

From: [Edwards, Janette](#)
To: [Robin Elliott \(She/Her\)](#); [Hoell, Jacqueline](#)
Cc: [Calcasola, Stephanie](#); [Aljallad, Mohammed](#); [Anne DeFrancisco](#)
Subject: [External_Sender] RE: HOCC License renewal and Temporary RSO
Date: Friday, December 16, 2022 9:59:26 AM
Attachments: [Form 313A \(RSO\) GPavlonnis.pdf](#)

Dear Ms. Elliott,

Thank you for your email of 12/14/22 wherein you requested additional information related to our Temporary RSO and RSO. We are happy to provide the requested information. Please find our responses below as follows:

- 1. Relative to the NRC form 313A (RSO), Table 5c. needs to be completed documenting Mr. Pavlonnis' training for all modalities listed on the license. The form indicates that the Board certificate be provided and if the board certificate is not one recognized by the NRC, then a preceptor needs to be provided for the training documented in Table 5c. Additionally, if the training and board certification are older than seven years, documentation of recentness of training needs to be provided as required by 10 CFR 35.59.**

Response: Please see the attached completed form 313A (RSO), Table 5c relative to the qualifications of George Pavlonnis. When we met with NRC officials on or about 11/8/22 to discuss the Temporary RSO process, we understood that we were not required to submit a Form 313A for the Temporary RSO. While we understand the form is not required, we are more than happy to provide the Form 313A, which is attached.

- 2. Please indicate when Mr. Pavlonnis was appointed as temporary RSO.**

Response: In accordance with our notification to the NRC on 11/23/22, George Pavlonnis assumed the role of Temporary RSO for the Hospital of Central Connecticut effective 11/23/2022.

- 3. Please indicate when Mohammed Aljallad, Ph.D., RSO began his leave of absence and when you expect him to return to this position.**

Response: Mohammed Aljallad began his leave of absence on 10/29/2022. It was just recently determined that Mohammed would not return to this position and is no longer employed as RSO effective 12/13/22. We will submit Form 313A and notice of a permanent RSO no later than 1/21/2023, which is the end of the 60 day Temporary RSO assignment as permitted by 10 CFR 35.24(c).

Should you have any questions or concerns, please do not hesitate to reach out to me directly.

Thank you,
Janette

Janette Edwards, MPH, MBA

Vice President, Operations
Hartford HealthCare, Central Region



janette.edwards@hhchealth.org

www.hartfordhealthcare.org

From: Robin Elliott (She/Her) [mailto:Robin.Elliott@nrc.gov]

Sent: Wednesday, December 14, 2022 3:33 PM

To: Edwards, Janette <Janette.Edwards@hhchealth.org>; Hoell, Jacqueline
<Jacqueline.Hoell@hhchealth.org>

Cc: Calcasola, Stephanie <Stephanie.Calcasola@hhchealth.org>; Aljallad, Mohammed
<Mohammed.Aljallad@hhchealth.org>; Anne DeFrancisco <Anne.DeFrancisco@nrc.gov>

Subject: RE: HOCC License renewal and Temporary RSO

This is an email from an external source. USE CAUTION opening attachments or links from unknown senders.

Good afternoon Ms. Edwards,

Attached please find a letter requesting additional information regarding your request to appoint a temporary RSO. Please confirm receipt and let me know if you have any questions or concerns.

Regards,
Robin

From: Edwards, Janette <Janette.Edwards@hhchealth.org>

Sent: Tuesday, November 29, 2022 4:47 PM

To: Hoell, Jacqueline <Jacqueline.Hoell@hhchealth.org>; Robin Elliott (She/Her)
<Robin.Elliott@nrc.gov>; Anne DeFrancisco <Anne.DeFrancisco@nrc.gov>

Cc: Calcasola, Stephanie <Stephanie.Calcasola@hhchealth.org>

Subject: [External_Sender] HOCC License renewal and Temporary RSO

Good afternoon Robin and Anne –

I am just checking in to ensure you received the Delegation Letter for the Temporary RSO for the

Hospital of Central Connecticut as well as the additional information related to our licensure renewal.

Both documents were emailed on 11/23/22.

Thanks so much,
Janette

Janette Edwards, MPH, MBA

Vice President, Operations
Hartford HealthCare, Central Region



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**RADIATION SAFETY OFFICER OR
ASSOCIATE RADIATION SAFETY OFFICER
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
[10 CFR 35.57, 35.50]**

Name of Individual

☒ RSO☐ ARSO*George Pavlounis*Requested Authorization(s) *The license authorizes the following medical uses (check all that apply):*

- ☒ 35.100 ☒ 35.200 ☒ 35.300 ☒ 35.400 ☐ 35.500 ☒ 35.600 (remote afterloader)
☐ 35.600 (teletherapy) ☐ 35.600 (gamma stereotactic radiosurgery) ☐ 35.1000 (_____)

