

34-01055-01
030-02669

VOID SHEET

TO: License Fee Management Branch
FROM: ER Matson
SUBJECT: VOIDED APPLICATION

Control Number: 377934

Applicant: Shant/ Riverside Methodist Hospitals

Date Voided: 2/3/97

Reason for Void: _____

Licensee has agreed to withdraw their request at this time. They wish to revise the request and resubmit it in the near future. voided after review. Licensee will reply saying they are providing add info to 377934

ER Matson 2/3/97
Signature Date

Attachment:
Official Record Copy of
Voided Action

FOR LFMB USE ONLY

Final Review of VOID Completed:

- ☐ Refund Authorized and processed
☒ No Refund Due
☐ Fee Exempt or Fee Not Required

070033

Comments: _____

9702070387 970203
PDR ADOCK 03002669
C PDR

Log completed ☒

Processed by: SAC 2/5/97

01
ML
30
SN

BETWEEN:

LICENSE FEE MANAGEMENT BRANCH, ARM
AND 1996 FEB 20 PM 12:06
REGIONAL LICENSING SECTIONS

(FOR LFMS USE)
INFORMATION FROM LTS

PROGRAM CODE: 02230
STATUS CODE: 2
FEE CATEGORY: 7C 2B
EXP. DATE: 19950831
FEE COMMENTS: SHIELDING ONLY
DECOM FIN ASSUR REQD: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
APPLICANT/LICENSEE: RIVERSIDE MEY. DIST HOSPITAL
RECEIVED DATE: 960213
DOCKET NO: 3002669
CONTROL NO.: 399934
LICENSE NO.: 34-01055-01
ACTION TYPE: AMENDMENT

2. FEE ATTACHED

AMOUNT: 0
CHECK NO.: 0

3. COMMENTS

SIGNED
DATE

D. Hersey
2-15-96

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

1. FEE CATEGORY AND AMOUNT: 7C 2B \$430

2. CORRECT FEE PAID. APPLICATION MAY BE PROCESSED FOR:

AMENDMENT
RENEWAL
LICENSE

3. OTHER

SIGNED
DATE

SC
Mar 12, 1996

Log Feb 11 70
Remitter
Check No. 317781
Amount \$430
Fee Category 7C 2B
Type of Fee AMEND
Date Check Rec'd 3/12/96
Date Completed 3/12/96
By: SC

RECEIVED

MAR 18 1996

REGION III

GRANT/RIVERSIDE

METHODIST HOSPITALS

a U.S. Health affiliate

3535 Olentangy River Road
Columbus, Ohio 43214
614/566-5000

February 7, 1996

Ms. Marianne Meenan
Chief - Nuclear Materials Support Section
USNRC Region III
801 Warrenville Rd.
Lisle, IL 60532-43351

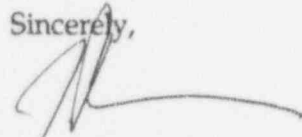
RE: Control #398919

Dear Ms. Meenan:

Enclosed, please find additional information regarding the license renewal for Riverside Methodist Hospitals. We would like to request that this information be reviewed separately and authorization granted as soon as is practical. If any further information is needed, please contact Dr. Leininger at your earliest convenience at (614) 851-0102.

Thank you for your attention to this matter.

Sincerely,



James D. Mace
Senior Director-Professional Services

JDM/sw

RECEIVED
FEB 13 1996
REGION III

399734
FEB 13 1996

RADIOPHARMACEUTICAL TRANSFER INFORMATION

In accordance with current NRC regulations, authorization is requested for Grant/Riverside Methodist Hospitals to transfer 10CFR35.100, 35.200, 35.300, 35.400 and 31.11 materials from the Riverside Methodist Hospitals campus (license #34-01055-01) to the Grant Medical Center campus (license #34-03424-02). Since Riverside Methodist Hospital wishes to transfer materials as limited distribution to one location only, we request an exemption pursuant 10CFR35.19.

PROCEDURE FOR ORDERING AND RECEIVING RADIOACTIVE MATERIALS

Conditions of transfer are as follows:

The reason that we request the authorization to transfer byproduct material is simply one of economics. Both Riverside Methodist Hospitals and Grant Medical Center operate under the same corporate affiliation although they are administratively and geographically separate. Cost efficiency would be affected by the savings in delivery cost and the ability to receive quantity discounts.

The details of transfer are as follows:

Exchanges of radioactive materials between Riverside Methodist Hospitals and Grant Medical Center is uni-directional via hospital courier. Riverside Methodist Hospitals will be designated as the distributor of the radioactive materials and Grant Medical Center will be designated as the recipient with the following exceptions. Grant Medical Center may or may not return the unused materials or waste materials to Riverside Methodist Hospitals.

