

**MATERIALS LICENSE
SUPPLEMENTARY SHEET**

License number

13-00951-04

Docket or Reference number

030-00188

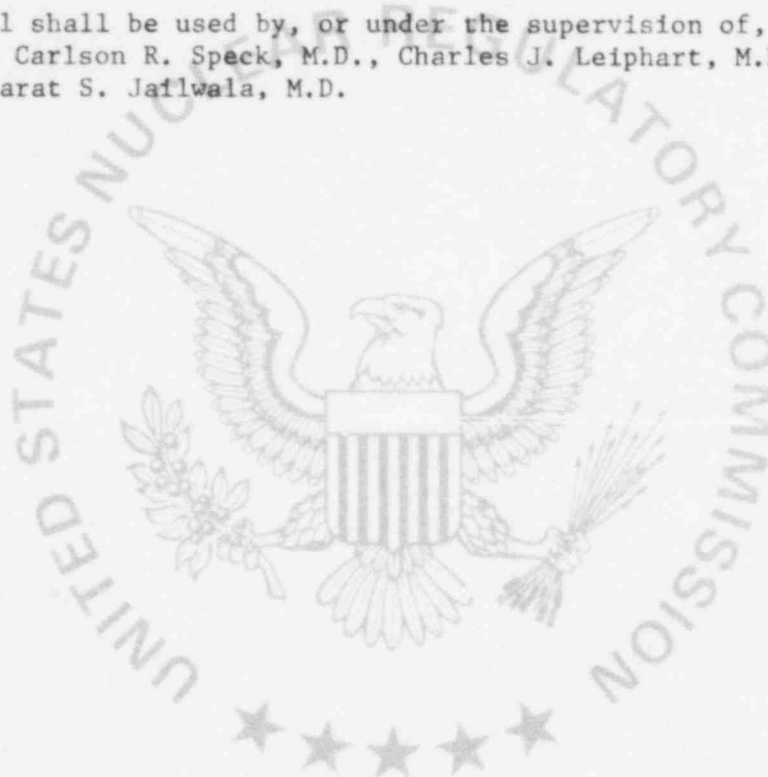
Amendment No. 12

Ball Memorial Hospital
Department of Radiology
2401 University Avenue
Muncie, IN 47303

In accordance with application received September 3, 1985, License Number 13-00951-04 is amended as follows:

Condition 12. is amended to read:

12. Licensed material shall be used by, or under the supervision of, Edwin F. Koch, Jr., M.D., Carlson R. Speck, M.D., Charles J. Leiphart, M.D., James A. Word, M.D. or Bharat S. Jailwala, M.D.



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REG3 LIC30
13-00951-04 PDR

For the U.S. Nuclear Regulatory Commission

Date OCT 1 1985

Original Signed
By George M. McCann
Materials Licensing Section, Region III

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file

OCT 1 1985

Ball Memorial Hospital
Department of Radiology
ATTN: Arvind Kumar, Ph.D.
Radiation Safety Officer
2401 University Avenue
Muncie, IN 47303

Gentlemen:

Enclosed is Amendment No. 12 to your NRC License No. 13-00951-04 in accordance with your request.

Please review the enclosed document carefully and be sure that you understand all conditions. You must conduct your program involving radioactive materials in accordance with the conditions of your NRC license, representations made in your license application, and NRC regulations. In particular, note that you must:

1. Operate in accordance with NRC regulations 10 CFR Part 19, "Notices, Instructions and Reports to Workers; Inspections," 10 CFR Part 20, "Standards for Protection Against Radiation," and other applicable regulations.
2. Possess radioactive material only in the quantity and form indicated in your license.
3. Use radioactive material only for the purpose(s) indicated in your license.
4. Notify NRC in writing of any change in mailing address.
5. Request and obtain appropriate amendment if you plan to change ownership of your organization, change locations of radioactive material, or make any other changes in your facility or program which are contrary to your license conditions or representations made in your license application and any supplemental correspondence with NRC. Any amendment request should be accompanied by the appropriate fee specified in 10 CFR Part 170.
6. Submit a complete renewal application with proper fee or termination request at least 30 days before the expiration date on your license. You will receive a reminder notice approximately 90 days before the expiration date. Possession of radioactive material after your license expires is a violation of NRC regulations.
7. Request termination of your license if you plan to permanently discontinue activities involving radioactive material prior to your expiration date.

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You will be periodically inspected by NRC. Failure to conduct your program in accordance with NRC regulations, license conditions and representations in your license application will result in enforcement action against you in accordance with the General Policy and Procedures for NRC Enforcement Actions, 10 CFR Part 2, Appendix C.

If you have any questions or require clarification of any of the above stated information, contact us at (312) 790-5625.

Sincerely,

Original Signed By
George M. McCann
Materials Licensing Section

Enclosure(s): Amendment No. 12

RIII

Amun
09/30/85
McCann/cm
09/26/85

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

Ball Memorial Hospital
Department of Radiology

1.b. STREET ADDRESS(ES), ACTUAL LOCATION OF TELETHERAPY SOURCE, INCLUDING
BUILDING NAME, ROOM NUMBER, ETC.

