



(608) 873-8311
1-800-362-3302

P.O. BOX 501, STOUGHTON, WI 53589

October 10, 1985

Nuclear Regulatory Commission
Region III
799 Roosevelt Road
Glen Ellyn, Ill 60137

RE: SHARED IMAGING SERVICES
Southwest Health Center
808 S. Washington Street
Cuba City, WI 53807

FACILITIES ABANDONMENT SURVEY
NRC License #48-20331-01
CONTROL #379811

Survey Instrument Used: Atomic Products Model 069-701

Date of Last Calibration: 9-25-85 by Stan A. Huber
Consultants, Inc.

Background: A.) Location - sidewalk in front of building.
B.) Levels were 0.00 to 0.05 MR/HR.

AREAS SURVEYED:

A complete survey using the survey meter x 1.0 range was conducted in the dismantled hot lab to include the wall behind the counter where radionuclides were stored and manipulated. The floor surfaces in front of the counter, the counter top and any other areas where radioactive materials were stored or used were also surveyed. Refer to the attached diagram.

SURFACE WIPE TESTS:

Surfaces wiped included the hot lab storage and use surfaces, the floor near Pharmaceutical Preparation sites, the hall floor next to the door of the hot lab and any other areas where radioactive materials were used or stored. Refer to attached diagram. Wipes were made with the G.M. low level detector.

RECEIVED

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RESULTS:

All surveys produced readings in the 0.00-0.05 MR/HR range.


CONCLUSIONS:

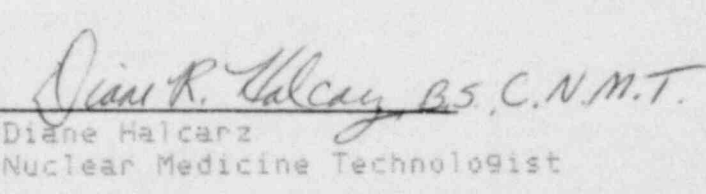
No radiation levels above background were detected. No contamination was found. The used Generators were all returned to the manufacturer using their prescribed procedures. All waste was found to have decayed to Bkg. and was appropriately disposed of.

RECOMMENDATIONS:

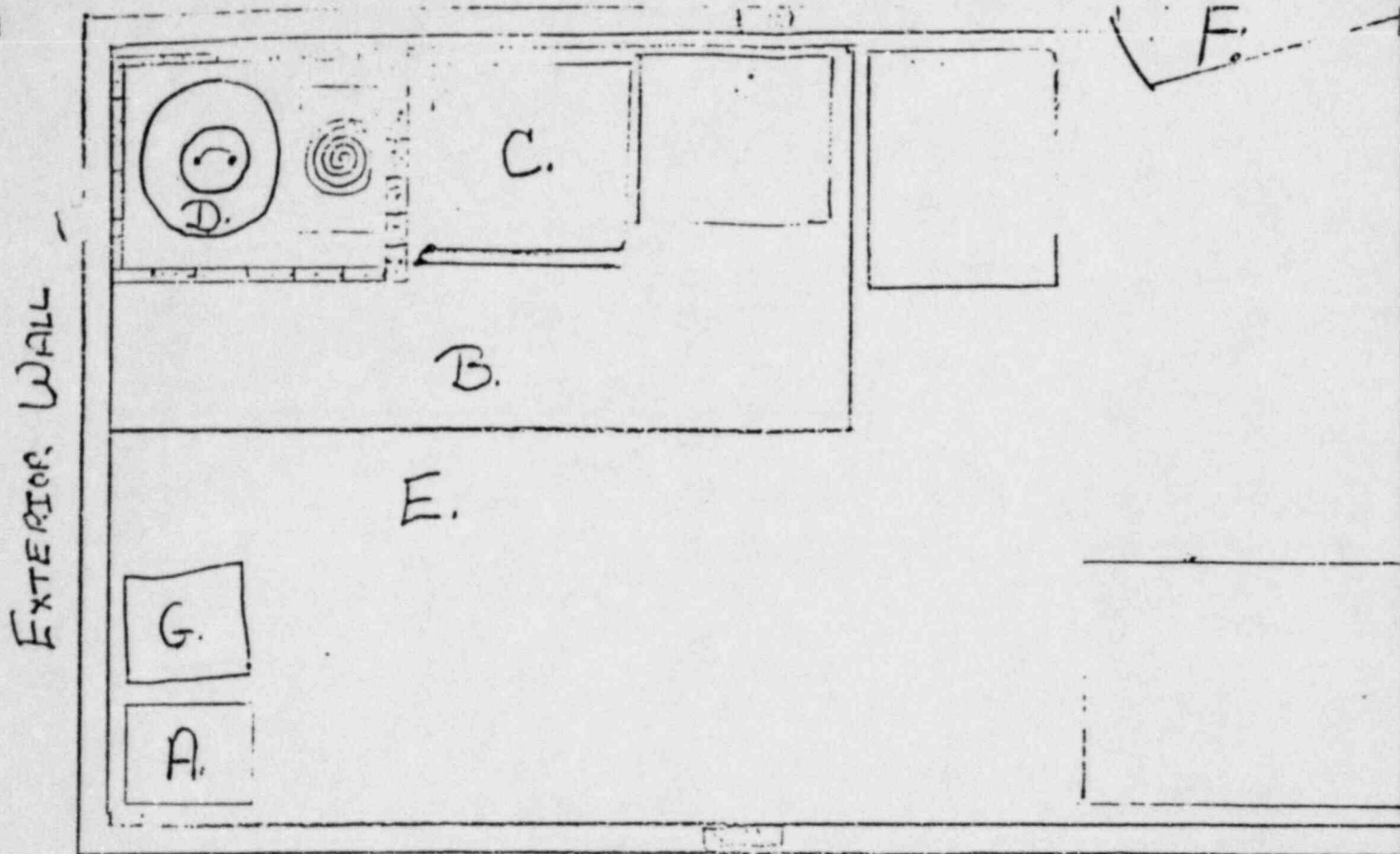
The signs indicating the presence of radioactive materials in the hot lab should be removed or defaced.

