



delaware technical and
community college

MS 16
K2

May 31, 1985

Docket No.: 030-22298
Control No.: 18710

Mr. Jack Davis
Nuclear Materials Safety Section A
Division of Radiation Safety and Safeguards
U. S. Nuclear Regulatory Commission
Region I
631 Park Avenue
King of Prussia, Pennsylvania 19406

Dear Mr. Davis:

Enclosed please find a list of addenda regarding the above listed application.

Thank you.

Yours truly,

Helen Hauer, Ph.D.
Dept. Chair Applied Sciences

Harry West, Dean of Instruction

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List of Addenda:

1) Jerry N. Blancato (listed in items # 3,6,7, and 16) will not be employed by Delaware Technical and Community College (DTCC) as of 6/15/85 and therefore should be deleted from the application.

2) The new contact person (item #3) should be:
Helen Hauer, Ph.D.
DTCC
400 Stanton-Christiania Road
Newark, Delaware 19702

3) The following will be a consultant for the College:

Stuart Kline
Radiation Protection and Safety Officer
University of Delaware
Newark, Delaware

4) Scintillation counter will be housed in room 623 (see item #13 on original application)

5) Mr. Stuart Kline has conducted a training seminar for all staff connected with the use of H-3, I-125, and C-14 isotopes on June 18, 1985.

6) All DTCC students involved in this program have been over the age of 18 years. All students working with these radioisotopes will be second year college students. If any student should happen to be less than 18 they will NOT be permitted to handle any of the isotopes.

7) Additional lab rules:

- a) no mouth pipeting at any time.
- b) safety glasses worn in lab at all times
- c) disposable gloves and gowns worn by all users
- d) said gloves and gowns disposed of by service listed in item 14 of application
- e) no food, drink, or smoking, etc. ever allowed in any College labs.
- f) all personnel will be instructed to remove disposable gown and gloves and properly wash hands, etc. before leaving laboratory.
- g) labs. will be properly supervised and secured by authorized personnel to prevent unsupervised use and entry

8) Surveying of newly arrived packages containing radioactive material will be done by wipe tests of the packages before opening and as the individual sub-packages are being removed.

9) Regarding personal dosimetry: see items 12 and 15 on original application.

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- 10) Decrease maximum number of activity possessed at any one time of I-125 to 50 μ Ci
- 11) Biographical data is supplied on enclosed RSO form-APFT

STATEMENT OF TRAINING AND EXPERIENCE

1. Name Helen Hauer 2. Social Security No. 069-34-4821
3. Type of Training (Circle Yes or No in Columns I and II. If "Yes" is indicated in either column, complete items III and IV)

| TYPE | FORMAL COURSE | ON THE JOB | WHERE TRAINED | DURATION OF TRAINING |
|---|---|---|---------------|----------------------|
| (A) Principles and Practices of Radiation Protection | Circle One <input checked="" type="radio"/> Yes <input type="radio"/> No | Circle One <input checked="" type="radio"/> Yes <input type="radio"/> No | DTCC | 4hr |
| (B) Radioactivity Measurement monitoring techniques, and instruments. | Circle One <input checked="" type="radio"/> Yes <input type="radio"/> No | Circle One <input checked="" type="radio"/> Yes <input type="radio"/> No | " | " |
| (C) Mathematics and calculations basic to the use and measurement or radioactivity. | Circle One <input checked="" type="radio"/> Yes <input type="radio"/> No | Circle One <input checked="" type="radio"/> Yes <input type="radio"/> No | " | " |
| (D) Biological effects of radiation. | Circle One <input checked="" type="radio"/> Yes <input type="radio"/> No | Circle One <input checked="" type="radio"/> Yes <input type="radio"/> No | " | " |

4. Formal Courses (If "Yes" circled in column I for any of items above, complete this item, listing all courses pertaining to use of radiation or radioactive materials, atomic and nuclear structure, radiochemistry, radiation biology, nuclear engineering, etc.)

| Title of Course | Where Trained | Course Content |
|---|---|------------------|
| (A) <u>Radiation Protection Seminar</u> | <u>Delaware Technical + Community College</u> | <u>Types A-D</u> |
| (B) | | |
| (C) | | |
| (D) | | |

5. Experience (List actual use of radioactive materials, details of formal laboratory courses or on the job training.)

| Isotope | Maximum Amount | Where experience | Duration | Type of use |
|--------------|-------------------------------|----------------------------|----------------|-----------------|
| <u>I 131</u> | <u>100 m Ci</u> | <u>Montefiore Hospital</u> | <u>1963-64</u> | <u>Research</u> |
| <u>I 125</u> | <u>10 μ Ci</u> | <u>Montefiore Hospital</u> | <u>1963-64</u> | <u>Research</u> |
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6. Was film badging required in experience situations? ☒ Yes ☐ No
7. Additional Comments or Remarks:

