

file

NOV 25 1985

Mount Carmel Medical Center
ATTN: C. David Schloss, M.D.
Radiation Safety Officer
793 West State Street
Columbus, OH 43222

License No. 34-00774-04

Gentlemen:

We have reviewed your letter dated October 17, 1985 requesting the addition of a dual-photon scanner to your license and find that we will need additional information as follows:

1. Please identify the manufacturer's name and model number of both the scanner unit and the sealed source to be used.
2. Please submit a copy of the step-by-step procedures you will follow for exchange of the gadolinium-153 sealed sources. (If you intend to follow the device manufacturer's procedures, you may submit a copy of their instructions.) Also, include the name of the individual who will be responsible for conducting the source exchange, as well as his/her qualifications if it is someone other than an individual authorized to use one or more to the Groups listed in 10 CFR Part 35.
3. Please confirm that both whole body and extremity monitoring will be worn during source exchange.
4. Please state the name of the person or organization who will service the device.
5. Please describe your procedures for insuring the security of the source/device while it is unattended.
6. Please confirm that training provided to the proposed users of the scanner will include demonstrations and actual "hands-on" training in:
 - a. Installing and replacing the gadolinium-153 source;
 - b. Leak testing the source;
 - c. Preparing the decayed source for shipment; and
 - d. Proper storage of the source when not in the bone scanner.

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We will continue our review of your application upon receipt of this information.
Please reply in duplicate, within 30 days, and refer to Control Number 80106.

Sincerely,

Original Signed By
William J. Adam, Ph.D.
Materials Licensing Section

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Adam/cm
11/20/85