

# RADIATION PROTECTION SERVICES, INC.

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September 15, 1985

OFFICE OF SECRETARY  
DOCKETING & SERVICE  
BRANCH

Secretary of the Commission  
U.S. Nuclear Regulatory Commission  
Washington, DC 20555

Attn: Docketing and Service Branch

Re: Comments on Proposed Revision to 10 CFR 35

Gentlemen:

In regards to the proposed modifications to 10 CFR 35, I wish to submit the following comments:

(1) Section 35.17 states that a license amendment is required PRIOR to adding or changing the location or locations of use of radioactive materials as identified on the license.

Section 35.36(a) implies that the licensee may alter areas of receipt, use and storage of licensed materials with only the permission of the RSO and radiation safety committee and appropriate record keeping notations.

This seems to be contradictory and a clarification would be appreciated.

(2) Will this revision and modification of 10 CFR 35 supercede specific license conditions, as stated in the license application, that are in effect at the time of passage of these regulations?

(3) Under area of 10 CFR 35 that deal with equipment and procedures, NRC should grant the use of linearity devices that substitute shielding for time decay without requiring the licensee to submit a separate amendment request for each separate device that may come on the market.

(4) Section 35.315(g) states that the thyroid burden of workers handling therapeutic quantities of I-131 will be required to be measured.

Under current operating procedures, NRC required such analyses only when liquid I-131 is used with capsular use being exempt from bioassay requirements. Does this represent a departure from current NRC philosophy? If not then this section should so state "... when using therapeutic quantities

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Acknowledged by card

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of liquid I-131 ...".

(5) Subpart H, section 35.500 that deals with bone mineral analyzers should also include the use of Gd-153 sources as produced by the n, reaction and such a byproduct material under NRC control.

(6) Section 35.630(2) that specifies the intercomparison of primary dose meters in lieu of AAPM lab calibrations, NRC should also specify that some type of intercomparison certificate be required to be with the unit and presented with a teletherapy calibration report so that a licensee can judge compliance with these requirements.

(7) With reference to the licensee's use of qualified experts (QE) for calibration, NRC should consider an alternative method of approving QE's instead of separate license amendment. Requiring a license amendment PRIOR to the change of a QE inhibits and restricts a hospital from acquiring a competing bid for services since NRC amendments run anywhere from two (2) to six (6) months to complete the paperwork.

An alternative idea is presented to the NRC. NRC should consider issuing a QE certificate that can be attached to the calibration report in a manner similar to the dosimeters calibration. This certificate would satisfy the licensee and NRC field inspectors that a person is a QE.

Also should consider certification by the American Board of Health Physics (ABHP) as fulfillment (either full or at least partial) of QE requirements.

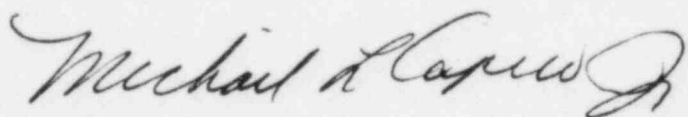
(8) Subpart J. with reference to one (1) year's full time experience at an institution to fulfill RSO requirements, NRC should also consider one (1) year's full time equivalent (FTE). In such a manner, consultants that practice full time, but at one or two clients can also fulfill RSO requirements.

Earlier in 10 CFR 35, NRC defined under the supervision of a physician as being within telephone contact and within 1-hour's availability to the licensee. Since manner a hospital's RSO is also the primary nuclear physician, this rule would then also apply to this type of RSO.

NRC should consider the identical requirement for the RSO in that he/she does not need to be constantly on-site, but may be off site providing that the he/she is within telephone contact and within 1-hour's availability to the licensee.

Thank you for this opportunity to express my views on the proposed revisions to 10 CFR 35.

With best regards,

A handwritten signature in cursive script, reading "Michael L. Caprio, Jr." with a stylized flourish at the end.

Michael L. Caprio, Jr., M.S., CHP  
Certified Health Physicist

MLC/kjc