

JUN 11 1985

License No. 20-00045-10
Docket No. 030-06932
Control No. 103795

Tufts University School of Medicine
ATTN: F. X. Masse', RSO
Health Physics Division
136 Harrison Avenue
Boston, Massachusetts 02111

Gentlemen:

This is in reference to your request in a letter dated March 19, 1985 to amend License No. 20-00045-10. In order to continue our review, we need the following additional information:

1. Please submit specific information concerning training and experience with irradiators obtained by Geronimo Terres, Ph.D.. Be sure to include the dates when training and experience were obtained.
2. Please provide the following information concerning individuals who will operate the irradiator under the supervision of Dr. Terres.
 - a. An outline of your training program, which contains the number of hours spent on each topic.
 - b. The training program should include an examination to test the understanding and knowledge of those who have completed the training program. Submit copies of the examination, the correct answers, and the passing grade.
 - c. A discussion of the on-the-job training that will be given.
 - d. The name of the course instructor, if other than Dr. Terres please list their qualifications.
 - e. A commitment that records documenting the training of each individual will be maintained.

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Tufts University School of Medicine -2-

We will continue our review upon receipt of this information. Please reply in duplicate to my attention at the Region I office and refer to Mail Control No. 103795.

Sincerely,

Original Signed By:

John E. Glenn

John E. Glenn, Ph.D., Chief
Nuclear Materials Safety Section B
Division of Radiation Safety
and Safeguards

Enclosures:
Guide For The Preparation of Applications
For Self-Contained Irradiators

RI:DRSS *sm* RI:DRSS
Joustra/sm Glenn
6/11/85 6/11/85

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BETWEEN: William O. Miller, Chief
License Fee Management Branch
Office of Administration

John E. Glenn, Chief
Nuclear Materials Section B
Division of Engineering and
Technical Programs

LICENSE FEE TRANSMITTAL

A. REGION I

~~Fee Needed~~

1. APPLICATION ATTACHED

Applicant/Licensee: Tufts University School of Medicine

Application Dated: 3/19/85

Control No.: 03795

License No.: 20-CCO45-10

2. FEE ATTACHED

Amount: 0 9/13/

Check No.: 0 4 120

3. COMMENTS

Signed Brenda Platchek

Date 5/15/85

03570

B. LICENSE FEE MANAGEMENT BRANCH

1. Fee Category and Amount: EX 3E - Check return

2. Correct Fee Paid. Application may be processed for:

Amendment ✓

Renewal

License

Signed 10 J. [Signature]

Date 6/18/85