STATEMENT OF TRAINING AND EXPERIENCE

1. Name Janet Carter 2. Social Security No. 233-52-0496
3. Type of Training (Circle Yes or No in Columns I and II. If "Yes" is indicated in either column, complete items III and IV)

| TYPE | FORMAL COURSE | ON THE JOB | WHERE TRAINED | DURATION OF TRAINING |
|---|------------------------|------------------------|---------------|----------------------|
| (A) Principles and Practices of Radiation Protection | Circle One (Yes) No | Circle One (Yes) No | DTCC | 4 hr. |
| (B) Radioactivity Measurement monitoring techniques, and instruments. | Circle One (Yes) No | Circle One (Yes) No | " | " |
| (C) Mathematics and calculations basic to the use and measurement or radioactivity. | Circle One (Yes) No | Circle One (Yes) No | " | " |
| (D) Biological effects of radiation. | Circle One (Yes) No | Circle One (Yes) No | " | " |

4. Formal Courses (If "Yes" circled in column I for any of items above, complete this item, listing all courses pertaining to use of radiation or radioactive materials, atomic and nuclear structure, radiochemistry, radiation biology, nuclear engineering, etc.)

| Title of Course | Where Trained | Course Content |
|----------------------------------|--|----------------|
| (A) Radiation Protection Seminar | Delaware Technical + Community College | Types A-D |
| (B) | | |
| (C) | | |
| (D) | | |

5. Experience (List actual use of radioactive materials, details of formal laboratory courses or on the job training.)

| Isotope | Maximum Amount | Where experience | Duration | Type of use |
|---------|----------------|--------------------------|-----------|-------------|
| I-125 | 10 μ Ci | Newark Med. Labs | 1974-76 | RIA Kit |
| I-125 | 10 μ Ci | Physicians Clinical Labs | 1976-1980 | RIA Kit |
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6. Was film badging required in experience situations? Yes ✓ No

7. Additional Comments or Remarks:

STATEMENT OF TRAINING AND EXPERIENCE

1. Name Gertrude L. Kelkher 2. Social Security No. 033-28-1219
3. Type of Training (Circle Yes or No in Columns I and II. If "Yes" is indicated in either column, complete items III and IV)

| TYPE | FORMAL COURSE | ON THE JOB | WHERE TRAINED | DURATION OF TRAINING |
|---|----------------------|----------------------|---------------|----------------------|
| (A) Principles and Practices of Radiation Protection | Circle One Yes No | Circle One Yes No | DTCC | 4hr |
| (B) Radioactivity Measurement monitoring techniques, and instruments. | Circle One Yes No | Circle One Yes No | " | " |
| (C) Mathematics and calculations basic to the use and measurement or radioactivity. | Circle One Yes No | Circle One Yes No | " | " |
| (D) Biological effects of radiation. | Circle One Yes No | Circle One Yes No | " | " |

4. Formal Courses (If "Yes" circled in column I for any of items above, complete this item, listing all courses pertaining to use of radiation or radioactive materials, atomic and nuclear structure, radiochemistry, radiation biology, nuclear engineering, etc.)

| Title of Course | Where Trained | Course Content |
|----------------------------------|--|----------------|
| (A) Radiation Protection Seminar | Delaware Technical + Community College | Types A-D |
| (B) | | |
| (C) | | |
| (D) | | |

5. Experience (List actual use of radioactive materials, details of formal laboratory courses or on the job training.)

| Isotope | Maximum Amount | Where experience | Duration | Type of use |
|---------|----------------|------------------|----------|-------------|
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6. Was film badging required in experience situations? _____ Yes _____ No

7. Additional Comments or Remarks:

STATEMENT OF TRAINING AND EXPERIENCE

1. Name Stanley F. SARNER 2. Social Security No. 054-26-67353. Type of Training (Circle Yes or No in Columns I and II. If "Yes" is indicated in either column, complete items III and IV)

| TYPE | FORMAL COURSE | ON THE JOB | WHERE TRAINED | DURATION OF TRAINING |
|---|----------------------|----------------------|---------------|----------------------|
| (A) Principles and Practices of Radiation Protection | Circle One Yes No | Circle One Yes No | DTCC | 4hr |
| (B) Radioactivity Measurement monitoring techniques, and instruments. | Circle One Yes No | Circle One Yes No | DTCC & UD | 4+ 45hrs |
| (C) Mathematics and calculations basic to the use and measurement or radioactivity. | Circle One Yes No | Circle One Yes No | DTCC & UD | 4+ 45hrs |
| (D) Biological effects of radiation. | Circle One Yes No | Circle One Yes No | DTCC | 4hr |

4. Formal Courses (If "Yes" circled in column I for any of items above, complete this item, listing all courses pertaining to use of radiation or radioactive materials, atomic and nuclear structure, radiochemistry, radiation biology, nuclear engineering, etc.)

| Title of Course | Where Trained | Course Content |
|----------------------------------|-----------------------|----------------|
| (A) Nuclear Chemistry | Univ. of Delaware | Type B-C |
| (B) Radiation Protection Seminar | Del. Tech & Comm Coll | Type A-D |
| (C) | | |
| (D) | | |

5. Experience (List actual use of radioactive materials, details of formal laboratory courses or on the job training.)

| Isotope | Maximum Amount | Where experience | Duration | Type of use |
|----------------|----------------|------------------|----------|-------------|
| ³ H | 10 mCi | Univ. of Del. | 1 yr | tracer |
| | | | | |
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6. Was film badging required in experience situations? Yes ✓ No7. Additional Comments or Remarks: