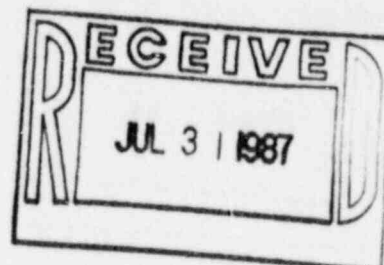




Ms-16
T2
(406) 442-2480 • 2475 Broadway, Helena, Montana 59601



U. S. Nuclear Regulatory Commission
Region IV
611 Ryan Plaza Drive, Suite 1000
Arlington, TX 76011

RE: NMLS:RSH
Control No. 419607

Gentlemen:

1. Our radiation safety committee consists of all physicians who are licensed to use radioactive materials and the director of the Dept. of Nuclear Medicine serves as radiation safety officer. Hospital management is represented by department managers from pathology and radiology. In addition, the hospital quality assurance co-ordinator is always in attendance. Since we do not administer and are not licensed for amounts of radioactive material that require hospitalization or precautions for therapeutic biological waste disposal, we have not had a nursing representative at our meetings.
2. Rod Wimmer, Ph.D
500 15th Ave. S.
Great Falls, MT 59402
NRC license #25-02337-03
This data was specified in the initial application. Note: Columbus Hospital is not the vendor but the mailing address of Dr. Wimmer.
3. Personnel Monitoring Devices:
 - A. Supplier: THERMO ANALYTICAL, INC.
TMA/EBERLINE
P. O. Box 3874
ALBUQUERQUE, NM 87190-3874
 - B. Type of device used: TLD; body and ring.
 - C. Frequency of changing: Monthly.
4. Instructional Training to Radiation Workers and Ancillary Personnel.

Policy: All radioactive material is maintained in one room which is locked except during normal operating hours. During this time the nuclear medicine technologist controls access to this room. Ancillary personnel: i.e. housekeeping are trained annually by the chief nuclear medicine technologist.

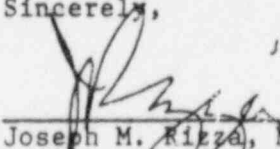
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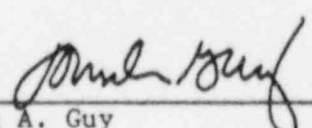
419607

5. Copy of Alara Program: Procedures outlined in appendix J also followed.
6. "We will establish and implement the model spill procedures for leak-testing sealed sources". That was published in appendix H to the Regulatory Guide 10.8, Revision 2.
7. "We will establish and implement the model spill procedures". Published in Appendix J to the Regulatory Guide 10.8, Revision 2.
8. "We will establish and implement the model guidance for ordering and receiving radioactive material." That was published in Appendix K to the Regulatory Guide 10.8, Revision 2.
9. "We will establish and implement for model procedure for opening packages." That was published in Appendix L to Regulatory Guide, Revision 2.
10. "We will establish and implement the model procedure for a unit dosage record system." That was published in Appendix M.1 to the Regulatory Guide and "The model procedure for multidose vitals record system." That was published in Appendix M.2 to the Regulatory Guide 10.8, Revision 2.
11. "We will establish and implement the model procedures for measuring and recording molybdenum concentrate." That was published in Appendix M.3 to Regulatory Guide 10.8, Revision 2.
12. Description of Areas Surveyed and Their Frequency: See Diagram and Frequency.
13. AEROSOLS
"We will follow the model procedure for calculating worker dose from aerosols." That was published in Appendix O.1 to Regulatory Guide 10.8, Revision 2.

