

WAUSAU HOSPITAL, INC.
MAPLE HILL, WAUSAU, WISCONSIN 54401

WAUSAU HOSPITAL NORTH

MAPLE HILL, WAUSAU, WISCONSIN 54401 715 - 845-5262

WAUSAU HOSPITAL SOUTH

1320 GRAND AVE., WAUSAU, WIS. 54401 715 - 842-1661

May 2, 1979

Radioisotopes Licensing Branch
Division of Fuel Cycle and Material Safety
United States Nuclear Regulatory Commission
Washington, D.C. 20555

Gentlemen:

Wausau Hospitals, Inc., License Number 48-12760-03, has moved the AECL Theratron 80 teletherapy unit to Wausau Hospital Center, 333 Pine Ridge Boulevard, Wausau, Wisconsin from Wausau Hospital South, 1320 Grand Avenue, Wausau, Wisconsin.

AECL loaded a new Cobalt-60 source into the machine 4-25-79 and is disposing of the old source. A copy of the source disposal certificate is attached.

A teletherapy survey report of the installation at the Wausau Hospital Center is attached. It contains all of the information requested in Appendix A (Survey Reports). Copies of this correspondence will be sent to Materials Branch and to the Region III Office in Glen Ellyn, Illinois.

In licensing correspondence of March 2, 1978, it was stated that the NRC would be willing to renew the license 48-12760-03 for another five years upon the acceptance of the radiation survey report. In addition more information regarding instrument calibration was requested. We have elected to send out the survey meters for annual calibration and have attached a copy of the places to which they are sent. We hope this provides the needed information.

Sincerely,

Margaret Liss

Margaret Liss, M.S.
Radiological Physicist

cn

Attachments

NOI1035 TWM GSWH
COMMISSION
U.S. NUCLEAR REG.

79 MAY 8 PM 2 57

RECEIVED

7906060051

99802

JUN 11 1979



**Atomic Energy of Canada Limited
Commercial Products**

SOURCE DISPOSAL CERTIFICATE

TO WHOM IT MAY CONCERN:

This is to certify that the following source has been removed from the unit described herein, and returned to Atomic Energy of Canada Limited, Commercial Products, Ottawa, Ontario, Canada for disposal:

| | | | | |
|--|---------------------------|-------------------------|---------------------|------------------------------------|
| COBALT 60 OR CAESIUM 137 SEALED SOURCE | SERIAL NO <i>51458</i> | DEPLETED URANIUM lb. | UNIT <i>T-80</i> | UNIT SERIAL NO <i>T-80 #152</i> |
|--|---------------------------|-------------------------|---------------------|------------------------------------|

LOCATION OF UNIT

WAUSAU HOSPITAL CENTER

WAUSAU, WISC.

Date: *April 25, 1979* Signed: *Richard D. Foss*
A.E.C.L. Service Representative

TELETHERAPY SURVEY REPORT

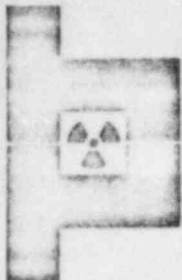
1. Wausau Hospitals, Inc. (Licensee)
Wausau Hospital Center (Location)
333 Pine Ridge Boulevard
Wausau, WI 54401
48-12760-03 (License Number)
2. Margaret Liss, M.S. (Surveyor)
Radiological Physicist
Wausau Hospital Center
Radiation Therapy Department
Wausau, WI 54401
3. AECL Theratron 80 Serial Number 152
⁶⁰Co Source AECL Typec C-146 Serial Number S 2902
4. The teletherapy machine has been relocated from Wausau Hospital South, 1330 Grand Avenue, Wausau, WI 54401. The new source was installed on 4-25-79.
5. The survey was done on 4-25-79 and 4-26-79.
6. Survey Instruments
 - a. Eberline RAD Owl Model RO-1 SN 838
Calibrated 3-5-79 by Health Physics Associates,
3304 Commercial Avenue, Northbrook, IL 60062 (Measure)
Copy of calibration report attached.
 - b. Victoreen Thyac III Survey Meter 490 SN 3344
Probe 489-4 SN 2521 Calibrated 1-16-79 by
Victoreen. (Scan) Copy of calibration report
attached.
 - c. Victoreen R-meter Model 570 Serial 2376 and 621
chamber Serial 2376 borrowed from the Mid West
Center for Radiological Physics in Madison,
Wisconsin. Correction Factors measured on 4-4-79.
(Measure output) Copy of calibration report
attached.
7. The Activity of the source at time of installation is
5255 Curies.
8. The measured output for a 10 cm X 10 cm radiation
field at 80 cm is 145 R/min.
9. At one meter from the source with the teletherapy
source in the off position, the average value was
1.76 mR/hr and the maximum value was 4.3 mR/hr.
10. The beam is limited to intersect the beam stopper, unless
pointed to the North wall, or to the floor and the arc
(90° ±) between the wall and the floor.
- 11-12. Copies of the wall survey are attached.

13. a. Test to determine teletherapy treatment room door interlock functions properly. When the door was opened with the source "on", the source returned to the "off" position and could not be turned "on" again until the door was closed and the system reset at the control panel.
- b. Tests to determine teletherapy source "on-off" indicators function properly. Both red bars on the treatment table were tested with the source in the "off" position and with the control "on". Depressing either bar turned the control "off". The control could only be turned "on" again by using the key. When the red bar on the control was pressed with the source "on". The source returned to the off position and could not be turned on again until the control was turned "on" and the system reset at the control panel.

When the timer was turned "off", the source returned to the "off" position.

- c. Various positions of the head off the beam stop were checked. These positions were not permitted by the interlocks and it was impossible to turn the source "on".
- d. The teletherapy treatment timing device proper function was checked in two ways. A stop watch was used to compare one minute timing against the treatment machine timer. The treatment machine timer was observed to run continuously, smoothly and accurately. The second time measurement made was that of the time correction term, alpha, which is used in the calibration calculations and in the patient treatment time calculation.

cn



CERTIFICATE OF INSTRUMENT CALIBRATION

No. 10410

HEALTH PHYSICS ASSOCIATES LTD. CONSULTANTS IN RADIATION SAFETY

3304 COMMERCIAL AVENUE / NORTHBROOK, IL 60062 / PHONES: 312/564-3330 / CHICAGO #: 273-2525

for

Wausau Hospital, South
Radiation Therapy Department
1320 Grand Avenue
Wausau, Wisconsin 54401
Attention: M. Liss, M.S.

P.O. # B23721

INSTRUMENT DATA

Type EberlineModel RO-1Serial No. 838

CALIBRATION DATA

| <u>Scale</u> | <u>Radiation Level</u> | <u>Meter Reading</u> | <u>Radiation Level</u> | <u>Meter Reading</u> |
|--------------|------------------------|----------------------|------------------------|----------------------|
| 500 mR/hr | 400 | 400 | 100 | 100 |
| 50 mR/hr | 40 | 40 | 10 | 10 |
| 5 R/hr | 4 R | 4 R | 1 R | 1 R |
| | | | | |

ALL READINGS, UNLESS OTHERWISE INDICATED, ARE IN mR/hr

CALIBRATION

DRIFT CHECK

TEMPERATURE CHECK

Source Cs 137
Temperature 24 °C

Time 1 hrs. Temp. 24 °C
Begin 2.5 End 2.5
Meter reading with source

Begin - End -
Meter set on "zero" check

Temp. Meter Reading

- °C -

- °C -

MAINTENANCE DATA

| <u>Batteries Replaced</u> | <u>Components Replaced</u> | <u>Services Performed</u> | |
|---------------------------|----------------------------|---|----------------------------------|
| <u>(2) M13HD</u> | <u>None</u> | Battery Check <u>X</u> | Other <u>Installed batteries</u> |
| | | Clean Battery Contacts <u>X</u> | |
| | | Routine Preventative Maintenance <u>X</u> | |
| | | Cleaned Switch Contacts <u>X</u> | |
| | | | |

We certify that this instrument was calibrated on date shown, and it meets presently accepted standards for this type of equipment.

