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June 22, 1983

Ms. B. A. Reidlinger
Health Physicist (Licensing)
Materials Radiation Protection
Inspection and Licensing Section
U. S. Nuclear Regulatory Commission
Region V
1450 Maria Lane, Suite 210
Walnut Creek, CA 94596

Dear Ms. Riedlinger:

This letter is in response to your letter of May 11, 1983. Paragraph numbers in our response correspond to paragraph numbers in your letter.

We agree that in many instances a full-time Radiation Protection Officer (RPO) is necessary for conducting an effective radiation safety program in a hospital. However, in our institution, our designees are strongly supported by management and outside consultants; therefore, the justification for an exception. During the enforcement conference on December 11, 1981 we made a committment for a stronger management involvement in the radiation safety program. We believe that the effect of the stronger management involvement was made apparent during the inspection performed on December 13, 1982 in which only one minor severity Level V violation was identified. We plan to continue operating the program in the same way we have since December 1981. This operation includes the following:

1. Overall control in administration of the program by the Radiation Protection Officer, Dr. Intaraprasong. As much as 10% of his time may be spent in reviewing routine records, conducting inspections, and attending necessary meetings.

2. Use of operating personnel such as the Medical Technologist for performance of routine day-to-day tasks such as routine surveys and record keeping.

3. Reliance on outside consultants to assist the Radiation Protection Officer in the performance of his duties. The use of outside consultants provides an objective viewpoint of the radiation safety program that makes it easier for the RPO to identify trends in operations or deficiencies that may go unnoticed by the personnel operator working in the area on a day-by-day basis.

Response to other items in your letter is indicated below:

1. A representative of the institution's management will be included on the Radiation Safety Committee.

2. Sealed bottles or containers holding more than 0.1 mCi of I-125 or I-131 in unbound form will be opened initially within the hood having a face velocity of at least 0.5 meter per second.

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3. We do not wish to authorize Drs. O'Neal or Kimble for using Groups IV and V byproduct material at this time.

4. The dose calibrator will be adjusted or repaired whenever the results of linearity tests vary from the calculated activities by more than +-5%.

5. The annual accuracy check of the dose calibrator will be conducted using reference standard sources whose accurancy is traceable to National Bureau of Standards.

6. The procedures for safe use of the Sr-90 eye applicator, enclosed as Enclosure 2 to the guide "Information to Be Submitted When Requesting Possession of Sr-90 as an Ophthalmic Applicator," will be used.

7. Effluent from a patient study will be used for performing the xenon trap test efficiency. The results of the test will be logged and compared to previous results to determine if trapping efficiency has begun to fail. The trap will be tested weekly or whenever a n X3-133 test is performed, whichever is less.

8. The procedures for receiving and opening packages of radioactive materials and emergency procedures have been revised to give office and home phone numbers for Dr. Inatarprasong.

9. Our emergency procedures (Item 16, page 1) do state as Step 5 to report the incident to the Radiation Safety Officer as you requested they state. No further action is required on this item.

10. Radioactive wastes with half-lives of less than 60 days will be held for decay in storage for a minimum of 10 half-lives. Radioactive I-125 waste, which has a half-life of 60 days, will be held in storage until no detectable radiation is measured using a low level survey meter and a detector having a 1.4 mg/sq.cm. thin window. We have found from experience because of the low amounts of I-125 used in RIA tests (typically less than 1 mCi), background levels are achieved within one year of storage. To require a minimum of 10 half-lives (almost 2 years) would be to double our radioactive waste storage requirements and unnecessarily increase our cost of operations. Please note that if we were operating under a general license as specified in 10 CFR 31.11, we would not have to store the waste for any period of time for decay.

11. We do not understand why you are taking exception to an ALARA program that works. We perform semi-annual reviews of radiation exposures and radiation levels rather than quarterly reviews as outlined in the model program in Paragraphs 2.C.(2), 3.A.(2), and 3.A.(3). Since 1981, there has only been one instance where an individual has exceeded the ALARA level, and the cause of this incident was related to an exposure received outside of the NRC licensed program. The average exposure for individuals operating under the program was only 49 mrem per quarter during the review conducted in December 1982. Our investigation levels are more restrictive than the ones outlined in your model program. Your model requires an investigative report only on exceeding Level II investigative levels. Our current program requires an investigative report for anyone exceeding a Level I investigative level. By being more restrictive, we are at least equivalent in nature. No further action is planned on this item.

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12. The Pacific Building Clinical Laboratory is owned and controlled by Kaiser Hospital and is located within 100 feet of the main hospital building.

13. We do not plan to make reference t therapy implants in our training program since we are not authorized for use of oup VI materials.

Your prompt review of this additional information would be greatly appreciated.

Yours truly,

Ronald J. Mikolajczyk

Ronald J. Mikolajczyk
Hospital Administrator

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