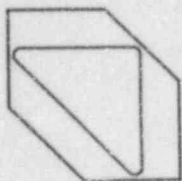


Northeastern Ohio  
Universities  
COLLEGE OF MEDICINE



Rootstown, Ohio 44272 Phone: 216-325-2511

27 February 1984

U. S. Nuclear Regulatory Commission  
Region III  
Licensing Division  
799 Roosevelt Road  
Glen Ellen, IL 60137

030-14646

Re: Byproduct Materials License 34-18196-01  
and renewal application

Request: To amend Item 12 of license and Item 6 in  
renewal application to add Dr. Timothy J. Teyler  
to list of investigators.

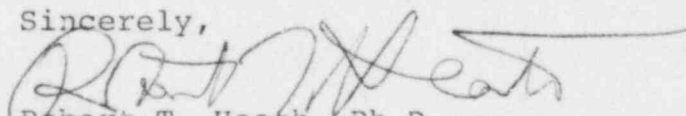
Dear Sirs,

I am requesting that Dr. Timothy J. Teyler  
be added to our byproduct materials license as one of the  
investigators licensed to supervise basic research  
involving the use of radioisotopes.

Dr. Teyler has had both formal course training  
and on the job training in the safe handling of radio-  
isotopes. He requests permission to conduct experiments  
using the isotopes he has handled previously not to  
exceed those limits encountered in his previous work.  
He intends to perform radioisotopic tracing and auto-  
radiography of metabolites in nervous tissue of rats and  
mice.

Thank you for your consideration of this  
amendment request.

Sincerely,

  
Robert T. Heath, Ph.D.  
Radiation Safety Officer

8506070557 850522  
REG3 LIC30  
34-18196-01 PDR

RECEIVED

Teyler, Timothy J.	ISOTOPE	MAX AMT
	3-H	1.0 mCi
	14-C	1.0 mCi
	32-P	1.0 mCi

MAR 05 1984

REGION III

MAR 5 1984

Summary of past experience is included.

Name of investigator Timothy J. Teyler, Ph.D.

TRAINING AND EXPERIENCE OF INDIVIDUAL NAMED

3. TYPE OF TRAINING	WHERE TRAINED	DURATION OF TRAINING	ON THE JOB	FORMAL COURSE
a. Principles and practices of radiation protection.	Dept. Biological Chemistry, Harvard	2 mo.	X	
b. Radioactivity measurement and monitoring techniques and instrumentation.	Dept. Biological Chemistry, Harvard	2 mo.	X	
c. Mathematics and calculations basic to the use and measurement of radioactivity.	NEOUCOM	2 week		X
d. Biological effects of radiation.	NEOUCOM	2 week		X

9. EXPERIENCE WITH RADIOACTIVE MATERIALS

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED
$^{14}\text{C}$ -valine	500 $\mu\text{Ci}$	Harvard
$^3\text{H}$ -valine	500 $\mu\text{Ci}$	Harvard
$^{32}\text{P}$	1mCi	Harvard
$^3\text{H}$ -slu	300 $\mu\text{Ci}$	Dept. Neurosurgery, Univ. Virginia, Charlottesville

DURATION OF EXPERIENCE	TYPE OF USE (e.g. chemical synthesis, etc.)
3-4 months spread over 5 years	subcellular fractionation autoradiography

## CONVERSATION RECORD

TIME

DATE

4 Jan 85

TYPE

☐ VISIT☐ CONFERENCE☒ TELEPHONE☐ INCOMING☒ OUTGOING

ROUTING

NAME/SYMBOL

INT

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU

Michael Pawel

ORGANIZATION (Office, dept., bureau, etc.)

Northeastern Ohio Univ  
Rootstown, Ohio

TELEPHONE NO.

(216) 325  
2511

SUBJECT

C/N 16404 (Page 1)

## SUMMARY

- 1) Due to number of amendments, will be necessary to submit additional information
  - 2) Discussed with licensee regarding the consideration of amending their renewing to a Type A or B license.
  - 3) Clarify administrative control of program Rad Safety Comm, or RSO. Does RSO have authority to terminate work?
  - 4) Names and credentials of committee members if they approve uses and facilities
  - 5) Facilities
    - 1) Describe equipment acquired in each laboratory criteria (VS) uses or
    - 2) specify each work area, with detailed floor plans
    - 3) Need to identify animal areas
    - 4) Need to identify main storage area of waste
- ACTION REQUIRED  
mail Regulatory Guides 8.23, 10.5, 10.8, Part 33  
Laboratory Rules, incineration/outlet  
→ 10.7

NAME OF PERSON DOCUMENTING CONVERSATION

Mike McCann

SIGNATURE

George M. McCann

DATE

4 Jan 85

ACTION TAKEN

SIGNATURE

TITLE

DATE

# CONVERSATION RECORD

TIME

DATE

TYPE

☐ VISIT

☐ CONFERENCE

☐ TELEPHONE

☐ INCOMING

☐ OUTGOING

ROUTING

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INT

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ORGANIZATION (Office, dept., bureau, etc.)  
Northeastern Ohio Univ.

TELEPHONE NO.

SUBJECT

SN 16404 (Page 2)

SUMMARY

6) Intended Uses -

- a) describe in greater detail types and quantities used in research, including animal studies
- b) student instruction
- c) ? GCs and sealed sources, gamma irradiators

7) Instrument calibration

- a) tied to Victoreen, <sup>add</sup> NBC Service whose procedures are on file
- b) App'd D Operational Is

8) Surveys

- a) discussed frequencies, can RSO handle weekly <sup>survey</sup> ~~source~~ freq and monthly audits
- b) decon action limits - discussed 8.23

ACTION REQUIRED

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

ACTION TAKEN

SIGNATURE

TITLE

DATE



## CONVERSATION RECORD

TIME

DATE

TYPE

☐ VISIT☐ CONFERENCE☐ TELEPHONE☐ INCOMING☐ OUTGOING

ROUTING

NAME/SYMBOL

INT

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT  
WITH YOUORGANIZATION (Office, dept., bureau,  
etc.)

TELEPHONE NO.

Northeastern Ohio Univ

SUBJECT

C/N 16404 Page 3

SUMMARY

9) Animal studies - submit ~~current~~ copy of instructions to caretakers

10) Address incineration based upon current use, also need to address ALARA considerations and current notification of State and Local. Sent current guidance requested that they address each area.

11) Personnel Monitoring

a) ring badges

b) P32 protection

ACTION REQUIRED

will respond with 60 days  
first April, 1985

NAME OF PERSON DOCUMENTING CONVERSATION

Mike McLann

SIGNATURE

George M. McLann

DATE

02/04/85

ACTION TAKEN

SIGNATURE

TITLE

DATE