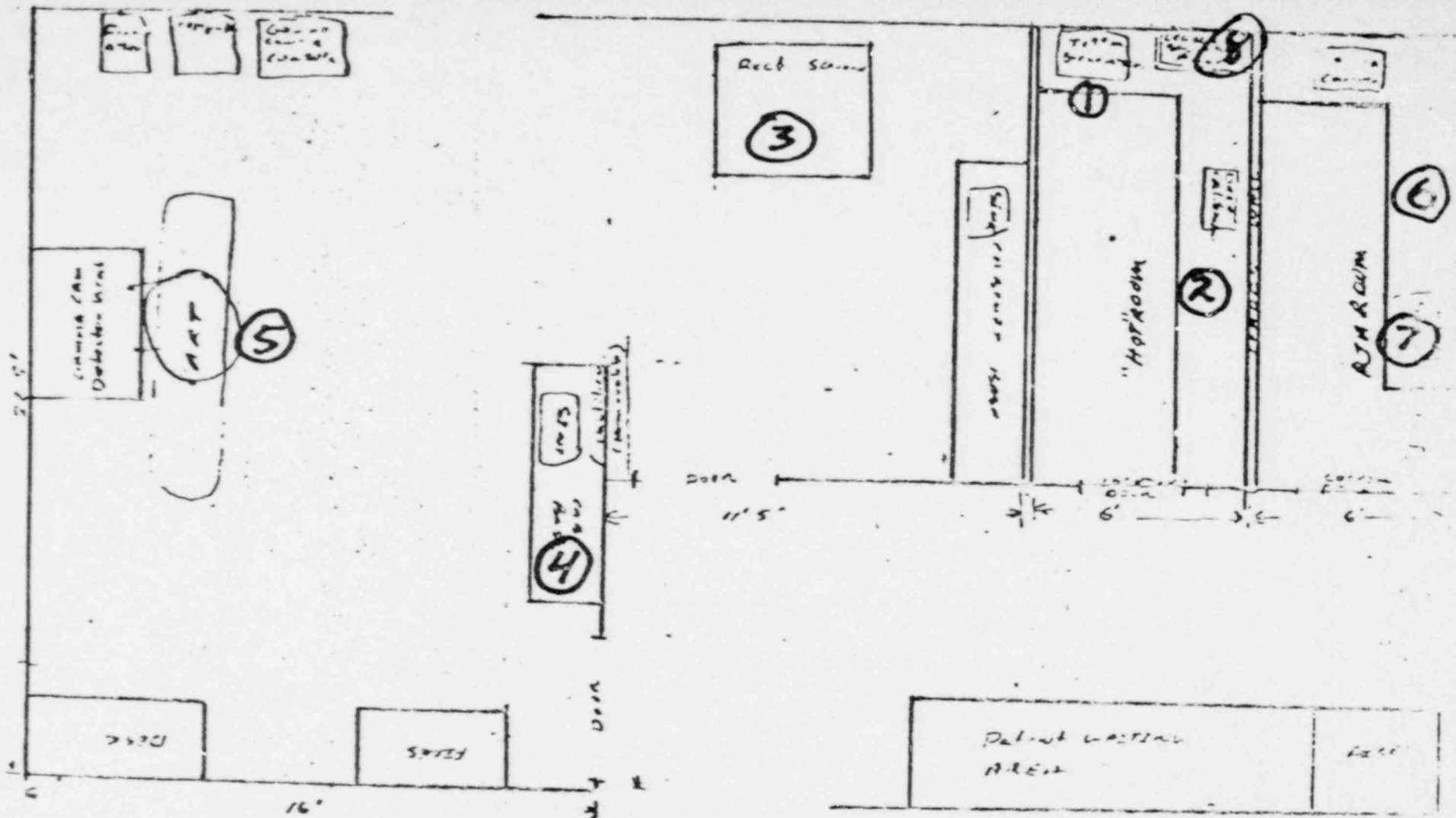
Sincerely,



Joseph M. Rizza, M.D.
RSO/ Director of Nuclear Medicine



John A. Guy
President



AREAS SURVEYS-

1. Generator elution & Isotope preparation area.....
2. Counter by dose calibrator
3. Rectilinear/uptake area.....
4. Counter in imaging room.....
5. Gamma camera area.....
6. RIA Room Work Counter.....
7. RIA Room SINK.....
8. Isotope Storage Area.....

FREQUENCY OF SURVEY

daily
daily
weekly
daily
daily
monthly
monthly
weekly

ST. PETERS HOSPITAL ALARA PROGRAM

I. Commitment of the Administration

- A. The Administration of St. Peters Hospital is committed in keeping the radiation exposure from radioactive byproduct material to its employees, patients and their visitors as low as reasonably achievable (ALARA).