**PART I -- TRAINING AND EXPERIENCE
(Select one of the five methods below)**

*Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

☐ **1. Board Certification**

- a. Provide a copy of the board certification.
- b. If the board certification process has been recognized by the Commission or an Agreement State under 10 CFR 35.50;
 - (i) Go to the table in 5c and describe training provider and dates of training for each type of use for which authorization is sought.
 - (ii) Stop here
- c. If the board certification was issued on or before October 24, 2005 and is listed in 10 CFR 35.57 (a)(2);
 - (i) Provide documentation demonstrating that the individual was using the requested materials and uses on or before October 24, 2005;
 - (ii) Stop here

OR☐ **2. Current Radiation Safety Officer (RSO) or Associate Radiation Safety Officer (ARSO) Seeking Authorization to Be Recognized as a RSO or ARSO for the Additional Medical Uses Checked Above**

- a. Use the table in section 5.c. to describe training in radiation safety, regulatory issues, and emergency procedures for the additional types of medical use for which recognition as RSO or ARSO is sought.
- b. If board certified, provide a copy of the certificate and stop here. If not board certified, skip to and complete Part II Preceptor Attestation.

OR☒ **3. Authorized User (AU), Authorized Medical Physicist (AMP), or Authorized Nuclear Pharmacist (ANP) Identified on a license or permit in accordance with 10 CFR 35.50 (c)(2)**

- a. Provide license number. *06-02388-01*
- b. Use the table in section 5.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.
- c. If board certified, provide a copy of the certificate and stop here. If not board certified, skip to and complete Part II Preceptor Attestation.

OR

**RADIATION SAFETY OFFICER OR
ASSOCIATE RADIATION SAFETY OFFICER
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.57, 35.50] (continued)**

☐ **4. Individuals applying simultaneously to be the RSO and AU on a new license**

- ☐ a. Documentation of training and experience to be a new AU is attached
- ☐ b. The new license application is attached.
- c. Stop here.

OR

☐ **5. Structured Educational Program for Proposed RSO or ARSO**

a. Classroom and Laboratory Training

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Radiation biology			
Radiation dosimetry			
Total Hours of Training: <input style="width: 50px;" type="text"/>			

**RADIATION SAFETY OFFICER OR
ASSOCIATE RADIATION SAFETY OFFICER
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.57, 35.50] (continued)**

5. Structured Educational Program for Proposed RSO or ARSO (continued)

b. Supervised Radiation Safety Experience

(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Location of Training/ License or Permit Number of Facility	Dates of Training*
Shipping, receiving, and performing related radiation surveys		
Using and performing checks for proper operation of instruments used to determine the activity of dosages, survey meters, and instruments used to measure radionuclides		
Securing and controlling byproduct material		
Using administrative controls to avoid mistakes in administration of byproduct material		
Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures		
Using emergency procedures to control byproduct material		
Disposing of byproduct material		
Licensed Material Used (e.g., 35.100, 35.200, etc.)+ <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>		

+ Choose all applicable sections of 10 CFR Part 35 to describe radioisotopes and quantities used: 35.100, 35.200, 35.300, 35.400, 35.500, 35.600 remote afterloader units, 35.600 teletherapy units, 35.600 gamma stereotactic radiosurgery units, emerging technologies (provide list of devices).

**RADIATION SAFETY OFFICER OR
ASSOCIATE RADIATION SAFETY OFFICER
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.57, 35.50] (continued)**

5. Structured Educational Program for Proposed RSO or ARSO (continued)**b. Supervised Radiation Safety Experience (continued)**

(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Supervising Individual <i>Jason Marsden</i>	License/Permit Number listing supervising individual as a Radiation Safety Officer or Associate Radiation Safety Officer <i>06-00649-03</i>
<div style="display: flex; justify-content: space-between;"><div>The supervising individual is authorized as the for the following medical uses:</div><div><input checked="" type="checkbox"/> Radiation Safety Officer or the <input type="checkbox"/> Associate Radiation Safety Officer</div></div>	
<div style="display: flex; flex-wrap: wrap;"><div style="width: 50%;"><input checked="" type="checkbox"/> 35.100 <input checked="" type="checkbox"/> 35.200 <input checked="" type="checkbox"/> 35.300</div><div style="width: 50%;"><input checked="" type="checkbox"/> 35.400</div><div style="width: 50%;"><input type="checkbox"/> 35.500 <input checked="" type="checkbox"/> 35.600 (remote afterloader)</div><div style="width: 50%;"><input type="checkbox"/> 35.600 (teletherapy)</div><div style="width: 50%;"><input type="checkbox"/> 35.600 (gamma stereotactic radiosurgery)</div><div style="width: 50%;"><input type="checkbox"/> 35.1000 (_____)</div></div>	

c. Describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license for the RSO or types of use for which the ARSO will be listed on the license.