2401 University Ave.
Muncie, IN. 47303

TELEPHONE AREA CODE () NUMBER

2. PERSON TO CONTACT REGARDING THIS APPLICATION

Arvind Kumar, Ph.D.

TELEPHONE AREA CODE (317) NUMBER 747-3148

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

Add: Bharat S. Jailwala, M.D.
Delete: Donald R. Taylor, M.D.

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

☐ a. NEW LICENSE

XX b. AMENDMENT TO LICENSE NO. 13-00951-04

☐ 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 Supplement A.)

Information already on file with
License # 13-00951-04

6. SEALED SOURCES TO BE USED IN TELETHERAPY UNITS (Attach supplemental pages if necessary)

	BYPRODUCT MATERIAL (Element and Mass No.)	NAME OF SOURCE MANUFACTURER	SOURCE MODEL NUMBER	MAXIMUM ACTIVITY PER SOURCE	NUMBER OF SOURCES
A.	Information already on file				
B.					
C.					

7. TELETHERAPY UNITS (Attach supplemental pages, if necessary)

	NAME OF MANUFACTURER (Include description, if unit is custom made)	MODEL NUMBER
A.	Information already on file	
B.		
C.		

8. USE (Attach supplementary pages, if necessary)

A	B	C
X		

HUMAN USE ONLY

HUMAN AND OTHER USE
(Specify on separate sheet)

Applicant: Sgt H
Check No. 029094
Amount / Fee Category 7A \$230
Type of Fee am
Date Check Rec'd 9/9/85
Received By cop

9. PERSONNEL MONITORING DEVICES

TYPE (Check and/or complete as appropriate)	SUPPLIER (Service Company)	EXCHANGE FREQUENCY
(1) FILM BADGE — WHOLE BODY	Information already on file	
(2) THERMOLUMINESCENT DOSIMETER (TLD) — WHOLE BODY		
(3) OTHER (Specify):		

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13-00951-04
PDR

CONTROL NO. to be assigned
by PDR

INFORMATION REQUIRED FOR ITEMS 10 THROUGH 21

For Items 10 through 21, check the appropriate box(es) and submit a detailed description of all the requested information. Begin each item on a separate sheet. Identify the item number and the date of the application in the lower right corner of each page. If you indicate that an appendix to the teletherapy licensing guide will be followed, do not submit the pages, but specify the revision number and date of the referenced guide. Regulatory Guide 10. Rev. _____ Date _____

for items 10, 12-21, information is already on file

<p>10. MEDICAL ISOTOPE COMMITTEE</p> <p>Names and specialties attached; and (check one)</p> <p>a. Duties as in Appendix A, or</p> <p>b. Equivalent duties attached.</p>	<p>15. BEAM STOPS</p> <p>Description of stops used to restrict beam orientation attached.</p>
<p>11. TRAINING AND EXPERIENCE</p> <p>XX a. Supplements A & B attached for each individual user, and</p> <p>b. Supplement A attached for RSO.</p>	<p>16. SHIELDING EVALUATION</p> <p>Evaluation of proposed shielding attached.</p>
<p>12. INSTRUMENTATION (check one)</p> <p>a. Appendix C form attached, or</p> <p>b. List manufacturer's name and model number.</p>	<p>17. OPERATING AND EMERGENCY PROCEDURES</p> <p>a. Description of operating procedures attached, and</p> <p>b. Copy of emergency procedures attached.</p>
<p>13. CALIBRATION OF INSTRUMENTS (check one)</p> <p>a. Appendix D, Part 2 procedures followed for instrumentation calibration, or</p> <p>b. Description of sources, calibration frequency and equivalent procedures attached.</p>	<p>18. INSTRUCTION OF PERSONNEL (check one)</p> <p>a. Training program and schedule in Appendix H followed, or</p> <p>b. Description of instruction program for employees attached.</p>
<p>14. FACILITIES AND EQUIPMENT</p> <p>a. Description and drawing of facilities attached; and</p> <p>b. Description of patient viewing and communicating systems attached; and</p> <p>c. Description of area safeguards attached.</p>	<p>19. LEAK TESTS OF SEALED SOURCES</p> <p>Description of leak test procedures attached.</p>
	<p>20. QUALIFIED EXPERT (Use only if the individual fails to meet 10 CFR 35.24 requirements.)</p> <p>Statement of qualifications of the expert who will perform teletherapy calibrations attached.</p>
	<p>21. ALARA PROGRAM (check one)</p> <p>ALARA Program as in Appendix I, or</p> <p>Equivalent ALARA Program attached.</p>

22. CERTIFICATE

(This item must be completed by the applicant)

The applicant and any official executing this certificate on behalf of the applicant named in Item 1a certifies that this application is prepared in conformity with Title 10, Code of Federal Regulations, Parts 30 and 35, and that all information contained herein, including supplements attached hereto, is true and correct to the best of our knowledge and belief.