Annual audits will be held to examine the procedures, methods and exposure records and records of past inspections to determine if the personnel from Radiation Therapy and Nuclear Medicine are keeping their exposures ALARA. A written audit report will be completed outlining the results of the audit. The report will be submitted for review to the Medical Isotopes Committee. Physical changes to the staff's operating environment shall be made if the changes result in a significant reduction in the radiation exposure. In those cases where the reduction of the environmental radiation would not be reduced substantially, modifications shall not be made.

It is the intention of management to reduce the cumulative exposure for its entire staff; and it is not the intention to reduce the exposure to individuals without reducing the total staff population dose.

II. Medical Isotopes Committee

- A. Review of proposed users and uses.

1. The Medical Isotopes Committee will thoroughly review the qualifications of each applicant in respect to the types and quantities of materials and uses for which he has applied to ensure that the applicant will be able to take appropriate measures to maintain exposure ALARA.
2. When considering a new use of byproduct material, the Medical Isotopes Committee will review the efforts of the applicant to maintain exposure ALARA. The user should have a systematized procedure to ensure ALARA and shall have incorporated the use of special equipment such as syringe shields, rubber gloves, etc., in its proposed use.
3. The Medical Isotope Committee will ensure that the user justifies his procedures and that the dose will be ALARA (individual and collective).

- B. Delegation of Authority (The judicious delegation of centralized authority is essential to the enforcement of an ALARA program)

1. The Medical Isotopes Committee will delegate authority to the Radiation Safety Officer for enforcement of the ALARA concept.

ALARA Program

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2. The Medical Isotopes Committee will support the Radiation Safety Officer in those instances where it is necessary for the Radiation Safety Officer to assert his authority. Where the Radiation Safety Officer has been overruled, the Committee will record the basis for its action in the minutes of the Committee's quarterly meeting.

C. Review of the ALARA Program

1. The Medical Isotopes Committee will encourage all users to review current procedures and develop new procedures as appropriate to implement the ALARA concept.
2. The Medical Isotopes Committee will perform a quarterly review of occupational radiation exposure with particular attention to instances where investigational levels in Table I below are exceeded. The principle purpose of this review is to assess trends and occupational exposure as an index of the ALARA program quality and decide when action is warranted when investigational levels are exceeded.
3. The Medical Isotopes Committee will evaluate our institution's efforts for maintaining exposure ALARA on an annual basis. This review will include the efforts of the Radiation Safety Officer, authorized users and workers as well as those of management.

III. Radiation Safety Officer (RSO)

A. Annual and quarterly review

1. Annual review of the Radiation Safety Program. The Radiation Safety Officer will perform an annual review of the Radiation Safety Program for adherence to ALARA concepts. Review of specific procedures may be conducted on a more frequent basis.
2. Quarterly review of occupational exposures. The Radiation Safety Officer will review at least quarterly external radiation exposures of authorized users and workers to determine that their exposures are ALARA in accordance with the provisions of paragraph 6 of this program.
3. Quarterly review of records of radiation levels surveys. The Radiation Safety Officer will review radiation levels in unrestricted and restricted areas to determine if they are ALAR levels during the previous quarter.

B. Educational responsibilities for an ALARA program.

1. The Radiation Safety Officer will schedule briefings, indicate educational sessions to inform workers of ALARA program efforts.

2. The Radiation Safety Officer will ensure that authorized users, workers and ancillary personnel who may be exposed to radiation will be instructed on the ALARA philosophy and informed that management, the Medical Isotopes Committee and the Radiation Safety Officer are committed to implementing the ALARA concept.

C. Cooperative efforts for development of ALARA procedures.

Radiation workers will be given opportunities to participate in the formulation of procedures that they will be required to follow.

1. The Radiation Safety Officer will be in close contact with all the users and workers in order to develop ALARA procedures for working with radioactive materials.
2. The Radiation Safety Officer will establish procedures for receiving and evaluating the suggestions of individual workers, for improving health physics practices and encouraging the use of those procedures.

