Yellow

UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D. C. 20555

MAY 11 1979

030-00257
(99051)
LMB:FSTMary

Leila Y. Post Montgomery Hospital
ATTN: Sister Mary Charlene Curl
Administrator
300 North Avenue
Battlecreek, MI 49016

Gentlemen:

This is in reference to your request dated March 12, 1979 to renew your Teletherapy License, No. 21-01354-03. Your application is deemed timely filed, and, accordingly, the license will not expire until final action has been taken by this office.

Renewal applications should contain up-to-date information on your teletherapy facility and program. In order to continue our review, we need the following additional information:

☐ 1. In order to add Dr. _____'s name as an authorized user, please submit:

a. The number of the AEC/NRC or Agreement State teletherapy license on which this physician was listed as authorized user, OR

b. A statement indicating that the physician is certified by the American Board of Radiology in Radiology or Therapeutic Radiology and the year of certification, OR

c. Evidence of the physician's training and experience. This should include the information requested in Item Nos. 8 and 9 of Form AEC-313, and completed, signed preceptor statements (page 3 of Form AEC-313(A)) with additional statements from each physician under whom he received training and experience in the use of teletherapy units. These latter statements should describe the scope and the extent of his training and experience and an appraisal of his competency to independently use a teletherapy unit. (See Section III.A. of the enclosed guide.) This information will be reviewed with the assistance of the Commission's Advisory Committee on Medical Uses of Isotopes.

[X] 2. Specify the mechanical and/or electrical beam stops that are operational and restrict beam orientation. Describe the beam angles (in room space) that are permitted by these limitations. (See Section III.B.3 of the guide and Condition 15 of your license)

[X] 3. Describe your continuous patient viewing system. (See Section III.C.2 of the guide)

4. With regard to personnel monitoring devices, please specify:

[ ] a. Name of the supplier.

[ ] b. Type of devices used (e.g., film badges, TLD; body, wrist, ring).

[ ] c. Frequency of changing monitoring devices.

[ ] d. For pocket dosimeters, the useful range, frequency of reading and procedures for calibration and maintenance. (See Section III.D.1 of the guide.)

5. For your radiation survey and monitoring instruments, submit:

[X] a. The information requested in Item 9 of Form AEC-313 M.

[X] b. The frequency of calibration.

[X] 6. If you propose to calibrate your own radiation survey and monitoring instruments, you should submit a detailed description of your planned calibration procedures. The description of calibration procedures should include, as a minimum:

a. the manufacturer and model number of the source(s) to be used.

b. the nuclide and quantity of radioactive material contained in the source.

c. the accuracy of the source(s). Traceability of the source to a primary standard should be provided.

d. The step-by-step procedures, including associated radiation safety procedures. These procedures should include a two-point calibration of each scale of each instrument with the points separated by at least 50% of the scale.

e. the name(s) and pertinent experience of person(s) who will perform the calibrations.

The enclosed survey meter procedures may be useful to you.

/X/ 7. If you intend to contract out the calibration of your radiation survey and monitoring instruments, you should specify the name, address, and the license number of the firm. You should contact the firm that will provide the calibration to determine if information concerning calibration procedures has been filed with the Commission. If this information has not been filed, you should obtain information concerning calibration procedures and submit it to this office.

/X/ 8. With regard to the required semi-annual leak testing of your teletherapy source, specify the name and address of the organization that will perform the test. If you plan to perform the test, describe the manner in which leak test samples are taken, manufacturer's name and model number of instrumentation to be used in the analysis, and the method of analysis. (See Section III.D.4 of the enclosed guide.)

/X/ 9. Submit an up-to-date copy of emergency procedures to be followed in the event that the operator is unable to turn off the teletherapy unit at the console. (Section III.D.5 of the guide gives a suggested procedure.) Your procedure should contain the names and telephone numbers of specific individuals to be notified in case of emergency (e.g., responsible physician, radiation protection officer).

/ / 10. Conditions 18 and 19 of your license require that a radiation survey be performed and the results reported to the U. S. Nuclear Regulatory Commission:

a. Each time your teletherapy source is replaced.

b. Whenever you make any changes in the shielding, location or use of your teletherapy installation that could affect radiation levels in surrounding areas.

A check of our records indicates that we have not received a report from you since _____. Please submit radiation survey report prepared in accordance with the enclosed Appendix A.

/ / 11. A completed, signed application form (Form NRC-313) with Item Nos. _____ completed.

We will continue our review upon receipt of this information. Please reply in duplicate and refer to Control No. 99051 .

Sincerely,

Francis A. St. Mary

Francis A. St. Mary
Radioisotopes Licensing Branch
Division of Fuel Cycle and
Material Safety

Enclosures:
1. Draft of Therapy Licensing Guide with Appendix A (Survey Reports)
2. Form AEC-313(M) Procedure
3. Survey Meter