



UNITED STATES
NUCLEAR REGULATORY COMMISSION

AUG 26 RECD

REGION IV

PARKWAY CENTRAL PLAZA BUILDING
611 RYAN PLAZA DRIVE, SUITE 1000
ARLINGTON, TEXAS 76011

NMSS:JEW
Control No. 460681

AUG 22 1985

St. Joseph Medical Center of
Northern Oklahoma, Inc.
ATTN: Gregory G. Guntly
President
P. O. Box 1270
Ponca City, Oklahoma 74602

Gentlemen:

This is in reference to your request for a byproduct material license amendment in the name of St. Joseph Medical Center of Northern Oklahoma, Inc. In order for us to complete our review of your request, please supply the following:

1. Provide the following information regarding the radiation detection instruments (dosimetry system) used to measure the intensity of the primary beam of radiation emitted from the cobalt teletherapy unit:
 - A. Manufacturer's name and model number;
 - B. Date of last calibration before use in making the above radiation measurements;
 - C. Standards (i.e., radionuclide, activity, and accuracy); and
 - D. Procedures used in calibration. Full calibration measurements required by 10 CFR Part 35.21 shall be made with an instrument that has been calibrated by the National Bureau of Standards or by a Regional Calibration Laboratory accredited by the American Association of Physicists in Medicine. Provide this calibration data and certificates on your dosimetry system.
2. Provide the manufacturer's name and model number of the teletherapy unit in which the cobalt-60 source has been replaced.
3. In your survey data you indicated that a water phantom would be used to intercept the radiation beam, however, you did not specify the physical size and composition of the phantom. Specify the dimensions and composition of the phantom.

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35-14046-01 PDR

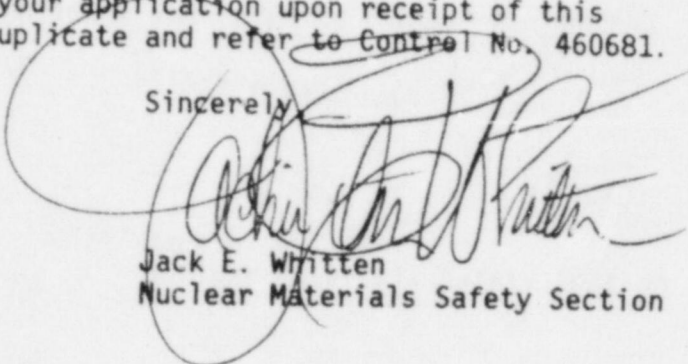
St. Joseph Medical Center
of Northern Oklahoma, Inc.

-2-

4. The sketch of the teletherapy facility did not identify all areas adjacent to the teletherapy treatment room. Amend and resubmit your drawing/sketch to identify all areas not identified that are adjacent to the teletherapy treatment room.

We will continue our review of your application upon receipt of this information. Please reply in duplicate and refer to Control No. 460681.

Sincerely,



Jack E. Whitten
Nuclear Materials Safety Section

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NMSS
JEWitten;df
8/16/85

C:NMSS
RJEverett
8/20/85

St. Joseph Medical Center
of Northern Oklahoma, Inc.

-2-

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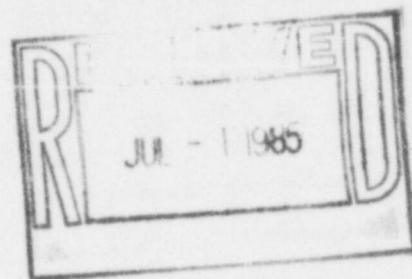
Original Signed By
Jack E. Whitten

Jack E. Whitten
Nuclear Materials Safety Section



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ARLINGTON, TEXAS 76011



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

R. J. Everett, Chief
Material Radiation Protection Section, TPB,
DV&TP, RIV

LICENSEE FEE TRANSMITTAL

A. REGION *H*

1. APPLICATION ATTACHED

Applicant/Licensee: St. Joseph Med. Ctr. of Northern Ok., Inc.
Application Dated: June 17, 1985
Control No.: 460681
License No.: 25-14046-01 (030-00248)

2. FEE ATTACHED

Amount:
Check No.:

3. COMMENTS

Signed Laura Hurley

Date June 21, 1985

02300

B. LICENSEE FEE MANAGEMENT BRANCH

1. Fee Category and Amount: 7A - no fee due - tl
2. Correct Fee Paid. Application may be processed for: 8/86 survey
- Amendment
- Renewal
- License

Signed Bo Jackson

Date 6/27/85