

NO ESTAMOS AFILIADOS
AL FONDO UNIDO.



LIGA PUERTORRIQUEÑA
CONTRA EL CÁNCER

HOSPITAL ONCOLOGICO
I. GONZALEZ MARTINEZ
CENTRO MEDICO
RIO PIEDRAS, PUERTO RICO 00935
TELEFONO 763-4149
APARTADO 1811
HATO REY, PUERTO RICO 00919

November 25, 1985

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Kenneth P. Barr, Chief
Nuclear Materials Safety and Safeguards Branch
Division of Radiation Safety and Safeguards
U.S. Nuclear Regulatory Commission
Region II
101 Marrietta Street, N.W.
Atlanta, Georgia 30323

RE: 19140; 030-14696
ATT: Mrs. Carol Connell

Dear Mr. Barr:

This is in response to your letter dated November 14, 1985 related with the application of amendment to our license No. 52-13471-02.

Concerning paragraph No. 1 of your letter, the areas outside the south wall marked as nurse lounge and examining rooms are exclusively utilized by the Radiotherapy Department. All personnel working in this area are monitored with monthly film badge, (see complete Radiotherapy Department floor plan attached).

In relation with the amount of shielding for the south wall we have concluded that as per N.C.R.P. Report No. 49 "Structural Shielding Design and Evaluation for Medical Use of X-Rays and Gamma Rays of Energies up to 10 MeV", appendix B; page 60 and 61; formula (6g); table B-2, figure 15, the calculations revealed that 10.7 inches of concrete is needed. Remember that this is an existing structure and not a new facility.

In relation to paragraph No. 2 the same conclusion was made due to the same facts explained above.

Considering paragraph No. 3 we are asking for an specific exception to build a fence outside the perimeter of the ceiling slab. The fence consist of a 5 feet high cyclone fence wire mesh around the ceiling slab. The entrance gate of the fence is locked and keys are kept in the security area. The

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Kenneth P. Barr
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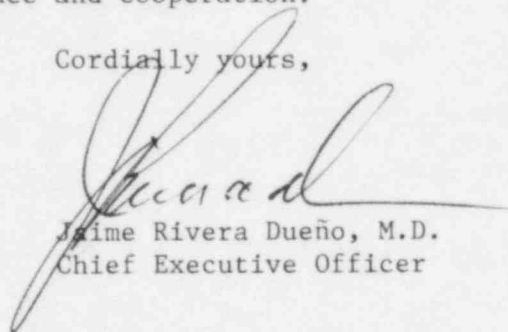
security services are instructed to alert the Radiotherapy Department staff when the gate is opened for any reason. The four sides of the fence are posted with a large radiation area sign to alert people of the possible hazard.

Previous to start utilizing the unit for treatment a full survey is going to be performed to verify the integrity of the shielding.

If for any reason the exposure rate is more than 100 mrems/week at any of the adjacent rooms the utilization of the unit will be postponed until the maximum permissible doses are obtained.

If there is any other doubt, please do not hesitate to contact our Radiation Safety Officer, Mr. José C. Pacheco, at (809) 754-0315. Thanks in advance for your assistance and cooperation.

Cordially yours,



Jaime Rivera Dueño, M.D.
Chief Executive Officer

JRD/eis

APPLICATION FOR MATERIALS LICENSE — TELETHERAPY

INSTRUCTIONS — Complete items 1 through 22 if this is an initial application or an application for renewal of a license. Use supplemental sheets where necessary. Item 22 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, Part 19, 20, 21, 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 22 and the appropriate fee enclosed.

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

I. González Martínez Oncologic Hospital
P.O. Box 1811
Hato Rey, Puerto Rico 00919

TELEPHONE AREA CODE 809 NUMBER 763-4149

2. PERSON TO CONTACT REGARDING THIS APPLICATION

José C. Pacheco, M.S.

TELEPHONE AREA CODE 809 NUMBER 754-0315

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

1. Antonio Bosch-Miró, M.D.
2. Pedro Morales-Hernández, M.D.
3. Ricardo López-Mújica, M.D.

1.6. STREET ADDRESS(ES) AT WHICH RADIOACTIVE MATERIAL WILL BE USED
(If different from 1.4.) INCLUDE ZIP CODE

I. González Martínez Oncologic Hospital
Puerto Rico Medical Center
Río Piedras, Puerto Rico 00919

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

- ☐ a. NEW LICENSE
☒ b. AMENDMENT TO LICENSE NO. 52-13471-02
☐ c. RENEWAL OF LICENSE NO.

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 Submittant A.)

José C. Pacheco, M.S.