, this instrument should be recalibrated before 3/5/80

CHECKED BY

DATE

3/5/79

A Sheller-Globe Corporation Subsidiary

46

WRPL

131-100R SN 534
70-5 25R SN 497
Electrometer #90871
2376

4/4/79
LAD
JW.

Summary Table of Intercomparisons of Victoreen Chambers with MWCRP Chambers.

| Energy or HVL | Victoreen Chamber | Scale Reading | Correction Factor | Estimate of Uncertainty | Page of (this Notebook) Intercomparisons |
|--------------------------------|-------------------------------|---------------|-------------------|-------------------------|--|
| 1.1mmAl | 100R chamber Victoreen 131 | 64.0 | 1.17 | 4% | pp 33-34 |
| 1.95mmAl | Victoreen 131-100R chamber | 59.0 | 1.15 | 4% | pp 33-34 |
| 2.9mmAl | Victoreen 70-5 25R chamber | 17.1 | 1.02 | 5% | p. 45 |
| Cobalt 10x10cm ² | Victoreen 621 | 57.5 | 0.999 | 2% | pp 35-36 |
| Cobalt 20x20cm ² | Victoreen 621 | 54.2 | 0.991 | 3% | pp 35-36 |
| 5mmCu | Victoreen 70-5 | | 1.044 | | B. Tomadison/m. Luss |

TELETHERAPY HEAD SURVEY

(Source in "OFF" position.
Measurements taken one meter
from source)

Top View - Showing orientation
of Views A through D

| Position No. | Radiation Level (mR/hr) |
|--------------|-------------------------|
| View A 1 | 3.6 |
| 2 | |
| 3 | 4.3 |
| 4 | 4 mR/hr |

| | |
|----------|-----|
| View B 5 | 1.2 |
| 6 | 2.4 |
| 7 | .6 |
| 8 | .3 |

| | |
|----------|-----|
| View C 9 | 1.6 |
| 10 | 1.6 |

| | |
|-----------|-----|
| View D 11 | .3 |
| 12 | 1.2 |
| 13 | 1.5 |
| 14 | 1.1 |

Average value 1.76

Maximum value 4.3

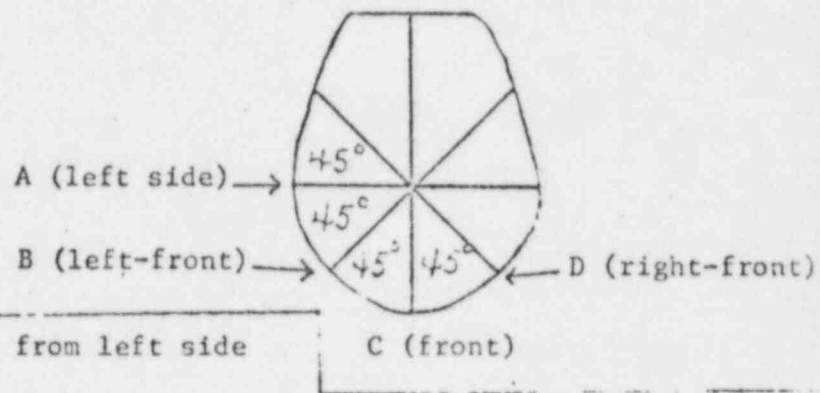
Instrument used
Eberline RAD OWL RO-1
SN 838 CAL. 3-5-79

Curies 5522
&
Date Dec. 78

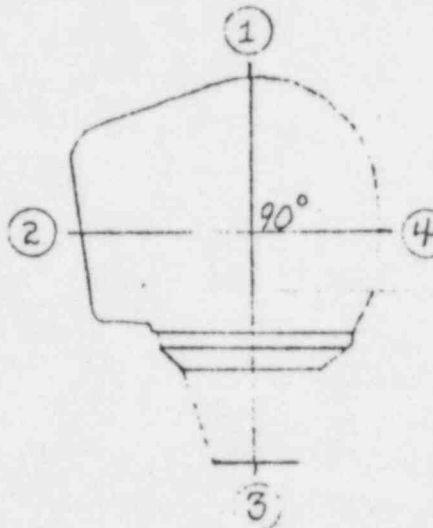
Manufacturer's
name & model #
of teletherapy
unit ATOMIC ENERGY OF CANADA LIMITED
THEATRAN 80

4-25-79 M. L. 20

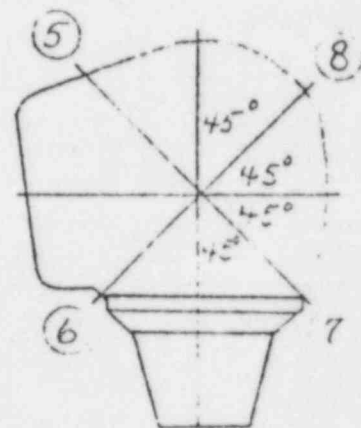
Rear



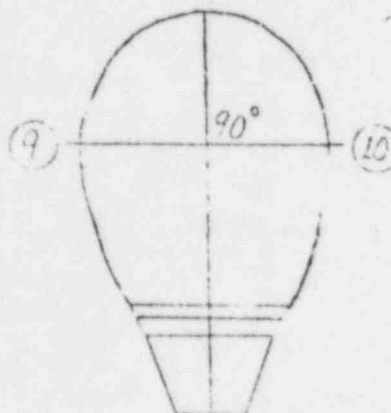
View A - Vertical from left side



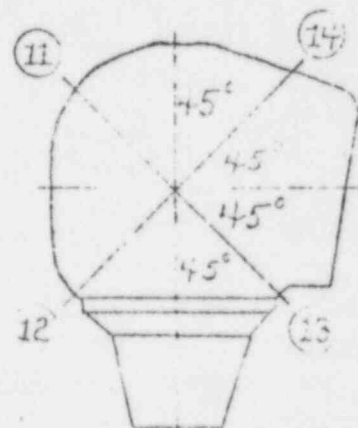
View B - Vertical from left-front



View C - Vertical from front



View D - Vertical from right-front



TELETHERAPY FACILITY SURVEY

| * Position (keyed to sketches) | ** Maximum Radiation Level (mR/hr) | Restricted Area? | Beam Orientation | Maximum Field Size at a Specified Distance | Beam Catcher Used? | Phantom in Beam? | Comments |
|-----------------------------------|---------------------------------------|------------------|------------------|--|--------------------|------------------|----------|
| A | .1 | Yes | Rotational | 80cm | Yes | Yes | |
| B | .1 | Yes | | SAD | Yes | Yes | |
| C | SEE BELOW | Yes | 90° | 25x25cm | | Yes | |
| D | .1 | Yes | | AT AXIS | | Yes | |
| E | .1 | Yes | | at rotation | | Yes | |
| F | .1 | Yes | | | | Yes | |
| G | .1 | No | | | | Yes | |
| H | .1 | No | | | | Yes | |
| I | .1 | No | | | | Yes | |
| J | .1 | No | | | | Yes | |
| K | .1 | No | | | | Yes | |
| L | .1 | No | | | | Yes | |
| M | .1 | No | | | | Yes | |
| N | .1 | No | | | | Yes | |
| No occupancy below unit. | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Measure: Eberline Rad Owl KO-1 Ser. 838 Cal 3-5-79
 Instrument used: Scan: Victoreen Thyac III 490 Sn 3344 + Probe 189-4 Sn 257

*Vertical and horizontal cross section sketches of the facility and adjoining areas must be submitted with this report unless "Positions" are keyed to sketches already on file with the Commission.

