate under its expired DA Authorization 05-79.

b. NRC Compliance Inspection. Mr. David D. Skov, Radiation Specialist, NRC Region V, Walnut Creek, CA 94596, conducted a compliance inspection of MAMC's NRC Byproduct Material License No. 46-02645-03 (Nuclear Medicine License), expiration date 28 Feb 88 on 7--8 May 85. Mr. Skov noted three minor deficiencies which were fully discussed in the RCC meeting of 24 Jun 85. All three deficiencies have been corrected. As noted by the C, Nuclear Medicine Clinic and the Radiation Protection Officer, Mr. Skov conducted an exceedingly thorough, even harrowing, inspection. Overall, MAMC came through the inspection quite well. The three deficiencies have been corrected and improvements will continue to be made to MAMC's Radiation Protection Program.

c. MEDCASE Input. In an effort to replace aging radiation protection survey instrumentation and upgrade current survey instruments with state-of-the-art equipment, a total of 6 radiation protection instruments have been placed into the MEDCASE program. Additional MEDCASE input will follow as necessary.

d. Personnel Shortage. On or about Jun 84, the civilian authorization for the single clerk typist in the Radiation Protection Office, paragraph 102K, line 04, was terminated due to an HSC-mandated slot cut. Since that time the Radiation Protection Office has been without secretarial support. During the period 1 May to 6 Jul 85, SFC Ronald J. Robinson, Senior Health Physics Technician had to attend Advanced NCOES training at AHS, Ft. Sam Houston, TX. LTC Dewey Miller, C, Personnel Division, MAMC, in coordination with LTC Gary Gaston, Radiological Hygiene Staff Officer, HQ, HSC, was able to allow SSG Laura L. Peltier, 91X, Health Physics Technician, LAIR, to come to MAMC for 90 days TDY to cover the absence of SFC Robinson. The Radiation Protection Office has one other 91X slot, paragraph 102K, line 03, that is currently filled by a 91P. The above described personnel shortages in conjunction with the increasing demands for radiation protection support, particularly an increasing number of brachytherapies and the assumption of the mission to provide nonionizing radiation protection support to MAMC, were addressed by the submission of a Schedule X to the Director, Force Development on 13 Jun 85

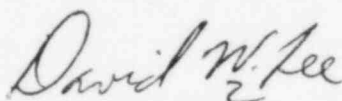
HSHJ-RP
SUBJECT:

24 June 1985

Annual Review of the Radiation Protection Program and ALARA
Evaluation--Jun 84 to Jun 85

This Schedule X with supporting documentation requested the recognition of one additional 9IX, Health Physics Technician, slot and the reauthorization of the one clerk typist slot still recognized.

II. Conclusion. The Radiation Protection Office during the year Jun 84 to Jun 85 provided adequate radiation protection support to the various ionizing radiation-using elements of MAMC and the Ft. Lewis DENTAC. Regarding NRC-licensed activities within MAMC, the Radiation Protection Office apparently provided adequate support as evidenced by only three minor deficiencies arising from a very meticulous NRC compliance inspection. While these deficiencies have been corrected, the expanding number of brachytherapy treatments as well as the unsolicited assumption by the Radiation Protection Office of the MAMC nonionizing radiation protection mission component coupled with the chronic lack of secretarial support jeopardize the future adequacy of the Radiation Protection Program within MAMC and the Ft. Lewis DENTAC unless the clerk typist position is reauthorized and at least one additional Health Physics Technician slot recognized and hopefully ultimately authorized.



DAVID W. LEE
MAJ, MSC
Radiation Protection Officer

RADIATION PROTECTION PROGRAM AUDIT

Licensee: Madigan Army Medical Center

Address: Tacoma, Washington 98431

License No. 46-02645-03 and 05

and

Date of Expiration: 28 Feb 88 (0-3 Lic), 31 Aug 87 (0-5) Lic

Date of Audit: 24 June 1985

Audit Findings: No Deficiencies were found

The audit was an examination of documentation pertaining to radiation safety, Nuclear Regulatory Commission rules, license conditions, and regulations governing the use of radiation at the MEDCEN.

I. Posting of Notices and Signs:

- A. Rooms or areas were properly posted to indicate the presence of a RADIATION AREA.

Yes XX No _____ N/A _____

- B. Rooms or areas were properly posted to indicate the presence of a HIGH RADIATION AREA.

Yes XX No _____ N/A _____

- C. Rooms or areas were properly posted to indicate the presence of RADIOACTIVE MATERIAL.

Yes XX No _____ N/A _____

- D. Containers were properly labeled to indicate the presence of RADIOACTIVE MATERIAL.

Yes XX No _____ N/A _____

- E. A copy of the regulation on "Notices, Instructions and Reports to Workers: Inspections" was properly posted for use by individuals participating in the licensed activities.

Yes XX No _____ N/A _____

- F. A copy of the regulation on "Standards for Protection Against Radiation" was properly posted for use by the individuals participating in the licensed activities.

Yes XX No _____ N/A _____

End 53

- C. Records of disposal of licensed radioactive material were properly maintained.