<p>a. LICENSE FEE REQUIRED (See section 170.31, 10 CFR 170)</p> <p align="center">7A</p> <p>(1) LICENSE FEE CATEGORY</p> <p>(2) LICENSE FEE ENCLOSED</p> <p align="center">\$ 230</p>	<p>b. APPLICANT OR CERTIFYING OFFICIAL (Signature)</p> <p align="center"><i>Arvind Kumar Ph.D.</i></p> <p>(1) NAME (Type or print)</p> <p align="center">Arvind Kumar, Ph.D.</p> <p>(2) TITLE</p> <p align="center">Radiation Safety Officer</p> <p>c. DATE</p>
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WARNING: 18 U.S.C. Section 1001; Act of June 25, 1948, 62 Stat. 749, makes it a criminal offense to make a willfully false statement or representation to any department or agency of the United States as to any matter within its jurisdiction.

TRAINING AND EXPERIENCE PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER BHARAT S. JAILWALA, M.D.	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE (If physician) Indiana
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3. CERTIFICATION		
SPECIALTY BOARD	CATEGORY	MONTH AND YEAR CERTIFIED
American Board of Radiology	Therapeutic Radiology	June 1985

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES (To be completed by institution providing training)			
FIELD OF TRAINING	LOCATION AND DATE(S) OF TRAINING	TYPE AND LENGTH OF TRAINING	
		LECTURE/LABORATORY COURSE (Hours)	FORMAL SUPERVISED OJT/LABORATORY EXPERIENCE (Hours)
RADIATION PHYSICS AND INSTRUMENTATION			
RADIATION PROTECTION			
MATHEMATICS PERTAINING TO THE USE, MEASUREMENT, AND SHIELDING OF RADIOACTIVE SOURCES			
RADIATION BIOLOGY			

5. EXPERIENCE WITH RADIOACTIVE MATERIALS* (Actual use of radioisotopes or equivalent experience)				
ISOTOPE	MAXIMUM AMOUNT FOR ANY SINGLE APPLICATION	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE

*Experience with sealed radioactive sources under the supervision of qualified instructors should include:

- | | |
|--|--|
| 1. Review of initial source calibration and periodic spot check measurements of teletherapy units. | 4. Preparation of treatment plans and treatment times for teletherapy and brachytherapy. |
| 2. Initial source calibration of sealed sources other than teletherapy sources that are used for treatment purposes. | 5. Knowledge of appropriate radiation safety, quality control, and emergency procedures for handling and using sealed sources. |
| 3. Calibration of ion chambers and survey meters. | |

6. I CERTIFY THAT THE INFORMATION PRESENTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF (Signature of program supervisor)

TYPED OR PRINTED NAME			DATE
NAME OF INSTITUTION			
MAILING ADDRESS			
CITY	STATE	ZIP CODE	RADIOACTIVE MATERIALS LICENSE NUMBER

WARNING: 18 U.S.C. Section 1001, Act of June 25, 1948, 62 Stat. 749, makes it a criminal offense to make a willfully false statement or representation to any department or agency of the United States as to any matter within its jurisdiction.

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

FULL NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

KEY TO COLUMN C
PERSONAL PARTICIPATION SHOULD CONSIST OF:

1. Supervised examination of patients to determine the suitability for radioisotope therapy and recommendations on dosage to be prescribed.
2. Collaboration in calculation of radiation dose, related measurement, and modification of the originally prescribed dose as warranted by patient reaction to the radiation.
3. Followup of patients when required.
4. Study and discussion with preceptor of case histories to establish the most appropriate therapy procedures, limitations, contraindications, etc.

2. CLINICAL TRAINING AND EXPERIENCE OF PHYSICIAN CITED ABOVE IN USING SOURCES OR DEVICES FOR THERAPY

ISOTOPE A	TYPES OF TREATMENT B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Append additional information, if necessary) D
Co-60	COURSES OF TELETHERAPY TREATMENT		
OR	INTERSTITIAL		
Cs-137	INTRACAVITARY		
I-125 Ir-192 OR Au-198 SEEDS	INTERSTITIAL		
Ra-226	INTRACAVITARY		
X-RAY AND ACCELERATOR THERAPY	COURSES OF THERAPY TREATMENT		
Sr-90	SUPERFICIAL EYE CONDITIONS		
OTHER			

DATES AND TOTAL NUMBER OF HOURS IN CLINICAL TRAINING USING SEALED SOURCES FOR THERAPY

3. PRECEPTOR'S CERTIFICATION

NAME OF SUPERVISOR	NAME OF INSTITUTION	RADIOACTIVE MATERIALS LICENSE NUMBER
MAILING ADDRESS	CITY	STATE ZIP CODE
I CERTIFY THAT (a) THE INFORMATION PRESENTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND (b) I WAS AUTHORIZED BY THE REFERENCED RADIOACTIVE MATERIALS LICENSE(S) TO PERFORM THE PROCEDURES SPECIFIED ABOVE. I FURTHER BELIEVE THAT THE APPLICANT PHYSICIAN IS COMPETENT TO PERFORM THESE PROCEDURES INDEPENDENTLY. (Signature)		DATE

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The American Board of Radiology

Form No. 1-1-1934

[Redacted]

[Redacted]

[Redacted]

[Redacted]