**If the radiation level in an unrestricted area exceeds 2 mR/hr, it must be shown that, in keeping with Section 20.105(b) of 10 CFR 20, an individual continuously present in the area would not receive more than 2 millirems in any one hour or 100 millirems in any seven consecutive days. (If your license authorizes Section 20.105(a) limits, the radiation levels should be equal or less than the values specified in your application. If the radiation levels are higher they should be justified pursuant to Section 20.105(a).)

BK 1 MR/HR

Signature: Margaret L. S.

Surveyor

Date: 4-26-79

WARSAW HOSPITALS, INC.

(Licensee)

WARSAW HOSPITAL CENTER

333 PINE RIDGE BOULEVARD

Address WARSAW, WI. 54981

48-12760-0399802

License #

C.
 WINDOW { 1.0 mR/hr at 90° }
 CRACK { .9 mR/hr at 120° }
 LEAD DOOR { .6 mR/hr at 60° }
 { .3 mR/hr at 90° }
 .3 mR/hr at 90°

At the lower left hand side of the door-floor junction levels are at peak at 90°

TELETHERAPY FACILITY SURVEY

| * Position (keyed to sketches) | ** Maximum Radiation Level (mR/hr) | Restricted Area? | Beam Orienta- tion | Maximum Field Size at a Specified Distance | Beam Catcher Used? | Phantom in Beam? | Comments |
|---|--|---------------------|--------------------------|--|--------------------------|------------------------|----------|
| A | .1 | Yes | G = 80° | 100 cm | No | Yes | |
| B | .1 | Yes | H = 80° | 80° | Aluminum | Yes | |
| C | See sketch | Yes | | 35 x 35 cm | No | Yes | |
| D | .1 | Yes | | | Floor | Yes | |
| E | .1 | Yes | | | | Yes | |
| F | .1 | Yes | | | | Yes | |
| G | .1 | No | | | | Yes | |
| H | .1 | No | | | | Yes | |
| I | .1 | No | | | | Yes | |
| J | .1 | No | | | | Yes | |
| K | .1 | No | | | | Yes | |
| L | .1 | No | | | | Yes | |
| M | .1 | No | | | | Yes | |
| N | .1 | No | | | | Yes | |
| No occupancy below unit. | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Instrument used: ^{measure:} Eberline Rad Owl RO-1 Ser 838 Cal. 3-5-79

Scan: Vitron Thymic III 490 SN 3344 + Probe 7894 SN 2521

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**If the radiation level in an unrestricted area exceeds 2 mR/hr, it must be shown that, in keeping with Section 20.105(b) of 10 CFR 20, an individual continuously present in the area would not receive more than 2 millirems in any one hour or 100 millirems in any seven consecutive days. (If your license authorizes Section 20.105(a) limits, the radiation levels should be equal or less than the values specified in your application. If the radiation levels are higher they should be justified pursuant to Section 20.105(a).)

Signature: _____

Surveyor

Date: 4/26/79

C = glass = .2 mR/hr
door = .1 mR/hr
orack = .2 mR/hr

BK6 = .1 mR/hr

WAUSAU HOSPITALS, INC.

(Licensee)

WAUSAU HOSPITAL CENTER

333 PINE RIDGE BOULEVARD

Address WAUSAU, WIS. 54981

48-12760-03

License #

TELETHERAPY FACILITY SURVEY

| * Position (keyed to sketches) | ** Maximum Radiation Level (mR/hr) | Restricted Area? | Beam Orienta- tion | Maximum Field Size at a Specified Distance | Beam Catcher Used? | Phantom in Beam? | Comments |
|---|--|---------------------|-------------------------------|--|--------------------------|------------------------|----------|
| A | .1 | Yes | G=110° | 80cm SSD | No | Yes | |
| B | .1 | Yes | H=20° | 25x25cm | Supplied | Yes | |
| C | in door | Yes | perpendicular to isocenter | | Attended to | Yes | |
| D | .1 | Yes | | | Directed | Yes | |
| E | .1 | Yes | | | | Yes | |
| F | .1 | Yes | | | | Yes | |
| G | .1 | No | | | | Yes | |
| H | .1 | No | | | | Yes | |
| I | .1 | No | | | | Yes | |
| J | .1 | No | | | | Yes | |
| K | .1 | No | | | | Yes | |
| L | .1 | No | | | | Yes | |
| M | .1 | No | | | | Yes | |
| N | .1 | No | | | | Yes | |
| | | | | | ✓ | | |
| | | | | | | | |
| | | | | | | | |

MEASURE: Eberline Rad Owl RO-1 Serial 838 Cal. 3-5-79

Instrument used: Scion: Victorensky type III 490 SN 3344 + Probe 487-4 Su2521

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**If the radiation level in an unrestricted area exceeds 2 mR/hr, it must be shown that, in keeping with Section 20.105(b) of 10 CFR 20, an individual continuously present in the area would not receive more than 2 millirems in any one hour or 100 millirems in any seven consecutive days. (If your license authorizes Section 20.105(a) limits, the radiation levels should be equal or less than the values specified in your application. If the radiation levels are higher they should be justified pursuant to Section 20.105(a).)

Signature: _____

Surveyor

Date: _____

4/26/79

Comments

C Glass = .2 mR/hr

door = .1 mR/hr

Grass = .2 mR/hr

BKG = .1 mR/hr

WAUSAU HOSPITALS, INC.

(Licensee)

WAUSAU HOSPITAL CENTER

333 PINE RIDGE BOULEVARD

Address WAUSAU, WI. 54981

48-13760-03

License #

TELETHERAPY FACILITY SURVEY

| * Position (keyed to sketches) | ** Maximum Radiation Level (mR/hr) | Restricted Area? | Beam Orienta- tion 0° | Maximum Field Size at a Specified Distance | Beam Catcher Used? | Phantom in Beam? | Comments |
|---|--|---------------------|------------------------------------|--|--------------------------|------------------------|--------------------|
| A | .1 | Yes | $G=0^\circ H=0^\circ$ | 80cm Sq | Yes | Yes | |
| B | .1 | Yes | | 25x25cm | | Yes | |
| C | .3 | Yes | | | | Yes | Door crack & floor |
| D | .1 | Yes | | | | Yes | |
| E | .1 | Yes | | | | Yes | |
| F | .1 | Yes | | | | Yes | |
| G | .1 | No | | | | Yes | |
| H | .1 | No | | | | Yes | |
| I | .1 | No | | | | Yes | |
| J | .1 | No | | | | Yes | |
| K | .1 | No | | | | Yes | |
| L | .1 | No | | | | Yes | |
| M | .1 | No | | | | Yes | |
| N | .1 | No | | | ✓ | Yes | |
| No OCCUPANCY BELOW UNIT | | | | | | | |
| | | | | | | | |
| | | | | | | | |

BKG = .1 mR/HR MEASURE: Eberline Rad Out R0-1 Series 838 Cal. 3-5-79
 Instrument used: SCAN: Victoreen Thyac III 490 SN 33444 Probe 489-4
 SN 2521

*Vertical and horizontal cross section sketches of the facility and adjoining areas must be submitted with this report unless "Positions" are keyed to sketches already on file with the Commission.