Yes XX No _____ N/A _____

Frequency of Disposal: As required

Date of Last Disposal: 21 Jun 85

- D. Records of receipt, transfer, disposal, export of licensed material were properly maintained.

Yes XX No _____ N/A _____

- E. Records of leak tests were maintained as prescribed in the license.

Yes XX No _____ N/A _____

Frequency of Leak Test: Quarterly

Date of Last Leak Test: 13 Jun 85

- F. Records of isotope inventories were properly maintained to comply with item #8 of byproduct material license.

Yes XX No _____ N/A _____

Frequency of Isotope Inventory: Quarterly

Date of Last Inventory: 13 Mar 85 & 13 Jun 85

- G. Utilization logs of each isotope received were properly maintained by Nuclear Medicine Service.

Yes XX No _____ N/A _____

- H. Records of calibration of radiation survey instruments as required by the conditions of license were properly maintained.

Yes XX No _____ N/A _____

Frequency of Calibration: Quarterly (Except Teletherapy Dosimetry Systems)

Date of Last Calibration: 24 Apr 85

- I. Records of bioassay tests were maintained on all individuals per requirements of license.

Yes XX No _____ N/A _____

Frequency of Bioassay Test: As required

Date of Last Bioassay Test: May & Jun 85

C. The quarterly RCS.MED-197 Report was forwarded thru HSC to OTSG.

Yes XX No _____ N/A _____

Date of Last Report: 16 April 1985

V. Machine Produced Radiation:

A. All x-ray sources have been surveyed within the past two years.

Yes XX No _____ N/A _____

Date of oldest survey: Nov 83

B. A current inventory of machine produced radiation sources is available.

Yes XX No _____ N/A _____

Frequency of Inventory: Quarterly

Date of Last Inventory: 11--12 Jun 85

C. Liaison visits have been conducted at supported clinics (Yakima and Umatilla).

Yes XX No _____ N/A _____

Frequency: Quarterly

Date of Last Visit: 27 Jun 85 (YFCHC)--Umatilla no longer has any ionizing radiation sources.

VI. Auditor Comments (List items of noncompliance, if applicable).

HSCL-P (DASG-PSP-E/30 Apr 85) 1st End LTC Gaston/jf/AV 471-3167
SUBJECT: Nuclear Regulatory Commission (NRC) Decentralization of Licensing
Authority

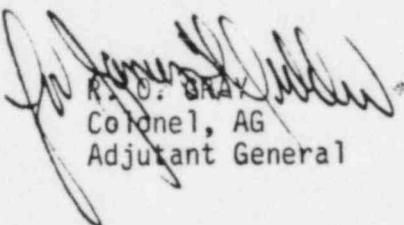
HQ, U.S. Army Health Services Command, Ft Sam Houston, TX 78234-6000 10 JUN 1985

TO: SEE DISTRIBUTION

1. Forwarded for your information.
2. Please ensure that this change of procedure is an agenda item for your next Radiation Control Committee meeting.

FOR THE COMMANDER:

Encl
nc


R. D. GRAY
Colonel, AG
Adjutant General

DISTRIBUTION:

COMMANDERS

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USAEHA ATTN: RPO
COMDT AHS ATTN: RPO



OFFICE OF THE SURGEON GENERAL
WASHINGTON, DC 20310

REPLY TO
ATTENTION OF

DASG-PSP-E

30 April 1985

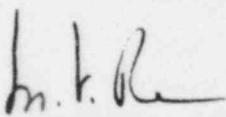
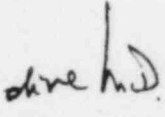
SUBJECT: Nuclear Regulatory Commission (NRC) Decentralization of Licensing Authority

Commander
US Army Health Services Command
ATTN: HSCL-P
Ft. Sam Houston, TX 78234-6000

1. Effective 1 April 1985, the NRC transferred Federal licensing authority to its Regional Offices.
2. Accordingly, all requests for license renewal and amendment will be sent through channels to the appropriate NRC regional office. (See enclosure)
3. Licensees may communicate directly with the regional office on administrative matters, all other business must be conducted through channels.
4. Request this information be disseminated to affected activities in your command.

FOR THE SURGEON GENERAL:

Encl

 
MANMOHAN V. RANADIVE, M.D.
Colonel, MC
Chief, Preventive Medicine
Consultants Division

NRC REGIONS LICENSING AUTHORITY FOR SELECT AMEDD ACTIVITIES

Region I: 631 Park Avenue, King of Prussia, PA 19406

AEHA
Fort Detrick
Fort Dix
WRAMC

Region II: 101 Marietta St, NW, Suite 3100, Atlanta, GA 30303

Fort Benning
Fort Bragg
Fort Jackson
Fort Knox
DDEAMC

Region III: 799 Roosevelt Road, Glen Ellyn, IL 60137

Fort Leonard Wood

Region IV: 611 Ryan Plaza Drive, Suite 1000, Arlington, TX 76012

Academy of Health Sciences
BAMC
FAMC
Fort Carson
Fort Hood
~~Fort Rucker~~
Fort Sill
WBAMC

Region V: 1990 N. California Blvd, Suite 202, Walnut Creek Plaza
Walnut Creek, CA 94596

Fort Ord
LAMC
MAMC
TAMC

Encl