A typical transfer would be one in which a named user-physician or trained designee would pick up the radiopharmaceutical dose from the Riverside facility where each unit dose will be labeled, protected with lead shielding (if necessary), and packaged in an equivalent container or in the container in which the material was shipped in unit doses from either a radiopharmaceutical supply house or a local radio-pharmacy. As such, the package will be appropriately labeled and of sufficient packing material - absorbent paper and container - to meet D.O.T. regulations. The package will be placed in the trunk section of the physician's or designee's automobile where it will be secured via a locked trunk lid and immediately carried to the receiving hospital. The physician or designee will, upon arriving at the receiving hospital, immediately remove the package and carry it to the designated receiving area. Upon arrival at the receiving area of the facility, the package will be handled in accordance with the receiving licensee's license.

Individuals who will transport the materials will be either a user-physician or a trained hospital employee courier who provides regular interhospital materials transport. All couriers will be trained in accordance with D.O.T. and NRC regulations. The byproduct material will be tended under constant surveillance, labeled according to the requirements of the D.O.T., and will at all times be under the immediate control of the physician or courier while in transit.

Administrators of both facilities have agreed to this transfer arrangement. The receipt and package opening procedures will be at least equivalent to those outlined in Item 10.6 of this application.

EMERGENCY PROCEDURES

Emergency procedures to be followed by the transporter in case of accident or vehicle breakdown while in transit:

1. Leave required D.O.T. shipping papers with the vehicle containing the sources.
2. Secure the sources against unauthorized removal and remain with the package.
3. If the transport cases have been disturbed, restrict the area until a survey is performed.
4. If the vehicle must be towed, transfer the sources to an operative vehicle to complete the delivery, and survey the damaged vehicle before releasing it for towing of repairs.
5. Immediately notify the Radiation Safety Officer at each facility.

Emergency procedures to be followed by the licensee in the case of theft or loss of radioactive materials:

1. The transporter will immediately contact the Radiation Safety Officer at each facility.
2. If the loss or theft of licensed material is in such quantities and under such circumstances that it appears to the Radiation Safety Officer that substantial hazard may result to persons, the Radiation Safety Officer shall report immediately by telephone to the Director of the Regional Compliance Office of Region III of the USNRC.
3. The telephone report to the Director of the Regional followed by a written report within 30 days to the NRC regional office with a description of the material, a description of the incident, actions which have been taken to recover the materials, and actions which have been taken to prevent a recurrence of the incident.

RADIATION SURVEY OF TRANSPORTATION VEHICLE

Vehicles to be used for transporting radioactive materials will be surveyed weekly with a G-M meter. Records of the surveys will be maintained for review by local and federal authorities.

TRANSFER OF 10CFR35.400 SOURCES

The transfer of 10CFR35.400 radioactive sources will be completed using commercial lead carriers such that exposure readings are consistent with D.O.T. requirements for hazardous material shipment. The maximum radiation levels to be permitted will be: (A) 200mR/hr at the surface of the package (B) 10mR/hr at 1 meter from the surface of the package (C) 2mR/hr at the normally occupied position of the trunk of the vehicle, and that compartment will be secured all times with a lock. Radioactive sources will be shipped from the distributing facility, and an inventory will be made of the quantity and type of radioactive sources at that time. A copy of the inventory will accompany the radioactive sources so as to confirm at the receiving institution that all of the sources have been accounted for. The same procedure will take place upon the return of the sources.

LICENSE FEE REQUIREMENTS

LICENSE FEE AND DEBT COLLECTION BRANCH
DIVISION OF ACCOUNTING AND FINANCE
OFFICE OF THE CONTROLLER
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555-0001Grant Riverside Methodist Hospital
ATTN: Mr. James D. Mace
Sr. Director-Prof. Svcs.
3535 Olentangy River Road
Columbus, Ohio 43214

TYPE OF ACTION

☐ NEW LICENSE☐ RENEWAL OF LICENSE☒ AMENDMENT TO LICENSE

REQUESTED DATE

February 7, 1996

LICENSE NUMBER

34-01055-01

CONTROL NUMBER

399934

I. APPLICATION FEE DUE

Your request for a licensing action is subject to the fee(s) in the category(ies) noted below in accordance with Section 170.31 of the enclosed Federal Register notice. Payment of the fee is required prior to the issuance of the license, renewal, or amendment.

FEE CATEGORY	APPLICATION	RENEWAL	AMENDMENT
7C	\$	\$	\$430
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

FEE(s) DUE

\$430

PAYMENT RECEIVED

\$-0-

AMOUNT DUE

\$430

☒ Your request was received without the prescribed application fee.☐ We received your Check No. _____ in the amount of \$ _____. Payment of the additional fee noted above is required.☐ Your request will increase the scope of your license program. Therefore, your request is subject to the application fee(s) noted above. Refer to Section 170.31 and Footnote 1(d)(2).☐ Your license expired prior to the receipt of your application for renewal. Therefore, your request is subject to the application fee(s) noted above. Refer to Section 170.31 and Footnote 1(e).

