03002764

December 12, 1996

Donald Harrison, M.D.
Senior Vice President and Provost
for Health Affairs
University of Cincinnati
141 Health Professions Building
Mail Location 663
Cincinnati, OH 45267-0663

SUBJECT: NOTICE OF DENIAL OF AMENDMENT REQUEST

Dear Dr. Harrison:

This refers to a letter dated January 5, 1996, signed by Victoria Morris, which requested authorization pursuant to 10 CFR 20.1301(c) to allow specified visitors of radiation therapy patients to receive a dose of up to 500 mrem total effective dose equivalent (TEDE) instead of the current public dose limit of 100 mrem per year. The letter states that this action is necessary to permit persons close to the patient to be present with the patient to provide emotional and physical support. The letter also states that the number of people subject to the increased dose limit will be small and that methods will be provided to monitor the dose received by the affected individuals to ensure that radiation doses are in compliance with the 500 mrem limit.

As discussed with Ms. Morris in a telephone conversation on November 4, 1996, based on our review of the information provided, we have concluded that your request cannot be granted. The basis for the denial is that you did not demonstrate a compelling reason for an indefinite exception from the public dose limit. The conditions at your institution do not appear to differ in any significant manner from those at other similar institutions engaged in brachytherapy or radiopharmaceutical therapy.

Notwithstanding the above, we believe that the concern underlying your request has merit. There are alternative methods of obtaining higher dose limits for specified visitors of radiation therapy patients. For example, a physician, through the Radiation Safety Committee and/or Radiation Safety Officer, may at any time make a case-by-case patient specific request for an exception to the public dose limit when compelling medical reasons are evident. Patient specific requests can be initially made by telephone to our office and followed-up in writing. If authorization is appropriate, the request can be approved by the NRC within hours, usually, by telephone or facsimile. Formal documentation of the verbal authorization by the NRC will follow. Cases where immediate authorization is needed should be rare. Another alternative, which you have already initiated, is to petition for rulemaking. Your petition for rulemaking dated April 7, 1996, was announced in the Federal Register on June 21, 1996, (61FR31874) and is currently being reviewed by NRC staff.

30037

ML 1/1
30
SD

As provided in Section 2.103 of 10 CFR Part 2, enclosed, you have the right to request a hearing concerning this denial. If you wish to request a hearing, it must be submitted within 20 days from the date of this letter to the Secretary of the Commission, ATTN: Chief, Docketing and Service Branch, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555, with a copy to the Assistant General Counsel for Hearings and Enforcement, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555. The request should reference this letter and Docket Number 030-02764, as appropriate.

If you have any questions or require clarification on any of the information stated above, you may contact B. J. Holt or Jim Mullauer of my staff at (630) 829-9807.

Sincerely,

Original Signed By
A. Bill Beach
Regional Administrator

License No. 34-06903-05
Docket No. 030-02764

Enclosure: 10 CFR Part 2

cc w/encl: Victoria Morris, RSO

DOCUMENT NAME: M:\03002764.TA6

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OFFICE	DNMS/RIII		DNMS/RIII	C	DNMS/RIII		RA/RIII		RA/RIII	
NAME	MULLAUER:jaw		HOLT		PEDERSON		BERSON		AXELSON	
DATE	11/27/96		11/27/96		11/27/96		12/5/96		12/ /96	

OFFICE	NMSS/IMNS		RA/RIII							
NAME	COOL		BEACH							
DATE	~~11/27/96~~ 12/6/96		12/6/96							

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~~See previous~~
~~concurrence~~
~~12/4/96~~
* Telecon with
T. Kozono on
12/6/96

RECEIVED
FEB 0 2 1996
REGION III

BETWEEN:

LICENSE FEE MANAGEMENT BRANCH, ARM
AND
REGIONAL LICENSING SECTIONS

(FOR LFMS USE)
INFORMATION FROM LTS

PROGRAM CODE: 02110
STATUS CODE: 0
FEE CATEGORY: 7B EX 1D 2C 3M
EXP. DATE: 19970630
FEE COMMENTS: 170.11(A)(4)
DECOM FIN ASSUR REQD: Y

