J. POTTER
RIS

DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL
WASHINGTON, D.C. 20310-2300

DASG-PSP-E

30 May 1985

US Nuclear Regulatory Commission
Region II
101 Marietta Street NW
Suite 3100
Altanta, GA 30303

Gentlemen:

Two copies of a request for amendment/renewal of USNRC License No. 39-14873-01, Moncrief Army Community Hospital are enclosed.

Recommend approval.

Sincerely,

/S/
RICHARD W. FIELD
Colonel, MSC
Radiological Hygiene
Consultant

Enclosure

FOLTR 8/5/81
FEE EXEMPT

DEPARTMENT OF THE ARMY
HEADQUARTERS UNITED STATES ARMY MEDICAL DEPARTMENT ACTIVITY
FORT JACKSON, SOUTH CAROLINA 29207

0756 C6

HSXL-PRP REPLY TO ATTENTION OF

9 May 1985

SUBJECT: Amendment Request for NRC License Number 39-14873-01

THRU: Commander
US Army Health Services Command
ATTN: HSCL-P
Fort Sam Houston, TX 78234-6000

HQDA
DASG-PSP-E
WASH DC 20310-2300

TO: Material Licensing Branch
Division of Fuel Cycle and Material Safety
Office of Nuclear Material and Safeguards
US Nuclear Regulatory Commission
Wash DC 20555

Request current license be amended to reflect changes in equipment and facilities. Amendment application is attached.

ALBERT C. MOLNAR
Colonel, Medical Corps
Acting Commander

Atch
as

8507170568 1p.

NRC FORM 313M (9-81) 10 CFR 35	U.S. NUCLEAR REGULATORY COMMISSION APPLICATION FOR MATERIALS LICENSE – MEDICAL	Approved by OMB 3150-0041 Expires 9-30-83

INSTRUCTIONS – *Complete Items 1 through 26 if this is an initial application or an application for renewal of a license. Use supplemental sheets where necessary. Item 26 must be completed on all applications and signed. Retain one copy. Submit original and one copy of entire application to: Director, Office of Nuclear Materials Safety and Safeguards, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555. Upon approval of this application, the applicant will receive a Materials License. An NRC Materials License is issued in accordance with the general requirements contained in Title 10, Code of Federal Regulations, Part 30, and the Licensee is subject to Title 10, Code of Federal Regulations, Parts 19, 20 and 35 and the license fee provision of Title 10, Code of Federal Regulations, Part 170. The license fee category should be stated in Item 26 and the appropriate fee enclosed.*

1.a. NAME AND MAILING ADDRESS OF APPLICANT *(institution, firm, clinic, physician, etc.)* INCLUDE ZIP CODE

Department of the Army
Nuclear Medicine Service
Moncrief Army Community Hospital
Fort Jackson, SC 29207-5720
TELEPHONE NO.: AREA CODE (803) 751 2383

1.b. STREET ADDRESS(ES) AT WHICH RADIOACTIVE MATERIAL WILL BE USED *(If different from 1.a.)* INCLUDE ZIP CODE

Same as 1a.

2. PERSON TO CONTACT REGARDING THIS APPLICATION

CPT J. R. CARTER
TELEPHONE NO.: AREA CODE (803) 751 4552/2267

3. THIS IS AN APPLICATION FOR: *(Check appropriate item)*

a. ☐ NEW LICENSE
b. XX AMENDMENT TO LICENSE NO. 39-14873-01
c. ☐ RENEWAL OF LICENSE NO. _____

4. INDIVIDUAL USERS *(Name individuals who will use or directly supervise use of radioactive material. Complete Supplements A and B for each individual.)*

NO CHANGE

5. RADIATION SAFETY OFFICER (RSO) *(Name of person designated as radiation safety officer. If other than individual user, complete resume of training and experience as in Supplement A.)*

NO CHANGE

6.a. RADIOACTIVE MATERIAL FOR MEDICAL USE — NO CHANGE

RADIOACTIVE MATERIAL LISTED IN:	ITEMS DESIRED "X"	MAXIMUM POSSESSION LIMITS *(In millicuries)*
10 CFR 31.11 FOR IN VITRO STUDIES		
10 CFR 35.100, SCHEDULE A, GROUP I		AS NEEDED
10 CFR 35.100, SCHEDULE A, GROUP II		AS NEEDED
10 CFR 35.100, SCHEDULE A, GROUP III		
10 CFR 35.100, SCHEDULE A, GROUP IV		AS NEEDED
10 CFR 35.100, SCHEDULE A, GROUP V		AS NEEDED
10 CFR 35.100, SCHEDULE A, GROUP VI		