MAKE PAYMENT OF THE FEE(S) TO THE U.S. NUCLEAR REGULATORY COMMISSION AND MAIL THE PAYMENT TO THE ADDRESS LISTED AT THE TOP OF THIS FORM. IF WE DO NOT RECEIVE A REPLY FROM YOU WITHIN 30 CALENDAR DAYS FROM THE DATE LISTED BELOW, WE SHALL ASSUME THAT YOU DO NOT WISH TO PURSUE YOUR APPLICATION AND WILL VOID THIS ACTION.

SIGNATURE -- LICENSE FEE ANALYST

LFDCB

LFDCB

Shirley Hutchfield 2/20/96

1 1

II. FEE NOT REQUIRED

☐ Enclosed is Check No. _____ which accompanied your request. The fee is not required because:☐ We received your Check No. _____ in payment of the fee.☐ The Licensing staff has informed us that your request is to be considered as a continuation of your request dated _____, Control No. _____.☐ Your request was combined, prior to review, with your _____ request, Control No. _____.

III. CHECK RETURNED

☐ Enclosed is Check No. _____ which was returned to us by the bank for:☐ INSUFFICIENT FUNDS☐ ACCOUNT CLOSED☐ OTHER

MAIL THE REPLACEMENT CHECK TO THE ADDRESS LISTED AT THE TOP OF THIS FORM AND REFERENCE THE ABOVE CONTROL NUMBER.

IV. LICENSE ISSUED WITHOUT THE REQUIRED FEE

☐ License No. _____, Amendment No. _____, issued on _____ was issued without the required fee being collected. The fee required is noted in Section I of this form.☐ The scope of your licensed program was increased. Therefore, your request is subject to the application fee(s) noted in Section I of this form. Refer to Section 170.31 and Footnote 1(d)(2).☐ Because of the urgency of your request, the license was issued without remittance of the prescribed fee noted in Section I of this form.DISTRIBUTION
GC/DAF/RF
LFDCB R/F (2)Pending Fee File
Reg 100 3

DATE

Feb 20, 1996

GRANT/RIVERSIDE

METHODIST HOSPITALS

a U.S. Health affiliate

3535 Olentangy River Road
Columbus, Ohio 43214
614/566-5000

February 12, 1996

Ms. Marianne Meenan, Chief
Nuclear Materials Support Section
U.S. Nuclear Regulatory Commission
Region III
801 Warrenville Rd.
Lisle, IL 60532-4351

Dear Ms. Meenan:

It has come to our attention that a number of items need to be corrected in our license renewal application submitted on July 17, 1995. These corrections arose as a result of a review of our renewal application after our previous radiation safety officer resigned.

Please make the following changes to our pending renewal application:

Application item 2, Name and mailing address of applicant

Grant/Riverside Methodist Hospitals
Riverside Campus
3535 Olentangy River Road
Columbus, OH 43214

Application item 3, Address(es) where licensed material will be used or possessed

Grant/Riverside Methodist Hospitals
Riverside Campus
3535 Olentangy River Road
Columbus, OH 43214

Application item 4, Name of person to be contacted about this application

John Niemkiewicz, M.S.
(614)566-5714

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FEB 21 1996
REGION III
FEB 21 1996

Application item 7, Authorized users

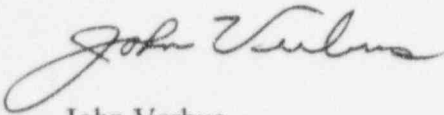
Please delete Dr. Swaminathan Jayaraman. He is no longer affiliated with this institution.

Application item 7.3, Radiation Safety Officer

Per the emergency ammendment sent on September 22, 1995, John Niemkiewicz is now the R.S.O.

Thank you for your attention to this request. If you have any questions or need additional information, please contact myself or John Niemkiewicz, R.S.O. (614-566-5714).

Sincerely,

A handwritten signature in cursive script, appearing to read "John Verbus".

John Verbus
Senior Vice President, Operations
(614)566-5154

License No. 34-01055-01
Control No. 398919

UNITED STATES NUCLEAR REGULATORY COMMISSION
REGION III
CONVERSATION RECORD

(X) TELEPHONE (X) OUTGOING () INCOMING () CONVERSATION

TIME: 1:30

DATE 2/3/97

NAME OF PERSON(S) CONTACTED:

ORGANIZATION:

TELEPHONE NO.:

John Niernkiewicz
Grant/Riverside Methodist Hospitals
614-566-5714

SUBJECT:

control No. 399934
Amendment request letter dated Feb 12, 1996

SUMMARY:

As discussed with John N., the licensee wants to resubmit their request to transport radiopharmaceuticals from one hospital to another. The Feb 1996 request is outdated and they wish to make changes to their proposed procedures. I suggested that I void control no. 399934 at this time. I instructed John N. to submit the request and reply to the ownership issue and state in the letter that it is additional information to control no. 399934. He said this was acceptable.

ACTION REQUIRED:

Void 399934.

ACTION TAKEN:

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

Evelyn R. Matson
630-829-9822



2/3/97