LICENSE FEE TRANSMITTAL

A. REGION

TAR

1. APPLICATION ATTACHED
   APPLICANT/LICENSEE: CINCINNATI, UNIVERSITY OF
   RECEIVED DATE: 960108
   DOCKET NO: 3002764
   CONTROL NO.: 399759
   LICENSE NO.: 34-06903-05
   ACTION TYPE: AMENDMENT

2. FEE ATTACHED
   AMOUNT: 0
   CHECK NO.: 0

3. COMMENTS

SIGNED S. Henry
DATE 1-12-96

B. LICENSE FEE MANAGEMENT BRANCH (CHECK WHEN MILESTONE 03 IS ENTERED) ✓

1. FEE CATEGORY AND AMOUNT: (7B) EX 3M 2C 1D $560

2. CORRECT FEE PAID. APPLICATION MAY BE PROCESSED FOR:
   AMENDMENT ✓
   RENEWAL
   LICENSE

3. OTHER

SIGNED SC
DATE 1/29/96

Log Dec 9 III
Remitter
Check No. 10ED51
Amount $560
Fee Category (7B) EX 3M 2C 1D
Type of Fee Amendment
Date Check Rec'd 1/29/96
Date Completed 1/29/96
By: SC

University of Cincinnati

Radiation Safety Office
Radiation Safety Lab
University of Cincinnati
PO Box 670591
Cincinnati OH 45267-0591

Phone (513) 558-4110
Fax (513) 558-9905

United States Nuclear
Regulatory Commission
Region III
801 Warrenville Road
Lisle, IL 60532-4351

January 5, 1996

License Number: 34-06903-05
Re: Amendment Request

Gentleman/Madam:

The University of Cincinnati requests an amendment for broad scope license 34-06903-05 to authorize specified visitors of radiation patients, as members of the public, to receive up to 500 mrem per year.

The University of Cincinnati makes the request under 10 CFR 20.1301(2)(c), and as recommended in NCRP 91, to permit a small population of the general public to be infrequently exposed to an annual exposure limit of 500 mrem total effective dose equivalent.

a) The individual to whom the 500 mrem annual limit would apply would be specified visitors of radiation therapy patients hospitalized under 10 CFR 35.75.

b) The dose limit is not requested for all visitors of all radiation therapy patients hospitalized under 10 CFR 35.75. The dose limit is requested only for specified visitors determined by the physician to be necessary for the emotional and/or physical support of the patient (e.g., parents of children, elderly patients who need support from a familiar individual, etc.).

c) The specified visitors will be limited to adult (18 or older) non-pregnant individuals who are members of the family or are individuals with a significant personal relationship to the patient.

d) The specified visitors will be instructed to maintain their exposure ALARA. The instruction will emphasize the basic radiation safety precautions of time, distance and shielding.

e) To document compliance with the dose limit the specified visitors will be monitored (pocket dosimeter, film badge, TLD or electronic dosimeter) while the patient is hospitalized for the radiation therapy treatment.

This amendment covers items applicable to the human-use of radioactive materials. A check (check number 108051) for the amendment fee of $560.00 was mailed to P.O Box 954514, St. Louis MO 63295-4514 on December 12, 1995.

If you have any questions do not hesitate to call.

Sincerely,

Victoria Morris, M.S., CHP
Radiation Safety Officer

c: B. Aron, M.D.
W. Barrett, M.D.
C. Kupferberg
H. Maxon, M.D.
R. Millard, Ph.D.

From: Josephine Piccone
To: CHD1.CHP2(JRM1)
Date: 12/6/96 3:18pm
Subject: University of Cinti -Forwarded -Reply

Jim, per our discussion, you have Don Cool's concurrence with the following edit:

1st sentence, 3rd paragraph - "Notwithstanding the above, we believe that the concern underlying your request has merit."