ADDITIONAL ITEMS:	MARK ITEMS DESIRED "X"	MAXIMUM POSSESSION LIMITS *(In millicuries)*
IODINE-131 AS IODIDE FOR TREATMENT OF HYPERTHYROIDISM		
PHOSPHORUS-32 AS SOLUBLE PHOSPHATE FOR TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA AND BONE METASTASES		
PHOSPHORUS-32 AS COLLOIDAL CHROMIC PHOSPHATE FOR INTRACAVITARY TREATMENT OF MALIGNANT EFFUSIONS.		
GOLD-198 AS COLLOID FOR INTRACAVITARY TREATMENT OF MALIGNANT EFFUSIONS.		
IODINE-131 AS IODIDE FOR TREATMENT OF THYROID CARCINOMA		
XENON-133 AS GAS OR GAS IN SALINE FOR BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES.		

6.b. RADIOACTIVE MATERIAL FOR USES NOT LISTED IN ITEM 6.a. *(Sealed sources up to 3 mCi used for calibration and reference standards are authorized under Section 35.14(d), 10 CFR Part 35, and NEED NOT BE LISTED.)*

ELEMENT AND MASS NUMBER	CHEMICAL AND/OR PHYSICAL FORM	MAXIMUM NUMBER OF MILLICURIES OF EACH FORM	DESCRIBE PURPOSE OF USE

~~8507170573~~ 10 pp.

INFORMATION REQUIRED FOR ITEMS 7 THROUGH 23

For Items 7 through 23, check the appropriate box(es) and submit a detailed description of all the requested information. Begin each item on a separate sheet. Identify the item number and the date of the application in the lower right corner of each page. If you indicate that an appendix to the medical licensing guide will be followed, do not submit the pages, but specify the revision number and date of the referenced guide: Regulatory Guide 10.8 Rev. 1 Date: Oct 1980

7. MEDICAL ISOTOPES COMMITTEE NO CHANGE	15. GENERAL RULES FOR THE SAFE USE OF RADIOACTIVE MATERIAL *(Check One)* NO CHANGE
☐ Names and Specialties Attached; and	☐ Appendix G Rules Followed; or
☐ Duties as in Appendix B; or *(Check One)*	☐ Equivalent Rules Attached
☐ Equivalent Duties Attached	16. EMERGENCY PROCEDURES *(Check One)* NO CHANGE
8. TRAINING AND EXPERIENCE NO CHANGE	☐ Appendix H Procedures Followed; or
☐ Supplements A & B Attached for Each Individual User; and	☐ Equivalent Procedures Attached
☐ Supplement A Attached for RSO.	17. AREA SURVEY PROCEDURES *(Check One)* NO CHANGE
9. INSTRUMENTATION *(Check One)* NO CHANGE	☐ Appendix I Procedures Followed; or
☐ Appendix C Form Attached; or	☐ Equivalent Procedures Attached
☐ List by Name and Model Number	18. WASTE DISPOSAL *(Check One)* NO CHANGE
10. CALIBRATION OF INSTRUMENTS NO CHANGE	☐ Appendix J Form Attached; or
☐ Appendix D Procedures Followed for Survey Instruments; or *(Check One)*	☐ Equivalent Information Attached
☐ Equivalent Procedures Attached; and	19. THERAPEUTIC USE OF RADIOPHARMACEUTICALS *(Check One)* NO CHANGE
☐ Appendix D Procedures Followed for Dose Calibrator; or *(Check One)*	☐ Appendix K Procedures Followed; or
☐ Equivalent Procedures Attached	☐ Equivalent Procedures Attached
11. FACILITIES AND EQUIPMENT TAB A	20. THERAPEUTIC USE OF SEALED SOURCES NO CHANGE
☐ Description and Diagram Attached	☐ Detailed Information Attached; and
12. PERSONNEL TRAINING PROGRAM NO CHANGE	☐ Appendix L Procedures Followed; or *(Check One)*
☐ Description of Training Attached	☐ Equivalent Procedures Attached
13. PROCEDURES FOR ORDERING AND RECEIVING RADIOACTIVE MATERIAL NO CHANGE	21. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE GASES (e.g., Xenon – 133) NO CHANGE
☐ Detailed Information Attached	☐ Detailed Information Attached
14. PROCEDURES FOR SAFELY OPENING PACKAGES CONTAINING RADIOACTIVE MATERIALS *(Check One)* NO CHANGE	22. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE MATERIAL IN ANIMALS NO CHANGE
☐ Appendix F Procedures Followed; or	☐ Detailed Information Attached
☐ Equivalent Procedures Attached	23. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE MATERIAL SPECIFIED IN ITEM 6.b NO CHANGE
	☐ Detailed Information Attached

24. PERSONNEL MONITORING DEVICES

NO CHANGE

TYPE (Check appropriate box)			SUPPLIER	EXCHANGE FREQUENCY
a. WHOLE BODY		FILM		
		TLD		
		OTHER (Specify)		
b. FINGER		FILM		
		TLD		
		OTHER (Specify)		
c. WRIST		FILM		
		TLD		
		OTHER (Specify)		

d. OTHER (Specify)

25. FOR PRIVATE PRACTICE APPLICANTS ONLY

a. HOSPITAL AGREEING TO ACCEPT PATIENTS CONTAINING RADIOACTIVE MATERIAL

NAME OF HOSPITAL

MAILING ADDRESS

CITY | STATE | ZIP CODE

b. ATTACH A COPY OF THE AGREEMENT LETTER SIGNED BY THE HOSPITAL ADMINISTRATOR.

c. WHEN REQUESTING THERAPY PROCEDURES, ATTACH A COPY OF RADIATION SAFETY PRECAUTIONS TO BE TAKEN AND LIST AVAILABLE RADIATION DETECTION INSTRUMENTS.

26. CERTIFICATE

(This item must be completed by applicant)

The applicant and any official executing this certificate on behalf of the applicant named in Item 1a certify that this application is prepared in conformity with Title 10, Code of Federal Regulations, Parts 30 and 35, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief.

a. LICENSE FEE REQUIRED
(See Section 170.31, 10 CFR 170)

(1) LICENSE FEE CATEGORY: EXEMPT

(2) LICENSE FEE ENCLOSED: $ _____

b. APPLICANT OR CERTIFYING OFFICIAL *(Signature)*

(1) NAME *(Type or Print)*
ALBERT C. MOLNAR, Colonel, MC

(2) TITLE
Acting Commander

c. DATE
9 May 1985

NRC FORM 313M (9-81)

TAB A

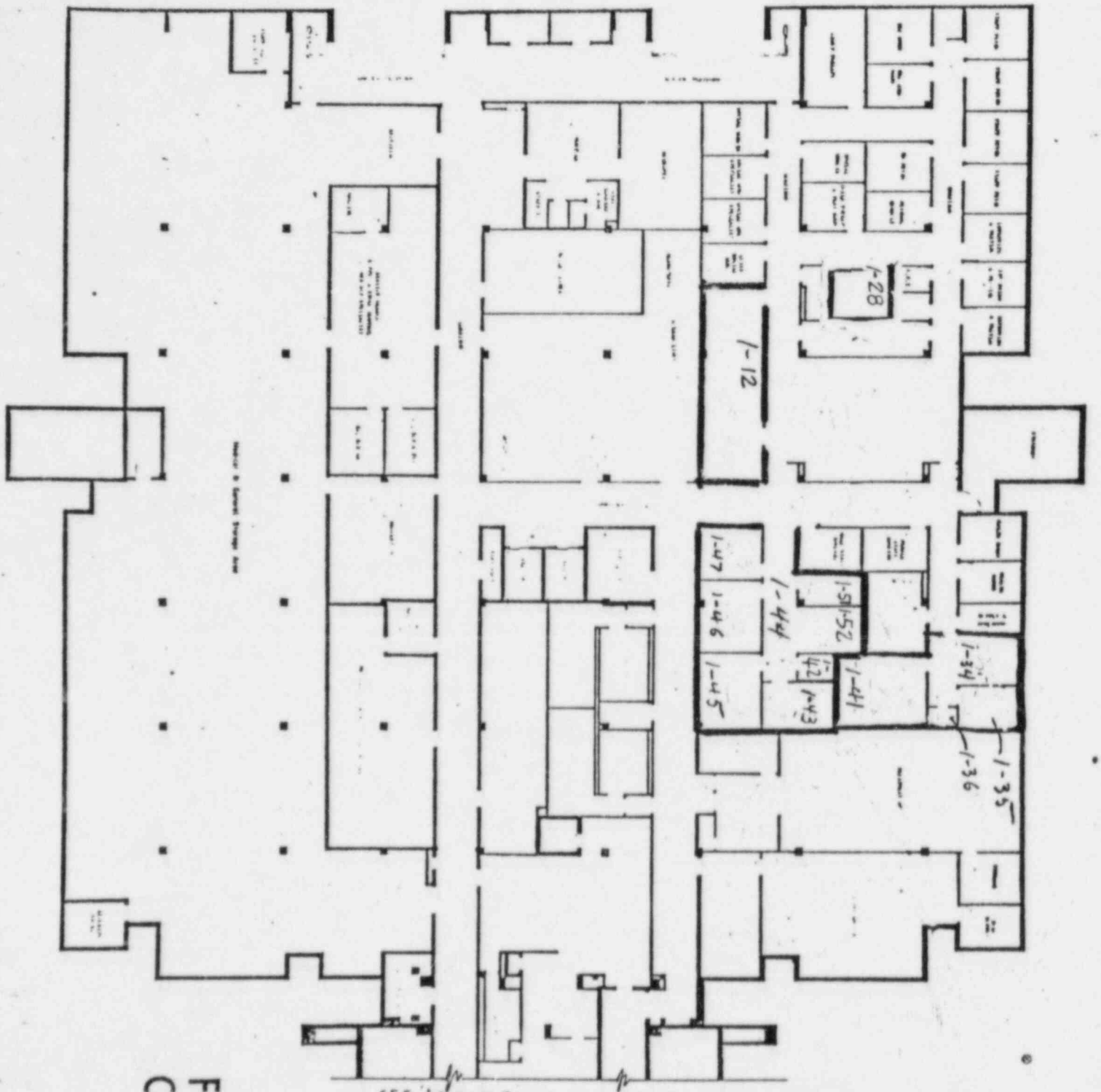
1. Request approval of new facility site and layout for the MACH Nuclear Medicine Svc, In Vitro Laboratory as depicted in the attached diagrams.

2. The proposed move of the In Vitro Lab and administrative offices will consolidate the Nuclear Medicine Svc in one clinical location preventing the routine transportation of radiopharmocuticals accross public corrdiors. This move should reduce the risk of accidental contamination due to material movements within the hospital.

3. In accordance with US NRC Reg Guide 10.8 Appendix N para 1j(3) a close out survey of the In Vitro lab site will be conducted insuring no radioactive sources remain and there is no removable contamination present prior to release for nonrestricted use. Until the close-out survey is completed documenting that all sources have been removed and that the lab area is free of contamination this area will remain a restricted area and will be under the supervision of the Radiation Protection Officer.

4. Upon completion of the close out survey a copy of the survey will be forwarded to your office if requested.

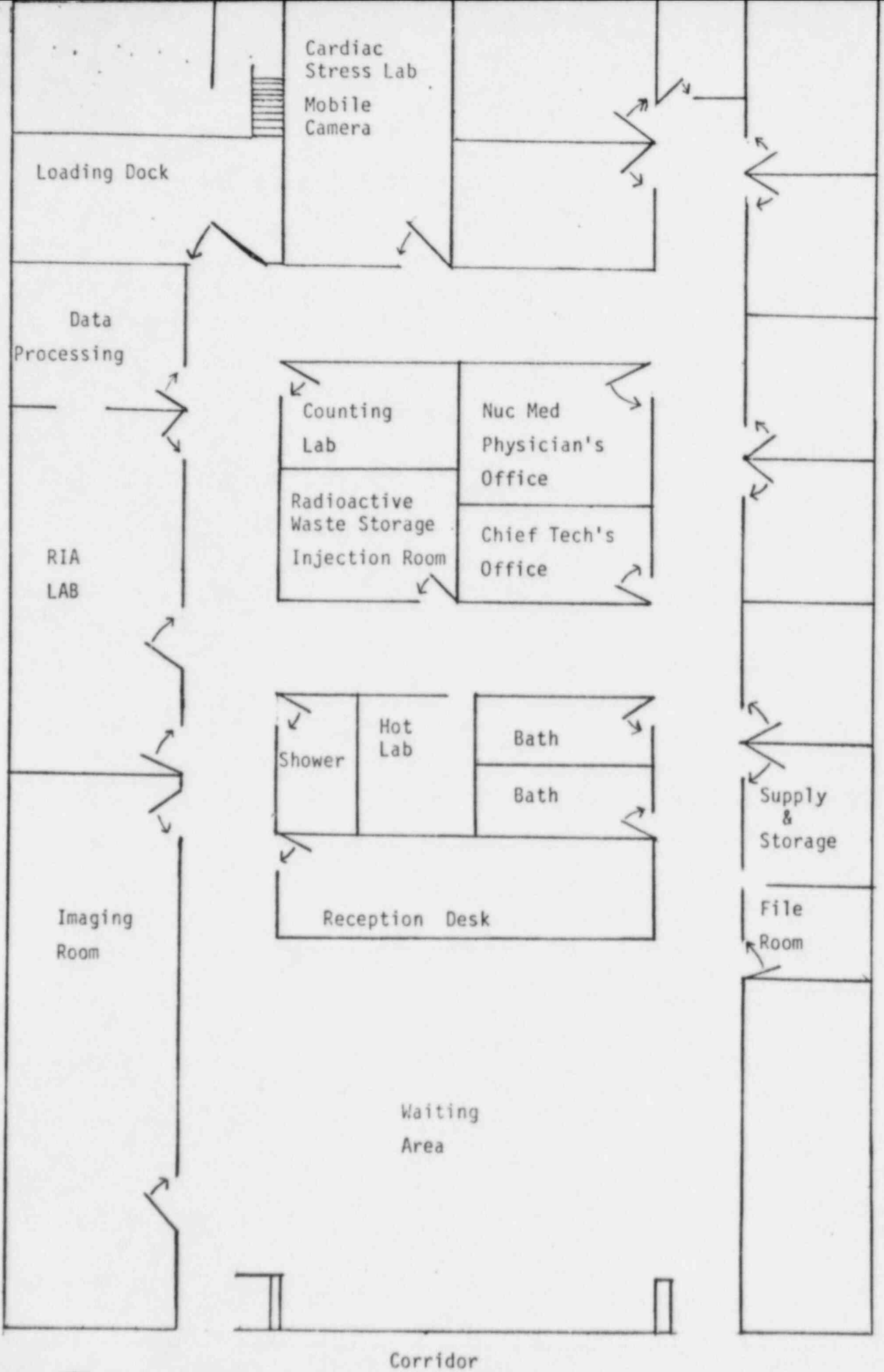
EXISTING FACILITY



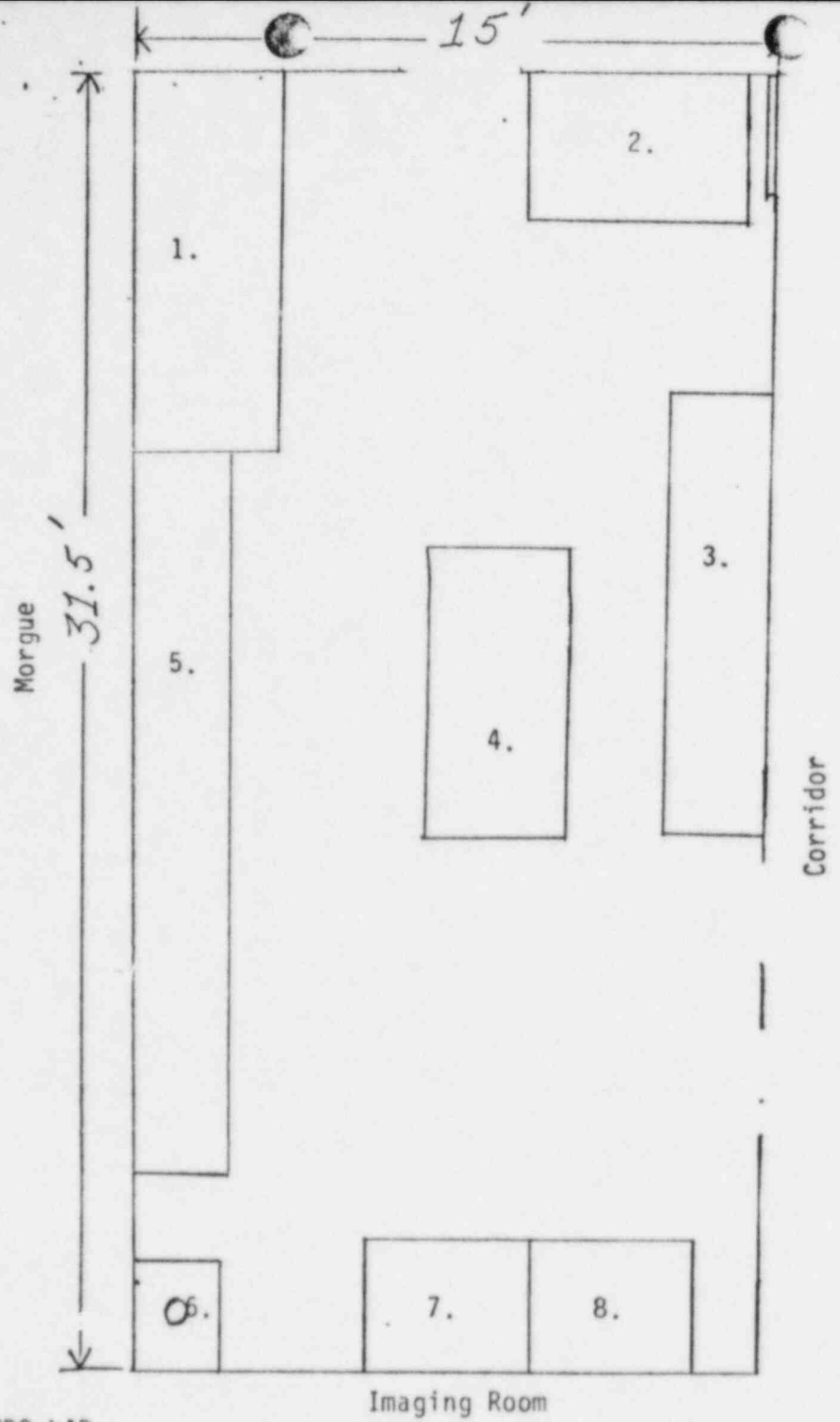
SEE 'FIRST FLOOR TOWER' FOR CONTINUATION

FIRST FLOOR CLINIC WING

"Rm 1-12--Imaging
1-28--Radiopharmach/ Hot Lab
1-47--Drs. Office
1-46--Reception
1-45--Imaging
1-44--Hallway
1-43--Data Processing
Rm 1-51--Injection Room
1-52--Pt. waiting
1-42--Toilet(Staff)
1-41--In-vitro Lab
1-34--Counting Lab
1-35--Office,Chief Tech.
1-36--Closet