**If the radiation level in an unrestricted area exceeds 2 mR/hr, it must be shown that, in keeping with Section 20.105(b) of 10 CFR 20, an individual continuously present in the area would not receive more than 2 millirems in any one hour or 100 millirems in any seven consecutive days. (If your license authorizes Section 20.105(a) limits, the radiation levels should be equal or less than the values specified in your application. If the radiation levels are higher they should be justified pursuant to Section 20.105(a).)

Signature: _____

Surveyor

Date: _____

4-26-79

WAUSAU HOSPITALS, INC.

(Licensee)

WAUSAU HOSPITAL CENTER

333 PINE RIDGE BOULEVARD

Address WAUSAU, WI. 54401

48-12760-03

License #

TELETHERAPY FACILITY SURVEY

| * Position (keyed to sketches) | ** Maximum Radiation Level (mR/hr) | Restricted Area? | Beam Orienta- tion | Maximum Field Size at a Specified Distance | Beam Catcher Used? | Phantom in Beam? | Comments |
|---|--|---------------------|--------------------------|--|--------------------------|------------------------|-------------------|
| A | .1 | Yes | G=30° AS:0 | 80cm SSD | Yes | Yes | |
| B | .1 | Yes | | 25 x 25cm | Yes | Yes | |
| C | .35 | Yes | | | | Yes | Don't know crash. |
| D | .1 | Yes | | | | Yes | |
| E | .1 | Yes | | | | Yes | |
| F | .1 | Yes | | | | Yes | |
| G | .1 | No | | | | Yes | |
| H | .1 | No | | | | Yes | |
| I | .1 | No | | | | Yes | |
| J | .1 | No | | | | Yes | |
| K | .1 | No | | | | Yes | |
| L | .1 | No | | | | Yes | |
| M | .1 | No | | | | Yes | |
| N | .1 | No | | | | Yes | |
| No OCCUPANCY BELOW UNIT | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Instrument used: MEASURE: Eberline Rad Owl NO-1 Serial 838 Cal. 3-5-79
 SCAN: Victoreen T490 III 490 SA 3344, Model 489-B
 SN 2521

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**If the radiation level in an unrestricted area exceeds 2 mR/hr, it must be shown that, in keeping with Section 20.105(b) of 10 CFR 20, an individual continuously present in the area would not receive more than 2 millirems in any one hour or 100 millirems in any seven consecutive days. (If your license authorizes Section 20.105(a) limits, the radiation levels should be equal or less than the values specified in your application. If the radiation levels are higher they should be justified pursuant to Section 20.105(a).)

BKG = .1 mR/hr.

Date: 4-26-79

Signature:

Margaret Lins
 Surveyor

WAUSAU HOSPITALS, INC.
 (Licensee)
 WAUSAU HOSPITAL CENTER
 333 PINE RIDGE, BULLYVARD
 Address WAUSAU, WI. 54981
 48-12460-03
 License #

TELETHERAPY FACILITY SURVEY

| * Position (keyed to sketches) | ** Maximum Radiation Level (mR/hr) | Restricted Area? | Beam Orienta- tion | Maximum Field Size at a Specified Distance | Beam Catcher Used? | Phantom in Beam? | Comments |
|---|--|---------------------|--------------------------|--|--------------------------|------------------------|----------|
| A | .1 | Yes | 6:00° HS. | 0° 80 cm | SD Yes | Yes | |
| B | .1 | Yes | | 25 x 25 cm | ✓ | Yes | |
| C | SEE BELOW | Yes | | | | Yes | |
| D | .1 | Yes | | | | Yes | |
| E | .1 | Yes | | | | Yes | |
| F | .1 | Yes | | | | Yes | |
| G | .1 | No | | | | Yes | |
| H | .1 | No | | | | Yes | |
| I | .1 | No | | | | Yes | |
| J | .1 | No | | | | Yes | |
| K | .1 | No | | | | Yes | |
| L | .1 | No | | | | Yes | |
| M | .1 | No | | | | Yes | |
| N | .1 | No | | | ✓ | Yes | |
| No occupancy below unit | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Instrument used: MEASURE 2: Eberline Rad Owl RO-1 Serial 838 Cal. 3-5-79
Scan: Victorex Type III 470-SN 3344 + Probe 489-4
SU 2521

*Vertical and horizontal cross section sketches of the facility and adjoining areas must be submitted with this report unless "Positions" are keyed to sketches already on file with the Commission.

**If the radiation level in an unrestricted area exceeds 2 mR/hr, it must be shown that, in keeping with Section 20.105(b) of 10 CFR 20, an individual continuously present in the area would not receive more than 2 millirems in any one hour or 100 millirems in any seven consecutive days. (If your license authorizes Section 20.105(a) limits, the radiation levels should be equal or less than the values specified in your application. If the radiation levels are higher they should be justified pursuant to Section 20.105(a).)

BKG. = .1 mR/hr

Signature: Margaret Lins

Surveyor

Date: 4/26/79

COMMENTS:

- C. .6 mR/hr GLASS
- .2 mR/hr BEHIND LEAD DOOR
- .5 mR/hr CRACK - door-floor

WAUSAU HOSPITALS, INC.
(Licensee)

WAUSAU HOSPITAL CENTER
333 PINE RIDGE BOULEVARD
 Address WAUSAU, WI. 54401

48-12760-03
License #

TELETHERAPY FACILITY SURVEY

| * Position (keyed to sketches) | ** Maximum Radiation Level (mR/hr) | Restricted Area? | Beam Orienta- tion | Maximum Field Size at a Specified Distance | Beam Catcher Used? | Phantom in Beam? | Comments |
|---|--|---------------------|--------------------------|--|--------------------------|------------------------|----------|
| A | .1 | Yes | G=90° H=0° | 80 cm SS2.1/yes | Yes | Yes | |
| B | .1 | Yes | | 25x25cm | Yes | Yes | |
| C | SEE BELOW | Yes | | | | Yes | |
| D | .1 | Yes | | | | Yes | |
| E | .1 | Yes | | | | Yes | |
| F | .1 | Yes | | | | Yes | |
| G | .1 | No | | | | Yes | |
| H | .1 | No | | | | Yes | |
| I | .1 | No | | | | Yes | |
| J | .1 | No | | | | Yes | |
| K | .1 | No | | | | Yes | |
| L | .1 | No | | | | Yes | |
| M | .1 | No | | | | Yes | |
| N | .1 | No | | | | Yes | |
| No occupancy below unit | | | | | | | |
| | | | | | | | |
| | | | | | | | |

MEASURE: Eberline Rad Out RO-1 Serial 938 Cal 3-5-79
 Instrument used: Scan: Victoreen Thyac III 490 SN 3344 + Probe 489-4
 SN. 2521

*Vertical and horizontal cross section sketches of the facility and adjoining areas must be submitted with this report unless "Positions" are keyed to sketches already on file with the Commission.

**If the radiation level in an unrestricted area exceeds 2 mR/hr, it must be shown that, in keeping with Section 20.105(b) of 10 CFR 20, an individual continuously present in the area would not receive more than 2 millirems in any one hour or 100 millirems in any seven consecutive days. (If your license authorizes Section 20.105(a) limits, the radiation levels should be equal or less than the values specified in your application. If the radiation levels are higher they should be justified pursuant to Section 20.105(a).)

BKG = .1 mR/hr

Signature: _____

Surveyor

Date: _____

4/26/79

WAUSAU HOSPITALS, INC.

(Licensee)

WAUSAU HOSPITAL CENTER

333 PINE RIDGE BOULEVARD

Address WAUSAU, WI. 54981

48-12760-03

License #

COMMENTS:

GLASS = 1 mR/hr

BEHIND DOOR = .3 mR/hr

CLACK = .7 mR/hr - door floor

TELETHERAPY FACILITY SURVEY

| * Position (keyed to sketches) | ** Maximum Radiation Level (mR/hr) | Restricted Area? | Beam Orienta- tion | Maximum Field Size at a Specified Distance | Beam Catcher Used? | Phantom in Beam? | Comments |
|---|--|---------------------|--------------------------|--|--------------------------|------------------------|----------|
| A | .1 | Yes | $9 = 120^\circ$ | ATS. $\pm 0^\circ$ | 80 cm SSD | Yes | |
| B | .1 | Yes | | 25x25cm | Yes | Yes | |
| C | SEE BELOW | Yes | | | | Yes | |
| D | .1 | Yes | | | | Yes | |
| E | .1 | Yes | | | | Yes | |
| F | .1 | Yes | | | | Yes | |
| G | .1 | No | | | | Yes | |
| H | .1 | No | | | | Yes | |
| I | .1 | No | | | | Yes | |
| J | .1 | No | | | | Yes | |
| K | .1 | No | | | | Yes | |
| L | .1 | No | | | | Yes | |
| M | .1 | No | | | | Yes | |
| N | .1 | No | | | | Yes | |
| No OCCUPANCY BELOW UNIT | | | | | | | |
| | | | | | | | |
| | | | | | | | |

MEASURE: Eberline Rad Omb Serial 838 Cal. 3-5-79
 Instrument used: SCAN : Victoreen Thyoe III 4905W 3344 + Probe 489-4
 SW. 2521

*Vertical and horizontal cross section sketches of the facility and adjoining areas must be submitted with this report unless "Positions" are keyed to sketches already on file with the Commission.

**If the radiation level in an unrestricted area exceeds 2 mR/hr, it must be shown that, in keeping with Section 20.105(b) of 10 CFR 20, an individual continuously present in the area would not receive more than 2 millirems in any one hour or 100 millirems in any seven consecutive days. (If your license authorizes Section 20.105(a) limits, the radiation levels should be equal or less than the values specified in your application. If the radiation levels are higher they should be justified pursuant to Section 20.105(a).)

BKG: .1 mR/hr.

Signature: _____

Surveyor

Date: _____

COMMENTS:

C. GLASS = .8 mR/hr
 BEHIND LEAD DOOR = .3 mR/hr
 CRACK = .6 mR/hr door floor

WAUSAU HOSPITALS, INC.

(Licensee)

WAUSAU HOSPITAL CENTER

333 PINE RIDGE BLVD.

Address WAUSAU, WI. 54980

48-12760-03

License #

TELETHERAPY FACILITY SURVEY

| * Position (keyed to sketches) | ** Maximum Radiation Level (mR/hr) | Restricted Area? | Beam Orienta- tion | Maximum Field Size at a Specified Distance | Beam Catcher Used? | Phantom in Beam? | Comments |
|---|--|---------------------|--------------------------|--|--------------------------|------------------------|----------|
| A | .1 | Yes | G = 150° | H.S. = 0° | 80 cm SSD | Yes | |
| B | .1 | Yes | | 25x25cm | Yes | Yes | |
| C | SEE BELOW | Yes | | | | Yes | |
| D | .1 | Yes | | | | Yes | |
| E | .1 | Yes | | | | Yes | |
| F | .1 | Yes | | | | Yes | |
| G | .1 | No | | | | Yes | |
| H | .1 | No | | | | Yes | |
| I | .1 | No | | | | Yes | |
| J | .1 | No | | | | Yes | |
| K | .1 | No | | | | Yes | |
| L | .1 | No | | | | Yes | |
| M | .1 | No | | | | Yes | |
| N | .1 | No | | | | Yes | |
| No | OCCUPANCY BELOW UNIT | | | | ✓ | | |
| | | | | | | | |
| | | | | | | | |

MEASURE: Eberline Rad Owl Serial 835 Cal 3-5-79

Instrument used: SCAN: VICTOREEN THYAC III 490 SN 33414 Probe 489-4
SN 2521

*Vertical and horizontal cross section sketches of the facility and adjoining areas must be submitted with this report unless "Positions" are keyed to sketches already on file with the Commission.

**If the radiation level in an unrestricted area exceeds 2 mR/hr, it must be shown that, in keeping with Section 20.105(b) of 10 CFR 20, an individual continuously present in the area would not receive more than 2 millirems in any one hour or 100 millirems in any seven consecutive days. (If your license authorizes Section 20.105(a) limits, the radiation levels should be equal or less than the values specified in your application. If the radiation levels are higher they should be justified pursuant to Section 20.105(a).)

BKG = .1 mR/hr

Date: 4/26/79

Signature: _____

Surveyor

WARSAW HOSPITALS, INC.
(Licensee)

WARSAW HOSPITAL CENTER
333 PINE RIDGE PARKWAY
Address WARSAW, WI. 54401

48-12760-03
License #

COMMENTS:

C. GLASS = .4 mR/hr

BEHIND LEAD DOOR = .1 mR/hr

CRACK = .4 mR/hr door-floor.

TELETHERAPY FACILITY SURVEY

| * Position (keyed to sketches) | ** Maximum Radiation Level (mR/hr) | Restricted Area? | Beam Orienta- tion | Maximum Field Size at a Specified Distance | Beam Catcher Used? | Phantom in Beam? | Comments |
|---|--|---------------------|--------------------------|--|--------------------------|------------------------|----------|
| A | .1 | Yes | 6-180° | 4.5" x 8.0 cm | SSD | Yes | |
| B | .1 | Yes | | 25cm x 25cm | yes | Yes | |
| C | SEE BELOW | Yes | | | | Yes | |
| D | .1 | Yes | | | | Yes | |
| E | .1 | Yes | | | | Yes | |
| F | .1 | Yes | | | | Yes | |
| G | .1 | No | | | | Yes | |
| H | .1 | No | | | | Yes | |
| I | .1 | No | | | | Yes | |
| J | .1 | No | | | | Yes | |
| K | .1 | No | | | | Yes | |
| L | .1 | No | | | | Yes | |
| M | .1 | No | | | | Yes | |
| N | .1 | No | | | ✓ | Yes | |
| No OCCUPANCY BELOW UNIT | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Instrument used: *measured: Eberline RAD OMI RO-1 Ser 838 Cal. 3-5-79*
SCAN: VICTOREEN THERACAL 490 SN 3344 + Probe 489-4
SN 2521

*Vertical and horizontal cross section sketches of the facility and adjoining areas must be submitted with this report unless "Positions" are keyed to sketches already on file with the Commission.