CC: DAC

UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D.C. 20555-0001

March 19, 1996

96-09
39759

MEMORANDUM TO: John R. Madera, Chief
Nuclear Materials Licensing Branch, RIII

FROM: Cathy Haney, Acting Chief
Operations Branch,
Division of Industrial and Medical
Nuclear Safety, NMSS

SUBJECT: REQUEST BY UNIVERSITY OF CINCINNATI FOR EXEMPTION FROM THE PUBLIC DOSE LIMIT IN 10 CFR 20.1301(2)(c)

This is in response to your TAR dated January 4, 1996, requesting guidance on exempting the University of Cincinnati from the requirements in 10 CFR 20.1301(2)(c). Specifically, you stated in your TAR that the University of Cincinnati has requested that they be permitted to raise the public dose limit from 100 mrem/yr to 500 mrem/yr for some members of the public who may be visiting patients undergoing brachytherapy or radiopharmaceutical therapy. In their request, the licensee stated that this action is necessary to permit persons close to the patient to be present with the patient to provide emotional and physical support during treatment. The licensee also stated that they expect the number of people affected by this exemption to be quite small, and that they have provided methods, acceptable to you, to monitor the dose received by affected members of the public and to ensure that these doses are ALARA. You also provided in your TAR reference to a precedent involving South Jersey Hospital System (IMNS-TAR748, June 9, 1994).

We would like to note that the case involving South Jersey Hospital System is not a precedent because the situation there differed fundamentally from that at the University of Cincinnati. The South Jersey request was for a temporary exemption pending construction of a new hospital with more adequately shielded treatment rooms. Construction of the hospital was expected to be completed within five years of the requested exemption, at which time the exemption would be withdrawn. The TAR clearly stated that the exemption would not be renewed if the new hospital is not completed. In the present case, however, the exemption is indefinite, since there are no plans to alter the situation in any way that would make the exemption unnecessary. On the other hand, as the licensee noted in their application, the exemption may be viewed as temporary if applied to individual visitors, who will presumably be exposed to the higher doses on a one-time basis and not annually.

CONTACT: Sami Sherbini

Based on our review of the licensee's request, and after discussions with the Office of the General Counsel, we have concluded that the requested exemption cannot be granted. The basis for the denial is that the licensee has not demonstrated a compelling reason to provide an indefinite exemption from the public dose limit of 100 mrem in a year specified in 10 CFR § 20.1301(a)(1). This is particularly true in view of the fact that the conditions at the licensee's facility do not appear to differ in any significant manner from those at other similar institutions engaged in brachytherapy or radiopharmaceutical therapy. Grant of an exemption to the University of Cincinnati would likely lead to requests for exemptions from many similar institutions.

Notwithstanding the above denial of the exemption request, we believe that the request does have merit. However, we do not believe that exemption from the regulations is the appropriate route to take, and we suggest that, should the licensee wish to pursue this matter further, it should submit to the NRC a request for rulemaking. Justifications for the request could be found in guidance provided by national and international bodies, such as NCRP and ICRP, as well as in the considerations involved in the draft rulemaking modifying the patient release criteria in 10 CFR § 35.75.

Please call the technical contact if you have additional questions or need more information or guidance.

UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION III
801 WARRENVILLE ROAD
LISLE, ILLINOIS 60532-4351

JAN 26 1996

9b-09

REGIONAL TECHNICAL ASSISTANCE REQUEST FORM

Date: January 24, 1996

Don Cool (DAC), Mail Stop: 6H3-OWFN, Division of Industrial and Medical Nuclear Safety, NMSS

From: John Madera, Chief, Nuclear Materials Licensing Branch, Region III

Request for Exemption to 10 CFR 20.1301(2)(c)

(UNIVERSITY OF CINCINNATI, LICENSE NO. 34-06903-05 DOCKET NO. 030-02764)

Control No. 399759

☐ Revised letter dated: January 5, 1996 (Enclosed)

Problem/Issue: The licensee requests an exemption to 10 CFR 20.1301(2)(c), exposure to the general public. The licensee maintains that, infrequently, the emotional welfare and physical support of a patient undergoing brachytherapy or radiopharmaceutical therapy is enhanced when a member of the family or close friend is present during treatment. In order to achieve this service, the visitor may be exposed to radiation levels greater than 100 millirem. Therefore, the licensee in letter dated January 5, 1996, (Revised) provided their control measures to assure visitors will not be exposed to greater than 500 millirem.

