



Belling

STATE OF NEVADA  
DEPARTMENT OF HUMAN RESOURCES

HEALTH DIVISION

505 East King Street  
Carson City, Nevada 89710

RICHARD H. BRYAN  
Governor

JERRY GRIEPENTROG  
Director

February 28, 1985

Donald A. Nussbaumer  
Assistant Director for State Agreements Programs  
Office of State Programs  
U.S. Nuclear Regulatory Commission  
Washington, D.C. 20555

Dear Mr. Nussbaumer:

I have listed below comments on the proposed rule 10CFR Part 35 which was enclosed with your memo, dated January 14, 1985, to all Agreement States.

Section 35.36 Radiation Safety Program Changes.

I am opposed to the intent of this Section which is to allow the licensee to make changes in its radiation safety program without prior approval of the licensing agency.

The degree of flexibility which would be afforded by Section 35.36 is potentially dangerous because the licensee may not consider all pertinent safety matters before making the change in the radiation safety program. That error in judgement would probably not be discovered by an inspector until after unnecessary exposure of persons to radiation had occurred, or property had become contaminated with radioactive material. It is my understanding that some nuclear medical programs are rated by NRC as Priority 5 inspections and thus potentially dangerous changes in the licensee's radiation safety program would not be inspected for up to 5 years after occurrence.

In addition, we have not found the flexibility in Section 35.36 to be necessary. I have reviewed all amendments to licenses that this office has issued in the last three years and noted that none were issued for a change in the radiation safety program of a nuclear medicine license.

Section 35.606 Amendments (to teletherapy licenses)

At the end of this section similar wording to the following should be added:

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PDR PR PDR  
35 50FR30616

Feb. 28, 1985  
Donald Nussbaumer  
page two

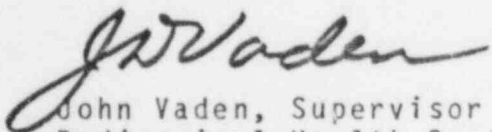
"The requirement for a license amendment for any of the changes mentioned in subparagraphs (a) through (e) above are in addition to the requirement for amendments for the changes in Section 35.17".

The reason for the above clarification note is that persons with only a teletherapy license may view subpart I as their principal requirement and not consider the requirements in Section 35.17 applicable.

#### Section 35.622 Viewing System

This Section requires a viewing system for continuous observation of the patient being irradiated. There should be a requirement in this section to the effect that if the viewing system is inoperative or obscured, the irradiation of the patient must be terminated.

Sincerely,



John Vaden, Supervisor  
Radioogical Health Section

cc: Joe Ward  
Mary Lou Blazek



NORTH DAKOTA  
STATE DEPARTMENT OF HEALTH

State Capitol  
Bismarck, North Dakota 58505

*Byling*  
State Health Officer

March 11, 1985

Environmental Health Section  
Missouri Office Building  
1200 Missouri Avenue  
Bismarck, North Dakota 58501

Mr. Donald A. Nussbaumer  
Assistant Director for the  
State Agreements Program  
Office of State Programs  
U.S. Nuclear Regulatory Commission  
Washington, D.C. 20555

Re: 10 CFR 35

Dear Mr. Nussbaumer:

Since this Department's initial review of proposed revisions to 10 CFR Part 35 and letter of March 22, 1984, the Department has become more aware of other agreement state views on this subject. In that light, we would like to take this opportunity to expand on our initial comments and indicate our present position on this matter. Our comments will reemphasize some of those expressed in Aubrey Godwin's letter to Chairman Palladino of February 14, 1985.

1. This Department does not believe the notification by licensees with many authorized users is necessary. (35.18).
2. We do not approve of licensees being allowed to change the radiation safety procedures and equipment, etc. as indicated in 35.36. We believe it is necessary to go through a license amendment process to assure equipment and facilities remain adequate over the 5-year period licenses are issued for.
3. Intuitively 35.51 (b) (2) appears to be satisfactory; however, clarity should be given to calibration procedures such as "separation by at least 50% on each scale."
4. The Department sees no reason why records of inventory shall be maintained for five years while other records be maintained for two years as specified in 35.59 (g).
5. We concur with the intent of 35.62 which is obviously to minimize the chances of misadministrations; however, the requirement appears to be impractical for the majority of users.

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Environmental  
Enforcement

701-224-3234

Environmental  
Engineering

701-224-2348

Environmental  
Sanitation

701-224-2382

Environmental Waste  
Management & Research

701-224-2366

Water Supply &  
Pollution Control

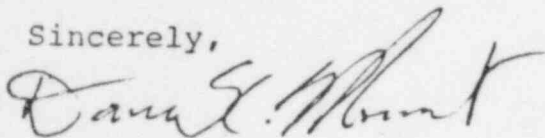
701-224-2354

March 11, 1985

6. The Department believes consistent units should be maintained throughout the regulations; milliroentgens, and millirem should not be interchanged.
7. In regard to 35.315 (d) the Department believes this issue can be addressed on the patient's chart and through standard nursing instructions. Again this regulation may have good intent but appears to be impractical.
8. It appears 35.620 could use further clarification to prevent inappropriate instruments being used for surveys.

In summary, the Department supports the proposed revisions to part 35; however, this Department believes additional improvement can be made by considering the above comments and those of the other agreement states.

Sincerely,



Dana K. Mount, P.E.  
Director, Division of  
Environmental Engineering

DKM/JLB:aks

cc: Joseph Ward, Chairman  
Aubrey Godwin, Director  
N. Palladino, Ph.D., Chairman



NORTH DAKOTA  
STATE DEPARTMENT OF HEALTH

State Capitol  
Bismarck, North Dakota 58505

State Health Officer

March 11, 1985

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Environmental Health Section  
Missouri Office Building  
1200 Missouri Avenue  
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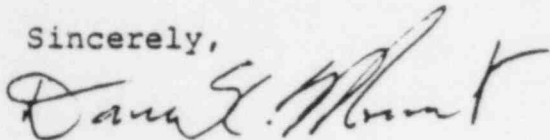
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