D. Reviewing instances of deviation from good ALARA practices.

The Radiation Safety Officer will investigate all known instances of deviation from good ALARA practices; and, if possible, determine the causes. When the cause is known, the Radiation Safety Officer will require the changes in the program to meet the exposure ALARA.

V. Authorized users.

A. New procedures involving potential radiation exposures.

1. The authorized user will consult with and receive approval of, the Radiation Safety Officer or Medical Isotope Committee during the planning stage before using radioactive materials for new procedures.
2. Authorized user will evaluate all procedures before using radioactive materials to ensure that exposures will be kept ALARA. This may be enhanced through the application of trial runs.

B. Responsibility of authorized user to those he supervises.

1. Authorized user will explain the ALARA concept and his commitment to maintain exposure ALARA to all those he supervises.
2. The authorized user will ensure that those under his supervision who are subject to occupational radiation exposure are trained and educated in good health physics practices and in maintaining exposures ALARA.

ALARA Program

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- I. Persons who receive occupational radiation exposure.
 - A. The worker will be instructed in the ALARA concept and its relationship to his working procedures and work conditions.
 - B. The worker will know that recourses are available if he feels that ALARA is not being promoted on the job.
- II. Establishment of investigational levels in order to monitor individual occupational external radiation exposures.
 - A. This institution hereby establishes its investigational levels for occupational external radiation exposures which, when exceeded, will initiate review or investigation by the Medical Isotope Committee or the Radiation Safety Officer. The investigational levels that we have adopted are listed in Table I below. These levels apply to the exposures of individual workers.

Table I

Identify	Level I	Level II
Whole body; head and trunk; active blood forming organs; lens of eyes; or gonads	125	375
Hands and forearms; feet and ankles	1875	5625
Skin of whole body	750	2250

The Radiation Safety Officer will review and record on Form NRC/5, Current Occupational External Radiation Exposures, or an equivalent form the results of this monitoring not less than once in each calendar quarter as it is required by 10CFR20: Paragraph 20.41. The following actions will be taken at the investigational levels as stated in Table I:

1. Quarterly exposure of individual to less than Investigational Level I.

Except when being monitored by the RSO, no further action will be taken in those cases when individual exposure is less than Table I values for investigational levels.

2. Personnel exposures equal to or greater than Investigational Level I but less than Investigational Level II.

The Radiation Safety Officer will review the exposure of each individual whose quarterly exposures equal or exceed Investigational Level I. He will report the results to be reviewed at the first Medical Isotopes Committee meeting following the quarter when the exposure was accorded. If the

exposure does not equal or exceed Investigational Level II, no action related specifically to the exposures is required unless deemed appropriate by the committee. The committee will, however, consider each such exposure in comparison with those of others performing similar tasks as an index of ALARA program quality and will record the review in the committee minutes exposures equal to or greater than Investigational Level II.

3. The Radiation Safety Officer will investigate in timely manner the causes of all personnel exposures equal to or exceeding Investigational Level I and if warranted, take action. A report of the investigation, actions taken if any, and a copy of the individual's form NRC/5 or its equivalent will be presented to the Medical Isotopes Committee at the first Medical Isotopes meeting following completion of the investigation. A detail of these reports will be recorded in the committee minutes. The committee minutes will be sent to the management of this institution for review. The minutes containing details of an investigation will be made available to NRC inspectors for review at the time of the next inspection.
4. The establishment of an individual occupational worker's Investigational Level II above that listed in Table I.

In cases where workers or a group of workers' exposures need to exceed Investigational Level II, a new higher Investigational Level II will be established on the basis that is consistent with good ALARA practices for that individual group. Justification for new investigational levels will be documented.

The Radiation Safety Committee will review the justification for and will approve all revisions of Investigational Levels II in such cases when the exposures equals or exceeds the newly established Investigational Level II. Those actions listed in paragraph C above will be followed.

VII. Signature of Certifying Officials

I hereby certify that this institution has implemented the ALARA program set forth above
