

P. Guinn

RSS



Bluefield Community Hospital

500 Cherry St. • Bluefield, West Virginia 24701 • (304) 327-2511

July 11, 1985

05 JUL 15 AM 11:13

U. S. Nuclear Regulatory Commission
Region II
Materials Radiation Protection Section
Division of Emergency Preparedness and
Material Safety Programs
101 Marietta Street, N.W.
Atlanta, Georgia 30303

Attention: Paul Guinn

Attachment Supplement A for:

License #47-19142-01
Control #50594
Bluefield Community Hospital
500 Cherry Street
Bluefield, West Virginia 24740

8508140123 850722
REG2 LIC30
47-19142-01 PDR

Official Copy

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

Michael E. Shahan

2. STATE OR TERRITORY IN
WHICH LICENSED TO
PRACTICE MEDICINE

West Virginia & Virginia

3. CERTIFICATION

SPECIALTY BOARD
ACATEGORY
BMONTH AND YEAR CERTIFIED
C

American Board of Radiology

Diagnostic Radiology

June, 1983

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING	
		LECTURE/ LABORATORY COURSES (Hours) C	SUPERVISED LABORATORY EXPERIENCE (Hours) D
a. RADIATION PHYSICS AND INSTRUMENTATION	Wilford Hall Medical Center Lackland AFB, Tx. 78236 July 1, 1980 - June 30, 1983	110	12
b. RADIATION PROTECTION	"	25	10
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	"	25	8
d. RADIATION BIOLOGY	"	30	0
e. RADIOPHARMACEUTICAL CHEMISTRY	"	30	10

5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
Tc 99m Yb-169 I-131 P 32	20 mCi 500 uCi 150 mCi 15 mCi	Wilford Hall Medical Center Lackland AFB, Tx.	3 months	Diagnostic Diagnostic Therapeutic Therapeutic
Tc 99m I-131 P 32	20 mCi 150 mCi 15 mCi	Keesler Medical Center Keesler AFB, MS	2 years	Diagnostic Therapeutic Therapeutic

CONVERSATION RECORD

TIME

DATE

6/18/85

TYPE

☐ VISIT☐ CONFERENCE☐ TELEPHONE☐ INCOMING☐ OUTGOING

ROUTING

NAME/SYMBOL

INT

Location of Visit/Conference:

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

Eugene P. Pawlowski
Administrator

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

Beltsville
Comm. Hospital

TELEPHONE NO.

304 -
327-2511

SUBJECT

Amendment 1 Lic. 47-1942-01
Control # 56594

SUMMARY

- Informed Pawlowski that the Supplement A to the 10-4 guide should be completed for Dr. Michael E. Shahan since the one submitted with letter dated May 7, 1985 was incomplete.

Pawlowski said this would be sent this week -

ACTION REQUIRED

Wait for licensee reply

NAME OF PERSON DOCUMENTING CONVERSATION

PAUL R. GUINO

SIGNATURE

Paul R. Guino

DATE

6/18/85

ACTION TAKEN

SIGNATURE

TITLE

DATE