6. SEALED SOURCES TO BE USED IN TELETHERAPY UNITS (Attach Submittant B, page 2, if necessary)

	BYPRODUCT MATERIAL (Isotopes and Brand No.)	NAME OF SOURCE MANUFACTURER	SOURCE MODEL NUMBER	MAXIMUM ACTIVITY PER SOURCE	NUMBER OF SOURCES
A	Cobalt-60	AECL and/or Neutron Products	C-146, C-151 NPI-20-7600w	4,100 ci	2
B	Cobalt-60	AECL and/or Neutron Products	C-146, C-151 NPI-20-7600w	8,200 ci	2
C					

7. TELETHERAPY UNITS (Attach Submittant C, page 3, if necessary)

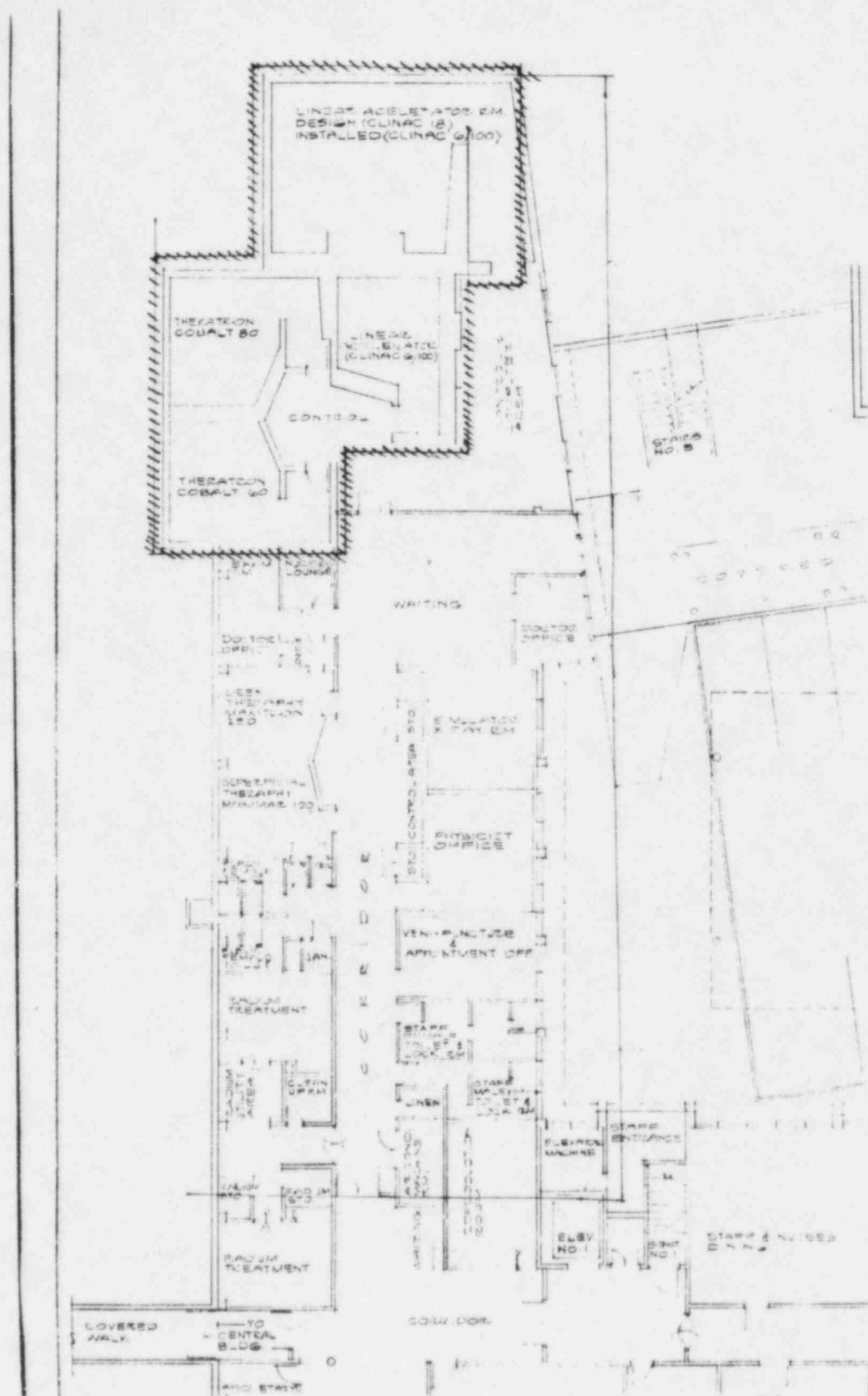
	NAME OF MANUFACTURER (Include description if unit is custom made)	MODEL NUMBER
A	Atomic Energy of Canada Limited	El Dorado-8
B	Atomic Energy of Canada Limited	Theratron-80
C		

8. USE (Attach Submittant D, page 4, if necessary)

A	B	C
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HUMAN USE ONLY		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HUMAN AND OTHER USE (Specify on separate sheet)		

9. PERSONNEL MONITORING DEVICES

TYPE (Check and/or complete as appropriate)	SUPPLIER (Service Company)	EXCHANGE FREQUENCY
(1) FILM BADGE — WHOLE BODY		
(2) THERMOLUMINESCENCE DOSIMETER (TLD) — WHOLE BODY		
(3) OTHER (Specify)		



RADIOTHERAPY DEPARTMENT

Reduced Floor Plan to Show Restricted Areas

Legend:

Cyclone Fence #####

Restricted Area ————



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