☐ Action Required: In accordance with MEMORANDUM dated February 24, 1992, PROCESSING REVISED 10 CFR PART 20 REQUESTS FOR EXEMPTION, please provide guidance and/or approval to exempt the licensee from the requirements of 10 CFR 20.1301(2)(c).

☐ Recommended Action (with revisions): x Approve or ☐ Reject

Region III recommends approval of this request. It appears the licensee has demonstrated a need for the exemption and has addressed the transient question by maintaining that a certain select group of visitors would be exposed to levels greater than 100 millirem for a temporary period of time and the overall need for the exemption is infrequent.

We would like to reference TAR dated June 9, 1994, for South Jersey Hospital System, Control No. 119357, (enclosed) where exemption to 10 CFR 20.1301(2)(c) was granted. Although the circumstances are different, the concept is the same and in the case of University of Cincinnati, the need for the exemption appears to be less frequent than in the South Jersey Hospital case.

Headquarters Reviewer: _____
Regional Reviewer: James R. Mullauer, M.H.S.
Reviewer Code: R4

Reviewer Phone No. (708) 829-9873 Fax No. (708) 515-1259
Request Needed by: March 7, 1996

JAN 26 1996

REGIONAL TECHNICAL ASSISTANCE REQUEST FORM

Date: January 24, 1996

Don Cool (DAC), Mail Stop: 6H3-OWFN, Division of Industrial and Medical Nuclear Safety, NMSS

From: John Madera, Chief, Nuclear Materials Licensing Branch, Region III

Request for Exemption to 10 CFR 20.1301(2)(c)

**(UNIVERSITY OF CINCINNATI, LICENSE NO. 34-06903-05
DOCKET NO. 030-02764)**

Control No. 399759

☐ Revised letter dated: January 5, 1996 (Enclosed)

Problem/Issue: The licensee requests an exemption to 10 CFR 20.1301(2)(c), exposure to the general public. The licensee maintains that, infrequently, the emotional welfare and physical support of a patient undergoing brachytherapy or radiopharmaceutical therapy is enhanced when a member of the family or close friend is present during treatment. In order to achieve this service, the visitor may be exposed to radiation levels greater than 100 millirem. Therefore, the licensee in letter dated January 5, 1996, (Revised) provided their control measures to assure visitors will not be exposed to greater than 500 millirem.

☐ Action Required: In accordance with MEMORANDUM dated February 24, 1992, PROCESSING REVISED 10 CFR PART 20 REQUESTS FOR EXEMPTION, please provide guidance and/or approval to exempt the licensee from the requirements of 10 CFR 20.1301(2)(c).

☐ Recommended Action (with revisions): x Approve or ☐ Reject

Region III recommends approval of this request. It appears the licensee has demonstrated a need for the exemption and has addressed the transient question by maintaining that a certain select group of visitors would be exposed to levels greater than 100 millirem for a temporary period of time and the overall need for the exemption is infrequent.

JAN 26 1996

We would like to reference TAR dated June 9, 1994, for South Jersey Hospital System, Control No. 119357, (enclosed) where exemption to 10 CFR 20.1301(2)(c) was granted. Although the circumstances are different, the concept is the same and in the case of University of Cincinnati, the need for the exemption appears to be less frequent than in the South Jersey Hospital case.

Headquarters Reviewer: _____
Regional Reviewer: James R. Mullauer, M.H.S.
Reviewer Code: R4

Reviewer Phone No. (708) 829-9873 Fax No. (708) 515-1259
Request Needed by: March 7, 1996

DOCUMENT NAME: A:\UNICINTI.TAR
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OFFICE	DNMS/RIII	C	DNMS/RIII	C	DNMS/RIII					
NAME	JRMullauer:bn		JRMadera		CDPederson					
DATE	01/24/96		01/24/96		01/ /96					

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University of Cincinnati

Radiation Safety Office
Radiation Safety Lab
University of Cincinnati
PO Box 670591
Cincinnati OH 45267-0591

Phone (513) 558-4110
Fax (513) 558-9905

United States Nuclear
Regulatory Commission
Region III
801 Warrenville Road
Lisle, IL 60532-4351

January 5, 1996
(revised)

License Number: 34-06903-05
Re: Amendment Request

Gentleman/Madam:

The University of Cincinnati requests an amendment for broad scope license 34-06903-05 to authorize specified visitors of radiation patients, as members of the public, to receive up to 500 mrem per year.