Description of Training	Training Provided By	Dates of Training*
Radiation safety, regulatory issues, and emergency procedures for 35.100, 35.200, and 35.500 uses	JASON MARSDEN	10/2018 to Present
Radiation safety, regulatory issues, and emergency procedures for 35.300 uses	JASON MARSDEN	↓
Radiation safety, regulatory issues, and emergency procedures for 35.400 uses	JASON MARSDEN	
Radiation safety, regulatory issues, and emergency procedures for 35.600 - teletherapy uses	N/A	
Radiation safety, regulatory issues, and emergency procedures for 35.600 - remote afterloader uses	JASON MARSDEN	
Radiation safety, regulatory issues, and emergency procedures for 35.600 - gamma stereotactic radiosurgery uses	N/A	
Radiation safety, regulatory issues, and emergency procedures for 35.1000, specify use(s):	N/A	

**RADIATION SAFETY OFFICER OR
ASSOCIATE RADIATION SAFETY OFFICER
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.57, 35.50] (continued)**

PART II – PRECEPTOR ATTESTATION (continued)

Check all that apply:

- ☐ 35.400
- ☐ 35.500
- ☒ 35.600 remote afterloader units
- ☐ 35.600 teletherapy units
- ☐ 35.600 gamma stereotactic radiosurgery units
- ☐ 35.1000 emerging technologies, including:

Third Section

AND

☒ I attest that

George Parlounnis

Name of Proposed Radiation Safety Officer or Associate Radiation Safety Officer

is able to independently fulfill the radiation safety-related duties as:

☒ A Radiation Safety Officer for a medical use licensee.

OR

☐ An Associate Radiation Safety Officer for a medical use licensee.

Fourth Section

Complete the following for Preceptor Attestation and signature

☒ I am the Radiation Safety Officer for

☐ I am the Associate Radiation Safety Officer for

Name of Facility:

Middlesex Health

License/Permit Number:

06 - 00649 - 03

Name of Preceptor (Typed or printed)

JASON MANSDEN

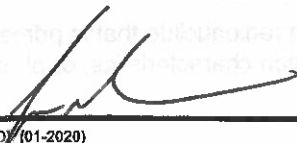
Telephone Number

860 917 - 7037

Date

12/14/20

Signature



**RADIATION SAFETY OFFICER OR
ASSOCIATE RADIATION SAFETY OFFICER
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.57, 35.50] (continued)**

5. Structured Educational Program for Proposed RSO or ARSO (continued)

c. Training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license (continued)

<p><i>Supervising Individual If training was provided by supervising RSO, ARSO, AU, AMP, or ANP. (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)</i></p> <p style="font-size: 1.2em; font-family: cursive;">JASON MARSDEN</p>	<p>License/Permit Number listing supervising individual</p> <p style="font-size: 1.2em; font-family: cursive;">06 - 00649 - 03</p>
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License/Permit lists supervising individual as:

<input checked="" type="checkbox"/> Radiation Safety Officer	<input type="checkbox"/> Associate Radiation Safety Officer
<input type="checkbox"/> Authorized User	<input type="checkbox"/> Authorized Nuclear Pharmacist
<input type="checkbox"/> Authorized Medical Physicist	

Authorized as RSO, ARSO, AU, ANP, or AMP for the following medical uses:

<input checked="" type="checkbox"/> 35.100	<input checked="" type="checkbox"/> 35.200	<input checked="" type="checkbox"/> 35.300	<input type="checkbox"/> 35.400
<input type="checkbox"/> 35.500	<input checked="" type="checkbox"/> 35.600 (remote afterloader)	<input type="checkbox"/> 35.600 (teletherapy)	
<input type="checkbox"/> 35.600 (gamma stereotactic radiosurgery)	<input type="checkbox"/> 35.1000 (_____)		

d. Skip to and complete Part II Preceptor Attestation.

PART II - PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

First Section

Structured Educational Program for Proposed RSO or ARSO

☒ I attest that George Pavlonnis has satisfactorily completed
Name of Proposed RSO/ARSO
a structural educational program consisting of both 200 hours of classroom and laboratory training and one year of full-time radiation safety experience as required by 10 CFR 35.50(b)(1).

Second Section

AND

☒ I attest that George Pavlonnis has training in
Name of Proposed RSO/ARSO
radiation safety, regulatory issues, and emergency procedures for the following types of use:

Check all that apply:

- | | |
|--|--|
| <input checked="" type="checkbox"/> 35.100 | <input checked="" type="checkbox"/> 35.200 |
| <input checked="" type="checkbox"/> 35.300 | oral administration of less than or equal to 33 millicuries of sodium iodide I-131, for which a written directive is required |
| <input checked="" type="checkbox"/> 35.300 | oral administration of greater than 33 millicuries of sodium iodide I-131 |
| <input checked="" type="checkbox"/> 35.300 | Parenteral administration of any radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required |