Thank you,

 *Judy McLellan, RDMS*
Judy McLellan, RDMS
General Manager

 *Diane R. Halcarz, B.S., C.N.M.T.*
Diane Halcarz
Nuclear Medicine Technologist

Enclosure



HOUSEKEEPING OFFICE

A. RADIOACTIVE TRASH

B. WORK AREA

C. PREP AREA

D. GENERATOR SILD

E. FLOOR

F. OUTSIDE HALLWAY

G. STORAGE BOX

8-5-85
WEEK OF 8-9-85

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER Margaret Ingrid FAGERHOLM, M.D.	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE
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3. CERTIFICATION		
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES			
FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING	
		LECTURE/ LABORATORY COURSES (Hours) C	SUPERVISED LABORATORY EXPERIENCE (Hours) D
a. RADIATION PHYSICS AND INSTRUMENTATION	University of Wisconsin	100	
b. RADIATION PROTECTION	"	30	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	"	10	
d. RADIATION BIOLOGY	"	40	
e. RADIOPHARMACEUTICAL CHEMISTRY	"	50	

5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE

PRECEPTOR STATEMENT

Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.

1. APPLICANT PHYSICIAN'S NAME AND ADDRESS		KEY TO COLUMN C PERSONAL PARTICIPATION SHOULD CONSIST OF: 1-Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage. 2-Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements and plotting of data. 3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.
FULL NAME		
FAGERHOLM, Margaret Ingrid, M.D.		
STREET ADDRESS		
CITY	STATE	ZIP CODE

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION	20	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	20	
	LIVER FUNCTION STUDIES	0	
	FAT ABSORPTION STUDIES	0	
	KIDNEY FUNCTION STUDIES	260	
	IN VITRO STUDIES	10	
OTHER			
I-125	DETECTION OF THROMBOSIS	0	We use platelets now.
I-131	THYROID IMAGING	1	
P-32	EYE TUMOR LOCALIZATION	1	
Se-75	PANCREAS IMAGING	0	We use Tc-99m now.
Yb-169	CISTERNOGRAPHY	0	We use Tc-99m or In-111 now.
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	25	
OTHER	In-111 cells & DTPA	50	
Tc-99m	BRAIN IMAGING	10	
	CARDIAC IMAGING	350	
	THYROID IMAGING	40	
	SALIVARY GLAND IMAGING	2	
	BLOOD POOL IMAGING	20	
	PLACENTA LOCALIZATION	0	
	LIVER AND SPLEEN IMAGING	150	
	LUNG IMAGING	100	
	BONE IMAGING		
OTHER			

PRECEPTOR STATEMENT (Continued)

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
P-32 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	3	Resident training in Nuclear Medicine includes formal hours on topics including the physics of radioactivity, related mathe- matics, radiation safety, related instrumentation including com- puterized data processing and radiobiology.
P-32 (Colloid)	INTRACAVITARY TREATMENT	0	
I-131	TREATMENT OF THYROID CARCINOMA	6	
	TREATMENT OF HYPERTHYROIDISM	20	
Au-198	INTRACAVITARY TREATMENT	0	
Co-60 or Cs-137	INTERSTITIAL TREATMENT	0	
	INTRACAVITARY TREATMENT	0	
I-125 or Ir-192	INTERSTITIAL TREATMENT	0	
	TELETHERAPY TREATMENT	0	
Sr-90	TREATMENT OF EYE DISEASE	0	
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	10	
Sn-113/ In-113m	GENERATOR	0	
Tc-99m	REAGENT KITS	12	
Other			

3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING

(40 hours/week)

Over the three months of nuclear medicine resident training and involvement in emergency procedures and clinical conferences this person received in excess of 600 hours of training.

4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:

a. NAME OF SUPERVISOR

MICHAEL A. WILSON, M.D.

b. NAME OF INSTITUTION VA Hospital/
Univ. of Wisc. Hospital & Clinics

c. MAILING ADDRESS

Madison, WI

d. CITY

5. PRECEPTOR'S SIGNATURE

Michael A. Wilson

MICHAEL A. WILSON, M.D.

7. PRECEPTOR'S NAME (Please type or print)

MICHAEL A. WILSON, M.D.

8. DATE

18 September 1985

5. MATERIALS LICENSE NUMBER(S)

VA 48-01183-01 UW 48-09843-18

FORM NRC 313M SUPPLEMENT B
(8-78)