The University of Cincinnati makes the request under 10 CFR 20.1301(2)(c), and as recommended in NCRP 91 *(copy attached)*, to permit a small population of the general public to be infrequently exposed to an annual exposure limit of 500 mrem total effective dose equivalent.

a) The individual to whom the 500 mrem annual limit would apply would be specified visitors of radiation therapy patients hospitalized under 10 CFR 35.75 *or specified visitors of radiation therapy patients receiving temporary brachytherapy implant under 10 CFR 35.400.*

b) The dose limit is not requested for all visitors of all radiation therapy patients hospitalized under 10 CFR 35.75. The dose limit is requested only for specified visitors determined by the physician to be necessary for the emotional and/or physical support of the patient (e.g., parents of children, elderly patients who need support from a familiar individual, etc.).

c) The specified visitors will be limited to adult (18 or older) non-pregnant individuals who are members of the family or are individuals with a significant personal relationship to the patient.

d) The specified visitors will be instructed to maintain their exposure ALARA. The instruction will emphasize the basic radiation safety precautions of time, distance and shielding.

e) To document compliance with the dose limit the specified visitors will be monitored (pocket dosimeter, film badge, TLD or electronic dosimeter) while the patient is hospitalized for the radiation therapy treatment.

The University of Cincinnati understands that one of the main objectives of the Nuclear Regulatory Commission in granting requests under 10 CFR 20.1301(2)(c) is that the exposure limit is temporary. The University of Cincinnati feels that this request achieves this objective because persons will only be authorized to receive the exposure for a temporary period of time (i.e., during that period when they are specified visitors of patients hospitalized while receiving radiation therapy).

This amendment covers items applicable to the human-use of radioactive materials. A check (check number 108051) for the amendment fee of $560.00 was mailed to P.O. Box 954514, St. Louis MO 63295-4514 on December 12, 1995.

If you have any questions do not hesitate to call.

Sincerely,

Victoria Morris, M.S., CHP
Radiation Safety Officer

c: B. Aron, M.D.
W. Barrett, M.D.
C. Kupferberg
H. Maxon, M.D.
R. Millard, Ph.D.

18. Remedial Action Levels for Members of the Public

If the recommendations of the previous Section are observed, man-made radiation sources will not expose members of the public to annual effective dose equivalents greater than 1 mSv (0.1 rem) continuously, or 5 mSv (0.5 rem) infrequently. Exposures should always be less than the limits and, indeed, on the average, utilizing the principles of ALARA, they should be much less.

However, natural background is excluded from those limits and there are circumstances in which natural background itself, or more especially, natural radiation sources enhanced locally by man's operations for selected purposes, can give rise (sometimes quite inadvertently) to annual exposures above the level of 1 mSv (0.1 rem).

It then becomes necessary to consider at what exposure level remedial action, which may be possible only at substantial societal cost, should be undertaken. Remedial action levels involve a balance of risk and many other socioeconomic factors. In general, the aim of setting a remedial action level is to reduce the greatest risks from a given type of radiation source. It is clear that once a remedial action level is established for given circumstances, action is mandatory when a level above it is found. Actions to reduce exposure should not be limited by or to the remedial action level and, following the ALARA principle, levels substantially below the remedial action level may be obtainable and appropriate.

For external sources, the NCRP considers that the risks to the public from exposure to all sources except medical, should not exceed about five times the total of other risks faced by members of the public. Thus, an annual remedial action level is specified at an effective dose equivalent of 5 mSv (0.5 rem) for *all external sources* other than medical. External sources are specified because internal exposures from radionuclides other than radon are rarely limiting in present circumstances (NCRP, 1984a).