**If the radiation level in an unrestricted area exceeds 2 mR/hr, it must be shown that, in keeping with Section 20.105(b) of 10 CFR 20, an individual continuously present in the area would not receive more than 2 millirems in any one hour or 100 millirems in any seven consecutive days. (If your license authorizes Section 20.105(a) limits, the radiation levels should be equal or less than the values specified in your application. If the radiation levels are higher they should be justified pursuant to Section 20.105(a).)

BKG = .1 mR/hr

Date: 4/26/79

COMMENTS:

C. GLASS : .2 mR/hr

BEHIND LEAD DOOR: .1 mR/hr

CRACK .3 mR/hr door floor

Signature: Margaret Liss

Surgeon

WAUSAU HOSPITALS, INC.

(Licensee)

WAUSAU HOSPITAL CENTER

333 PINE RIDGE BOULEVARD

Address WAUSAU, WI. 54980

48-17715-03
 License # 99892

TELETERAPY FACILITY SURVEY

| * Position (keyed to sketches) | ** Maximum Radiation Level (mR/hr) | Restricted Area? | Beam Orienta- tion | Maximum Field Size at a Specified Distance | Beam Catcher Used? | Phantom in Beam? | Comments |
|---|--|---------------------|--------------------------|--|--------------------------|------------------------|----------|
| A | .1 | Yes | 6 = 270° | H.S. = 0.80 cm SSd | Yes | Yes | |
| B | .1 | Yes | | 25 x 25 cm | Yes | Yes | |
| C | SEE BELOW | Yes | | | | Yes | |
| D | .1 | Yes | | | | Yes | |
| E | .1 | Yes | | | | Yes | |
| F | .1 | Yes | | | | Yes | |
| G | .1 | No | | | | Yes | |
| H | .1 | No | | | | Yes | |
| I | .1 | No | | | | Yes | |
| J | .1 | No | | | | Yes | |
| K | .1 | No | | | | Yes | |
| L | .1 | No | | | | Yes | |
| M | .1 | No | | | | Yes | |
| N | .1 | No | | | | Yes | |
| NO OCCUPANCY BELOW UNIT | | | | | | | |
| | | | | | | | |
| | | | | | | | |

MEASURE: Eberline Rad Owl 40-1 SN 838 Cal. 3-5-79
 Instrument used: SCAN: VECTOREN T44C III 490 SN 3344 & Phil 489
 SN 2521

*Vertical and horizontal cross section sketches of the facility and adjoining areas must be submitted with this report unless "Positions" are keyed to sketches already on file with the Commission.

**If the radiation level in an unrestricted area exceeds 2 mR/hr, it must be shown that, in keeping with Section 20.105(b) of 10 CFR 20, an individual continuously present in the area would not receive more than 2 millirems in any one hour or 100 millirems in any seven consecutive days. (If your license authorizes Section 20.105(a) limits, the radiation levels should be equal or less than the values specified in your application. If the radiation levels are higher they should be justified pursuant to Section 20.105(a).)

BK = .1 mR/hr

Signature: Margaret Liss
 Surveyor

Date: 4/26/79

COMMENTS:

C. GLASS = .2 mR/hr
 BEHIND LEAD DOOR = .1 mR/hr
 CRACK = .4 mR/hr door floor

WAUSAU HOSPITALS, INC.
 (Licensee)
 WAUSAU HOSPITAL CENTER
 333 PINE RIDGE BLVD
 Address WAUSAU, WI. 54981
 48-12710-03
 License #

TELETHERAPY FACILITY SURVEY

| * Position (keyed to sketches) | ** Maximum Radiation Level (mR/hr) | Restricted Area? | Beam Orienta- tion | Maximum Field Size at a Specified Distance | Beam Catcher Used? | Phantom in Beam? | Comments |
|---|--|---------------------|--------------------------|--|--------------------------|------------------------|----------|
| A | .1 | Yes | 6-240° | N.S.E.O | 80 cm SSD | Yes | |
| B | .1 | Yes | | 25 X 25 cm | Yes | Yes | |
| C | SEE BELOW | Yes | | | | Yes | |
| D | .1 | Yes | | | | Yes | |
| E | .1 | Yes | | | | Yes | |
| F | .1 | Yes | | | | Yes | |
| G | .1 | No | | | | Yes | |
| H | .1 | No | | | | Yes | |
| I | .1 | No | | | | Yes | |
| J | .1 | No | | | | Yes | |
| K | .1 | No | | | | Yes | |
| L | .1 | No | | | | Yes | |
| M | .1 | No | | | | Yes | |
| N | .1 | No | | | ✓ | Yes | |
| NO OCCUPANCY BELOW UNIT | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Instrument used: MEASURE: Eberline Rad Owl RD-1 Serial 838 Cal 3-5-79
SCAN: VICTOREEN TNYAC III 490 SN 33841 + Probe 469-4
SN-2541

*Vertical and horizontal cross section sketches of the facility and adjoining areas must be submitted with this report unless "Positions" are keyed to sketches already on file with the Commission.

**If the radiation level in an unrestricted area exceeds 2 mR/hr, it must be shown that, in keeping with Section 20.105(b) of 10 CFR 20, an individual continuously present in the area would not receive more than 2 millirems in any one hour or 100 millirems in any seven consecutive days. (If your license authorizes Section 20.105(a) limits, the radiation levels should be equal or less than the values specified in your application. If the radiation levels are higher they should be justified pursuant to Section 20.105(a).)

BK = .1 mR/hr

Signature: _____

Surveyor

Date: _____

4/26/79

COMMENTS:

C. GLASS = .2 mR/hr

BEHIND LEAD DOOR = .1 mR/hr

CRACK = .3 mR/hr don't know

WAUSAU HOSPITALS, INC.

(Licensee)

WAUSAU HOSPITAL CENTER

333 PINE RIDGE BOULEVARD

Address WAUSAU, WI. 54981

48-13760-03

License #

TELETHERAPY FACILITY SURVEY

| * Position (keyed to sketches) | ** Maximum Radiation Level (mR/hr) | Restricted Area? | Beam Orienta- tion | Maximum Field Size at a Specified Distance | Beam Catcher Used? | Phantom in Beam? | Comments |
|---|--|---------------------|--------------------------|--|--------------------------|------------------------|----------|
| A | .1 | Yes | 67° 27' 00" H.S. ± 0° | 80cm SD | Yes | | |
| B | .1 | Yes | | 25 x 25cm | Yes | | |
| C | SEE BELOW | Yes | | | Yes | | |
| D | .1 | Yes | | | Yes | | |
| E | .1 | Yes | | | Yes | | |
| F | .1 | Yes | | | Yes | | |
| G | .1 | No | | | Yes | | |
| H | .1 | No | | | Yes | | |
| I | .1 | No | | | Yes | | |
| J | .1 | No | | | Yes | | |
| K | .1 | No | | | Yes | | |
| L | .1 | No | | | Yes | | |
| M | .1 | No | | | Yes | | |
| N | .1 | No | | | Yes | | |
| No | OCCUPANCY BELOW UNIT | | | | | | |
| | | | | | | | |
| | | | | | | | |

MEASURE: Everline Rad Out RB-1 Sw. 138 cal 3-5-79
 Instrument used: SCAN: VICTORSEN Thyac III 490 Sw. 3344: Probe 89-4
 SW. 2521

*Vertical and horizontal cross section sketches of the facility and adjoining areas must be submitted with this report unless "Positions" are keyed to sketches already on file with the Commission.

