

File

MAY 3 1985

St. Luke's Regional Medical Center
ATTN: Robert Peck
Administrator
2720 Stone Park Blvd.
Sioux City, IA 51104

Re: Application Dated March 15, 1985, to Renew NRC License Number 14-18721-01

Gentlemen:

In order to complete our review of your application, we need additional information and/or clarification on the following items:

1. Authorized Users

- a. Your current license lists Dr. C.M. Harriott as an authorized user. However, your application does not request to renew this authorization. If this was an oversight and you do wish Dr. Harriott to remain on the license, please so indicate.
- b. It is not clear if you wish to add Leon Browning McNealy, M.D. as an authorized user, since you included a curriculum vitae on page 9 of your application and no request to list him as a user in Item 8. Please clarify. In order to add Dr. McNealy as a user, you will need to submit documentation of his training/experience equivalent to that specified in the enclosed December 2, 1982 Federal Register.

2. Group VI Therapy

- a. It appears that you have relocated the area(s) where you will store all sources used for Group VI therapy procedures; however, it is not clear if the shielding is adequate. Please indicate the placement and thickness of shielding, proximity of the storage area to unrestricted areas, and the calculations or measurement data used to ensure that radiation levels in unrestricted areas adjacent to the storage area(s) are less than those specified in Section 20.105 of 10 CFR Part 20.
- b. Please submit a more detailed description of the special precautions you will utilize while handling sealed sources. The description should include the remote handling tools and any special preparation shields used (e.g. L-Block).
- c. For the shielding used in transport devices between storage to use areas, please indicate the calculations or measurement data used to ensure that radiation levels are as low as reasonably achievable and less than those specified in Section 20.105 of 10 CFR Part 20.

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- d. Please indicate the name or title of the individual responsible for your sealed source accountability program, both on a "check-in - check-out" and quarterly basis.

3. Xenon-133

- a. The airflow rates specified in the description of your ventilation system do not agree with those specified in the diagram submitted with your application. Please clarify and indicate which rates are correct. Please note that all rooms in which xenon-133 is used should have a ventilation system that will maintain negative pressure and levels of xenon-133 in the room and released to unrestricted areas at air concentrations less than those specified in Part 20.
- b. Specify the locations and ventilation systems for all areas where xenon-133 is used or stored.

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

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 78593.

Sincerely,

Original Signed By
Bruce S. Mallett, Ph.D.
Materials Licensing Section

Enclosures:

1. December 2, 1982 Federal Register Notice
2. 10 CFR Part 20

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Mallett/cm
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