The recommended remedial action level, 5 mSv (0.5 rem), is 10 times greater than the average annual effective dose equivalent due to external exposure from natural background 0.5 mSv (0.05 rem). It is also comparable with the annual effective dose equivalent received by many radiation workers.

The NCRP has given special attention to the problems occasioned by exposure to indoor radon (NCRP, 1984a, 1984b) and notes that *this is potentially the most important public radiation exposure problem that currently exists*. As a result, a remedial action level of 0.007 Jhm^{-3} y^{-1} (2 WLM y^{-1}) was recommended in NCRP Report No. 77 (NCRP, 1984a). Elements of feasibility enter the considerations here since it is evident from NCRP Report No. 77 (NCRP, 1984a) that in a substantial number of homes the radon levels are estimated to exceed the average by amounts up to 5 or 10 times or more. It is certainly desirable that such levels be reduced and the risks associated with them decreased. A remedial action level must, therefore, be chosen for which the societal impacts are not excessive, but the greatest risks are avoided. The NCRP recognizes that an annual inhalation level for radon that corresponds to 5 mSv (0.5 rem) effective dose equivalent would be about 0.00175 Jhm^{-3} (0.5 WLM), see ICRP Publication 32 (ICRP, 1981). However, this is only two and one-half times the present estimated average annual indoor radon background exposure of 0.0007 Jhm^{-3} (0.2 WLM) and imposition of a remedial action level at this value could involve a very large number of homes. Therefore, the NCRP proposed a remedial action level which was based on excess lifetime risk being no more than 10 times the present average annual background level, or 0.007 Jhm^{-3} y^{-1} (2 WLM y^{-1}) (NCRP, 1984a). The annual risk of lung cancer associated with this level is 4×10^{-4}, and NCRP considers risks of this magnitude undesirable. However, it is anticipated that remedial actions, once taken, will, together with ALARA, establish new annual radon exposures in a given home much below 0.007 Jhm^{-3} (2 WLM).

It is also anticipated, over time, and assuming that the problem of indoor radon is addressed by taking the worst situations first, that radon levels in existing homes will be reduced. Furthermore, the Council believes that for new homes, suitable constraints should be developed so that they will have radon levels below those of many present structures.

For the present, it is recommended that remedial action be undertaken:

(1) *When the average annual effective dose equivalent from external exposure*[1,2] *(excluding medical, but including naturally occurring sources) continuously exceeds 5 mSv (0.5 rem).*

(2) *When the total exposure to radon and its decay products for an individual exceeds an annual average of 0.007 Jhm^{-3} (2 WLM).*

[1] In the unlikely event, that internal exposure other than radon could make a significant contribution, it should be included in the assessment of exposure.

UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D.C. 20555-0001

JUN 0 9 1994

MEMORANDUM FOR: C. W. Hehl, Director
Division of Radiation Safety and Safeguards, RI

FROM: Carl J. Paperiello, Director
Division of Industrial and
Medical Nuclear Safety, NMSS

SUBJECT: RESPONSE TO TECHNICAL ASSISTANCE REQUEST FROM SOUTH JERSEY HOSPITAL SYSTEM (CONTROL NO. 119357)

This memorandum responds to your technical assistance request (TAR) dated March 24, 1994 (see Enclosure), regarding a South Jersey Hospital System - Millville Division request for exemption from the 1 millisievert (100 millirem) annual dose limits to individual members of the public. Pursuant to 10 CFR 20.1301(c), the licensee requests to operate up to an annual dose limit to individual members of the public of 5 mSv (500 mrem) in areas surrounding patients undergoing brachytherapy and radiopharmaceutical therapy treatments.

In their request for authorization to operate at the higher dose limit, the licensee addressed the three areas listed in 10 CFR 20.1301(c). The licensee demonstrated a need for operations in excess of the limit, and the licensee also demonstrated that the situation is transient and is not expected to exist over long periods of time. Specifically, the licensee noted that "[C]urrent plans call for construction of a new hospital within 5 years, and we anticipate that this exemption will be required until the new hospital can be constructed with adequate shielding to meet the new limit." The licensee also described their program to assess and control dose within the 5 mSv (500 mrem) annual limit, as well as their procedures to maintain the doses as low as is reasonably achievable.