**If the radiation level in an unrestricted area exceeds 2 mR/hr, it must be shown that, in keeping with Section 20.105(b) of 10 CFR 20, an individual continuously present in the area would not receive more than 2 millirems in any one hour or 100 millirems in any seven consecutive days. (If your license authorizes Section 20.105(a) limits, the radiation levels should be equal or less than the values specified in your application. If the radiation levels are higher they should be justified pursuant to Section 20.105(a).)

BK = .1 MR/HR

Signature: Margaret Liss

Surveyor

Date: 4/26/79

COMMENTS:

C. GLASS = .2 MR/HR

BEHIND LEAD DOOR = .1 MR/HR

CRACK = .25 MR/HR. door floor

WAUSAU HOSPITALS, INC.

(Licensee)

WAUSAU HOSPITAL CENTER

333 PINE RIDGE BOULEVARD

Address WAUSAU, WI. 54401

48-12760-03

License #

TELETHERAPY FACILITY SURVEY

| * Position (keyed to sketches) | ** Maximum Radiation Level (mR/hr) | Restricted Area? | Beam Orienta- tion | Maximum Field Size at a Specified Distance | Beam Catcher Used? | Phantom in Beam? | Comments |
|---|--|---------------------|--------------------------|--|--------------------------|------------------------|----------|
| A | .1 | Yes | G = 300° | H.S. 0° | 80 cm SSD | Yes | |
| B | .1 | Yes | | | | Yes | |
| C | SEE BELOW | Yes | | | | Yes | |
| D | .1 | Yes | | | | Yes | |
| E | .1 | Yes | | | | Yes | |
| F | .1 | Yes | | | | Yes | |
| G | .1 | No | | | | Yes | |
| H | .1 | No | | | | Yes | |
| I | .1 | No | | | | Yes | |
| J | .1 | No | | | | Yes | |
| K | .1 | No | | | | Yes | |
| L | .1 | No | | | | Yes | |
| M | .1 | No | | | | Yes | |
| N | .1 | No | | | | Yes | |
| NO OCCUPANCY BELOW UNIT | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Measure: Eberline Rad Out 20-1 Ser 838 Cal 3-5-79
 Instrument used: Scam: Victoreen Thyatron 490 Ser 3344 + Probe
 489-4 Ser 2521

*Vertical and horizontal cross section sketches of the facility and adjoining areas must be submitted with this report unless "Positions" are keyed to sketches already on file with the Commission.

**If the radiation level in an unrestricted area exceeds 2 mR/hr, it must be shown that, in keeping with Section 20.105(b) of 10 CFR 20, an individual continuously present in the area would not receive more than 2 millirems in any one hour or 100 millirems in any seven consecutive days. (If your license authorizes Section 20.105(a) limits, the radiation levels should be equal or less than the values specified in your application. If the radiation levels are higher they should be justified pursuant to Section 20.105(a).)

BK = .1 mR/hr

Signature: _____

Surveyor

Date: _____

4/26/79

COMMENTS:

C. BEHIND LEAD DOOR = .1 mR/hr
 GLASS = .1 mR/hr
 CRACK = .25 mR/hr don floor

WAUSAU HOSPITALS, INC.
 (Licensee)

WAUSAU HOSPITAL CENTER
 333 PINE RIDGE BOULEVARD
 Address WAUSAU, WI. 54981

48-17760-03
 License #

TELETHERAPY FACILITY SURVEY

| * Position (keyed to sketches) | ** Maximum Radiation Level (mR/hr) | Restricted Area? | Beam Orienta- tion | Maximum Field Size at a Specified Distance | Beam Catcher Used? | Phantom in Beam? | Comments |
|---|--|---------------------|--------------------------|--|--------------------------|------------------------|----------|
| A | .1 | Yes | 67-330° | N.S.O° | 80 cm SSD | Yes | |
| B | .1 | Yes | | | | Yes | |
| C | SEE BELOW | Yes | | | | Yes | |
| D | .1 | Yes | | | | Yes | |
| E | .1 | Yes | | | | Yes | |
| F | .1 | Yes | | | | Yes | |
| G | .1 | No | | | | Yes | |
| H | .1 | No | | | | Yes | |
| I | .1 | No | | | | Yes | |
| J | .1 | No | | | | Yes | |
| K | .1 | No | | | | Yes | |
| L | .1 | No | | | | Yes | |
| M | .1 | No | | | | Yes | |
| N | .1 | No | | | | Yes | |
| No | OCCUPANCY BELOW UNIT | | | | | | |
| | | | | | | | |
| | | | | | | | |

Instrument used: Measur, Eberline Rad Unit RO-1 Ser. 838 Cal. 3-5-79
Scans, Victoreen Thyra III 440-Sn 3344 & Pith 489-4
Sn 2521

*Vertical and horizontal cross section sketches of the facility and adjoining areas must be submitted with this report unless "Positions" are keyed to sketches already on file with the Commission.

**If the radiation level in an unrestricted area exceeds 2 mR/hr, it must be shown that, in keeping with Section 20.105(b) of 10 CFR 20, an individual continuously present in the area would not receive more than 2 millirems in any one hour or 100 millirems in any seven consecutive days. (If your license authorizes Section 20.105(a) limits, the radiation levels should be equal or less than the values specified in your application. If the radiation levels are higher they should be justified pursuant to Section 20.105(a).)

BK = .1 MR/HR

Date: 4/26/79

COMMENTS:

C. GLASS: .2 MR/HR
 BEHIND LEAD DOOR - .1 MR/HR
 CRACK - .3 MR/HR door floor

Signature: _____

Surveyor

WAUSAU HOSPITALS, INC.
 (Licensee)