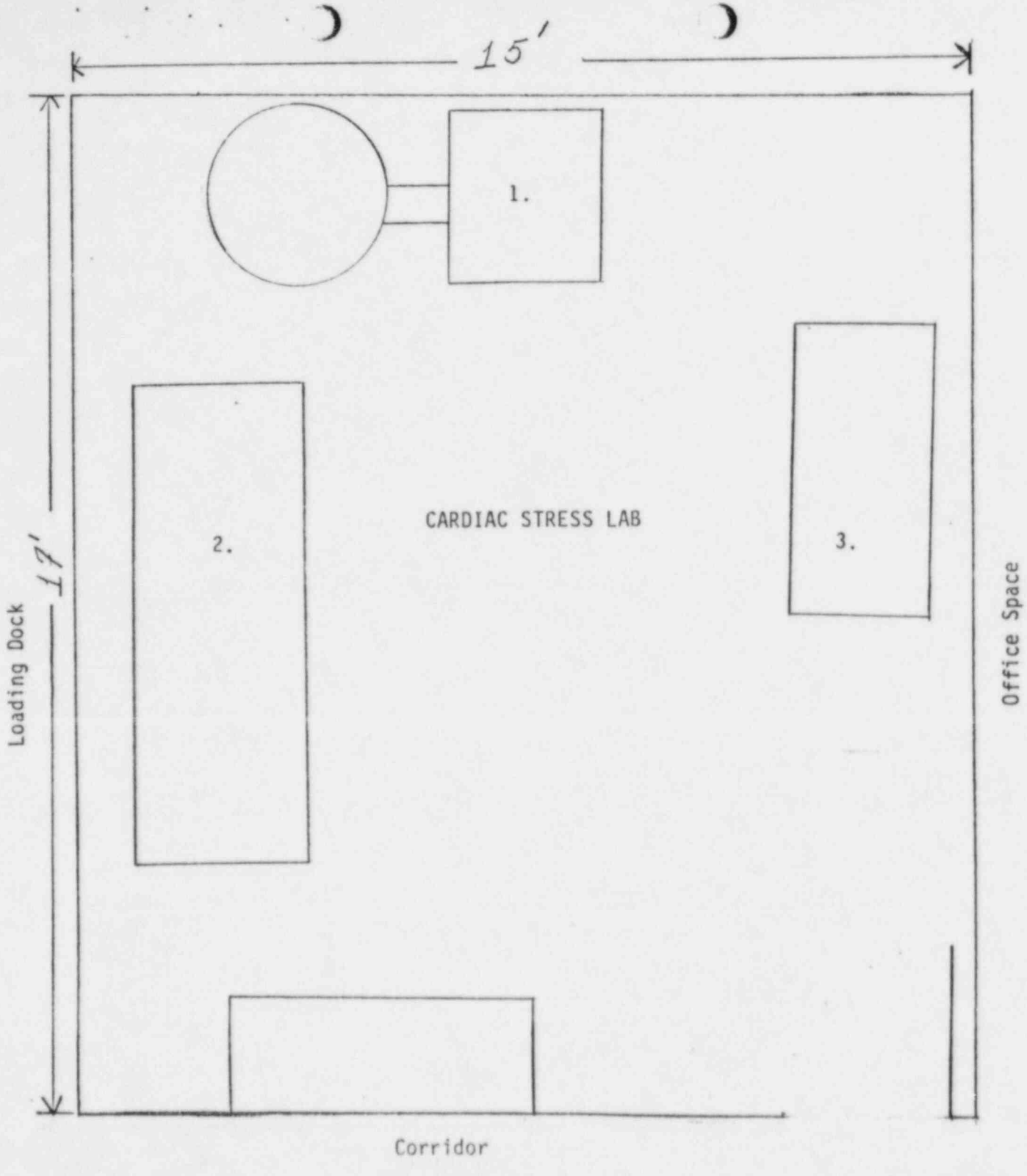


PROPOSED LAYOUT

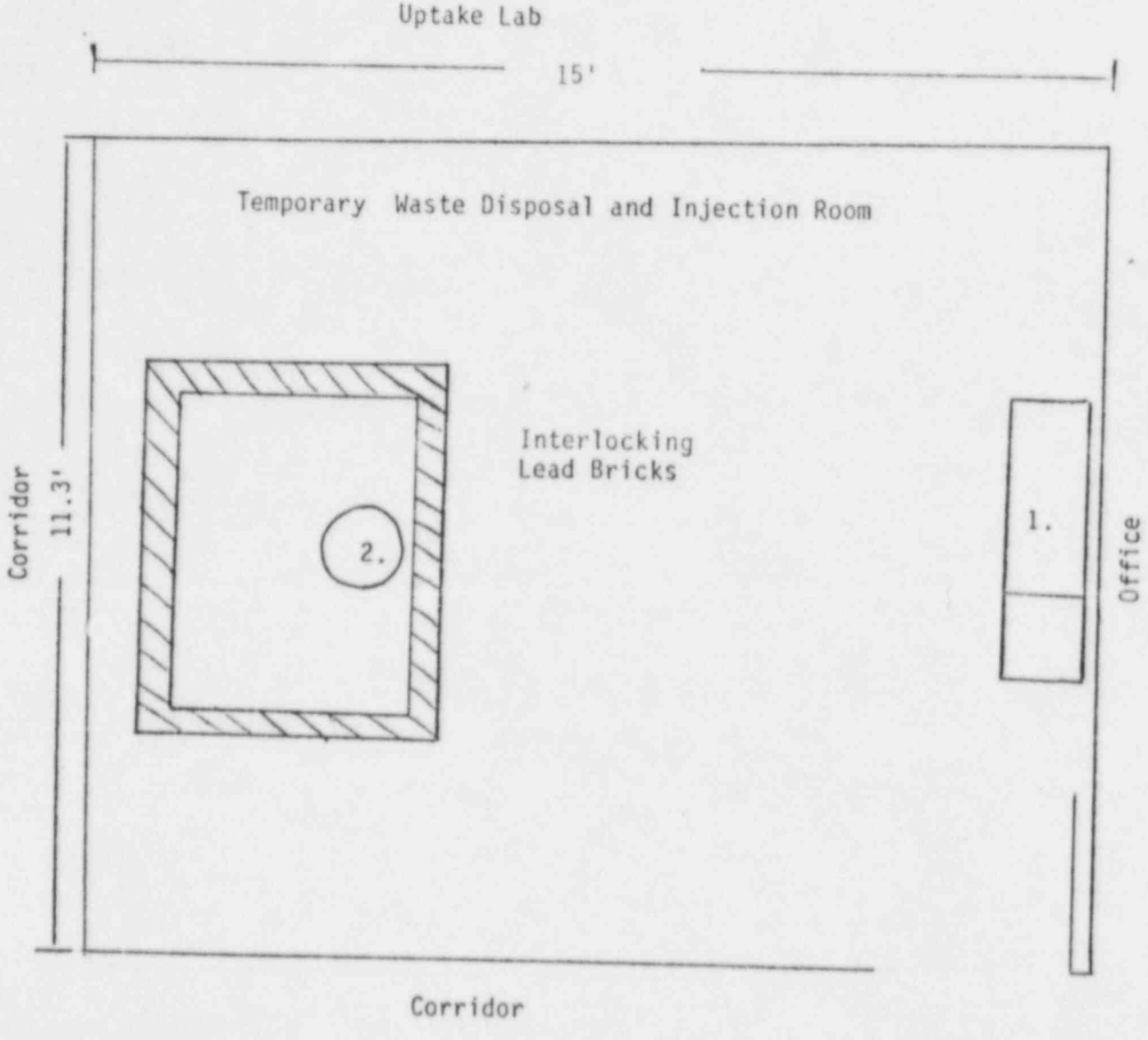


IN VITRO LAB

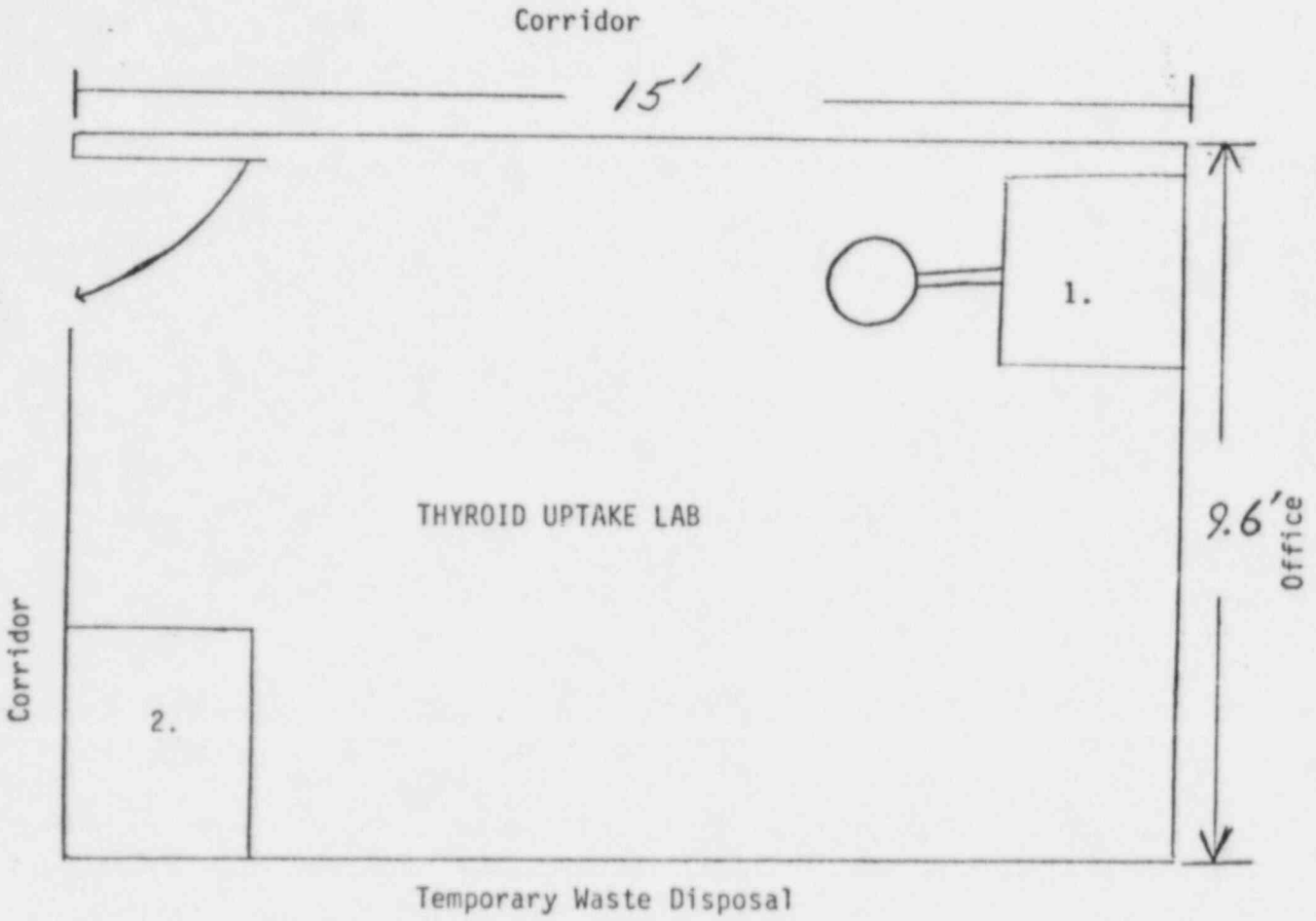
1. Concept 4.
2. 4/600 Gamma Counter.
3. Counter Top.
4. Couter Top.
5. Counter Top.
6. Hot Sink.
7. Freezer.
8. Refrigerator.



1. Portable Gamma Camera.
2. Treadmill.
3. Exercise Bicycle.



1. Injection Chair.
2. Technecium Generator and Generator Housing. (Generator has .25 Pb equivalent and Generator Housing has .25 Pb equivalent)



1. Uptake Probe.
2. Centrifuge.