We agree with Region I's recommendation to approve the licensee's request. To grant the licensee's request to operate at the higher dose limits, we recommend that Region I use the following license condition:

> Pursuant to the provisions of 10 CFR 20.1301(c) and notwithstanding the requirement in 10 CFR 20.1301(a)(1), the licensee is authorized to operate up to an annual dose limit for an individual member of the public of 0.5 rem (5 mSv) in unrestricted areas surrounding patients undergoing brachytherapy and radiopharmaceutical therapy treatments. This condition shall remain in effect only until the date of license expiration (XXXX XX, 1998).

We also recommend that in the cover letter to the licensee, Region I should explain that authorization to operate at the higher dose limits is premised on

the situation being temporary and not expected to last over long periods of time. The licensee should be cautioned that NRC would not favorably consider extending such an authorization on future license renewals if the new hospital facility is not completed.

If you have any questions regarding this TAR, please contact Scott Moore at (301) 415-7875.

Original Signed by

Carl J. Paperiello, Director
Division of Industrial and
Medical Nuclear Safety, NMSS

Enclosure: As stated

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NAME	SMoore/sm		CJones		FCOSTELLO		JGlenn		RFonner		EWBrach		CPaperiello	
DATE	5/31/94		6/1/94		6/3/94		6/6/94		6/9/94		6/9/94		6/9/94	

C = COVER E = COVER & ENCLOSURE N = NO COPY

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REGIONAL TECHNICAL ASSISTANCE REQUEST FORM

Date: 3-24-94

Mail or E-Mail to: Carl J. Paperiello (CJP1), Mail Stop: 6H3-OWFN, Division of Industrial and Medical Nuclear Safety, NMSS

If E-mail, cc: CLE

From: Ronald Bellamy, Ph.D. (RRB1) (Name and E-mail initials)
Region 1
Chief, Nuclear Materials Safety and Safeguards Branch

Licensee: South Jersey Hospital-Millville Div. License No.: 29-13911-01

x Control No. 119357 (if applicable)

x Letter dated: 3-11-94 (if applicable)

☐ Suggested change in licensing procedure (enclosed): _____

x Problem/Issue: Licensee requests an exemption from 10 CFR 20.1302(a)(1)-0.1 rem annual dose limit for individuals of the general public. They request to operate up to an annual dose limit of 0.5 rem in areas

surrounding patients undergoing radiopharmaceutical and brachytherapy treatments.

x Action Required: Headquarters review and evaluation of attached information. Please notify Region 1 of your decision.

Recommended Action (with revisions): x Approve or ☐ Reject
on temporary basis (next renewal due in 1998), since the licensee states that they will be constructing a new hospital in 5 years with adequate shielding provided in these areas.

Remarks: _____

Headquarter Reviewer: _____
Regional Reviewer: Michelle Beardsley (MRB)
Reviewer Code: J-1
Reviewer Phone No.: (610)337-6942 FAX No.: (610)337-5393
Request Needed by: / / (date)

Form TAR-10
9/93

CONVERSATION RECORD

TIME: 3 p.m.

DATE: 1/16/96

( ) VISIT ( ) CONFERENCE (X) TELEPHONE

( ) INCOMING
(X) OUTGOING

NAME OF PERSON(S) CONTACTED OR IN CONTACT | ORGANIZATION (OFFICE, DEPT.ETC.) | TELEPHONE NO.

Victoria Morris
University of Cinti
513-558-4110

SUBJECT

amendment request dated 1/5/96

SUMMARY

I spoke to Victoria concerning the following information needed to complete my TAR to HQ:

Provide a copy of NCRP 91

expand on the transient issue surrounding your request. Needs to show that members of the GP exceeding 100 mR/year will always be changing.

expand your request to include 35.400 procedures since 35.75 only refers to radiopharmaceutical use and permanent implants.

This action is certified by _____

ACTION REQUIRED

Response due in 20 days.

Jim Mullauer 1/17/96

NAME OF PERSON DOCUMENTING CONVERSATION | SIGNATURE | DATE

ACTION TAKEN

SIGNATURE | TITLE | DATE