WAUSAU HOSPITAL CENTER
333 PINE RIDGE BOULEVARD
 Address WAUSAU, WI. 54101

48-12760-03 39802
 License #

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1-203

1-201

ELEVATOR

103

NALL

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BUSINESS ADMINISTRATION

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ENCLOSED

COURTYARD

RECEIVED

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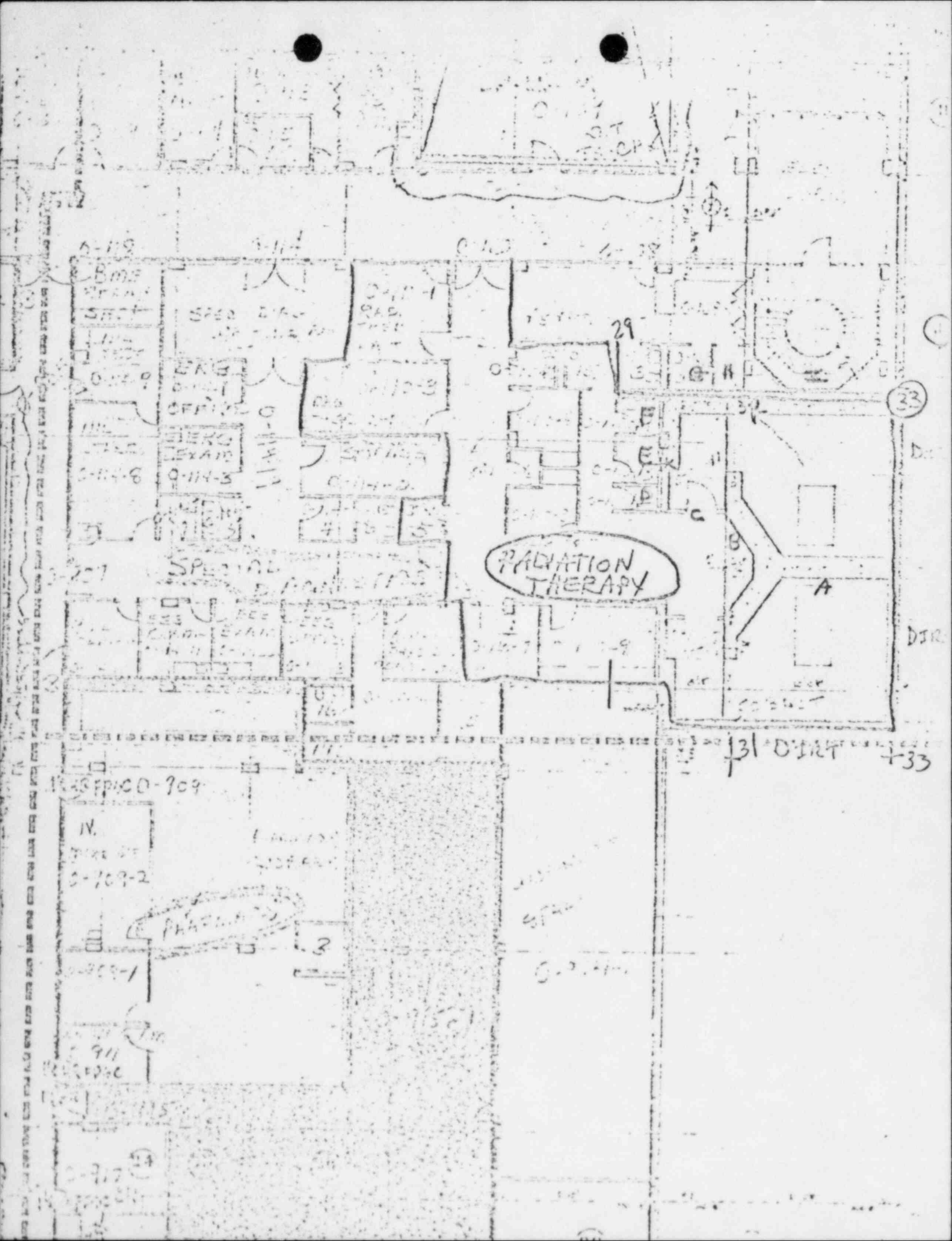
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Licensee WAUSAU HOSPITALS, INC.
 Address WAUSAU HOSPITAL CENTER, WAUSAU, WI 54981
 License # 48-12760-03
 Teletherapy Test

1. Interlock
 Yes ☒ The interlock on the door to the teletherapy room was tested and found to function properly. When a door was opened with the source "on", the source returned to the "off" position and could not be turned "on" again until the door was closed and the system reset at the control panel.
 No ☐

Mode of operation tested. Satisfies above requirement.

| | Yes | No |
|---|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> Fixed beam | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Rotational | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Arc | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Skip | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Off beam stop E wall primary barrier | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Off beam stop floor primary barrier | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Off beam stop between wall & floor $G=90^\circ, H=30^\circ$ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

2. Yes ☒ The teletherapy source "on-off" indicators were tested and found to function properly.
 No ☐

Mode of operation tested.

Source "On-Off" Indicators

| | Table | Console | Timer |
|---|--|--|--|
| | Red Bars | Red Bar | Timer |
| | Yes/No | Yes/No | Yes/No |
| <input checked="" type="checkbox"/> Fixed beam | <input checked="" type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Rotational | <input checked="" type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Arc | <input checked="" type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Skip | <input checked="" type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Off beam stop E wall primary barrier | <input checked="" type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Off beam stop floor primary barrier | <input checked="" type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Off beam stop between wall & floor $G=90^\circ, H=30^\circ$ | <input checked="" type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> |

unit on source on.

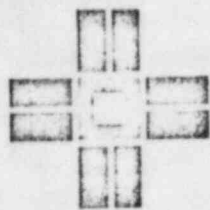
3. Yes ☒ The teletherapy treatment timing device was tested and found to be accurate and to return the source to the "off" position when the pre-set time elapsed. 1 min timer = 1 min stop watch.
 No ☐

4. Yes ☒ Electrical and/or mechanical stops installed to limit the orientation of the teletherapy head with the source "on" were tested and found to function properly. The limitations are The beam is limited to intersect the beam stopper, unless pointed to the north wall or to the floor and the arc ($\pm 90^\circ$) between the wall and floor.
 No ☐

5. Yes ☒ Emergency procedures are posted above the teletherapy unit console. +
 No ☐ Copy attached.

4. OFF Beamstop. - Interlocked positions

4/25/79 M. Lis
 $G=0^\circ, H=0^\circ$ Head pointed to ceiling, unit not turn on.
 $G=90^\circ, H=0^\circ$ Head pointed to control area, unit not turn on.
 $G=110^\circ, H=30^\circ$ Unit not turn on.
 $G=0^\circ, H=5^\circ$ Off Beam stop toward control unit not on.



THE WAUSAU HOSPITAL CENTER

• WAUSAU, WISCONSIN 54401 •

IN CASE OF FAILURE OF THE THERAPY SOURCE SHUTTER, PRESS THE
"EMERGENCY OFF" BAR ON THE CONTROL CONSOLE.

- A. If the source is still on, and the patient is ambulatory, open the treatment room door and direct the patient to leave the room. If the patient is not ambulatory, enter the room, and avoiding the primary beam of radiation, remove the patient from the treatment room.

THE SHUTTER RETURN EMERGENCY "T" BAR, WHICH IS SUPPLIED WITH THE UNIT AND LOCATED AT THE CONTROL STATION, SHOULD BE PLACED OVER THE BEAM CONDITION INDICATING ROD. FORWARD PRESSURE ON THE SOURCE DRAWER WITH THE "T" BAR WILL PUSH THE DRAWER BACKWARDS AND INTO THE "SAFE" POSITION.

- B. Close and lock the treatment room door.
- C. Post a legible and clearly visible sign warning others of the existing emergency condition.
- D. Notify Dr. J. H. Martens or Mrs. M. M. Liss at the following telephone numbers:

| | |
|-------------------|----------|
| Dr. J. H. Martens | 845-1912 |
| Mrs. M. M. Liss | 845-7123 |

DO NOT, UNDER ANY CIRCUMSTANCES, ATTEMPT REPAIR OF THE
TELETHERAPY UNIT.

Method, frequency, and standards used in calibrating instruments listed above.

A. Survey meters are sent for annual calibration to:

Calibration Procedure Filed with NRC

Health

Physics Associates, LTD.

3304 Commercial Avenue

Northbrook, IL 60062

Phone: 312-564-3330

License No. 12-09160-01

Yes ☒

No ☐

or Texas Nuclear Division

PO Box 9267

Northwest Station

9101 Research Blvd.

Austin, TX 78757

Phone: 512-836-0801

License No. 6-1825 (Texas License)

Is an agreement
state

Yes ☒
w State

No ☐

or Eberline Instrument Corporation

Old Airport Road

Santa Fe, NM 87501

NM-EBE-BL-05

Phone: 505-471-3232

License No. 30-00692-05G, 30-00692-06E

Yes ☒

No ☐

or Victoreen Instrument Division of VLN

10101 Woodland Avenue

Cleveland, OH 44104

Phone: 216-795-8200

License No. 34-486-4

Jack Miller - R.S.O.

Yes ☒

No ☐