

GUTHRIE *Robert Packer Hospital*

April 23, 1992

Anne Wheaton, Co-Op Engineer
Sealed Source Safety Section
Division of Industrial and Medical Nuclear Safety
U. S. Regulatory Commission
Washington, D.C. 20555

Dear Ms. Wheaton:

Enclosed is the completed application form NRC Form 244, reference to your letter of April 15, 1992. This is to update you records regarding possession of depleted Uranium contained in our existing Varian Clinac 6x Linear Accelerator.

If you have any questions regarding this, please contact me at 717-882-4048.

Sincerely,



Thankamma K. M. Nair, Ph.D.
Radiation Safety Officer
Radiation Therapy Department

TKN/kfr

Enclosure

cc: U. S. NRC
Region I
Allendale Road

*Robert Packer Hospital
Guthrie Square
Sayre, Pennsylvania 18840
717 888-6666*

A member of the Guthrie Healthcare System

REGISTRATION CERTIFICATE – USE OF DEPLETED
URANIUM UNDER GENERAL LICENSE

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS
INFORMATION COLLECTION REQUEST: 1.0 HRS. FORWARD
COMMENTS REGARDING BURDEN ESTIMATE TO THE INFOR-
MATION AND RECORDS MANAGEMENT BRANCH (MNBB 7714),
U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC
20555, AND TO THE PAPERWORK REDUCTION PROJECT (3150-
0031), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON,
DC 20503.

Section 40.25 of 10 CFR Part 40 establishes a general license authorizing the use of depleted uranium contained in industrial products or devices for mass-volume applications. This NRC Form 244 shall be submitted within 30 days after the first receipt or acquisition of such depleted uranium.

1. **INSTRUCTIONS:**
Print or type the name and address (include ZIP Code) of the registrant for whom this form is filed in the box below.
Submit this form in duplicate to:
Director, Office of Nuclear Material Safety and Safeguards
U.S. Nuclear Regulatory Commission
Washington, DC 20555,
with a copy to the appropriate Regional Administrator at the address listed on the reverse.
(NRC will assign a file number, and a copy of this form will be returned to you.)

2. I hereby file NRC Form 244 pursuant to 10 CFR 40.25, for use of depleted uranium contained in industrial products or devices for mass-volume applications.

<p>3. NAME AND ADDRESS OF REGISTRANT FOR WHOM THIS FORM IS FILED (Include ZIP Code)</p> <p>ROBERT PACKER HOSPITAL GUTHRIE HEALTHCARE GUTHRIE SQUARE SAYRE, PA 18840</p>	<p>4. FILE NUMBER (Leave blank – to be assigned by NRC)</p> <p>129</p>
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5. INDIVIDUAL DULY AUTHORIZED TO ACT FOR AND ON BEHALF OF THE REGISTRANT IN SUPERVISING THE PROCEDURES IDENTIFIED IN 10 CFR 40.25(c)(1)(ii)

<p>NAME THANKAMMA K. M. NAIR, PH.D.</p>	<p>TITLE RADIATION SAFETY OFFICER</p>
<p>ADDRESS RADIATION THERAPY – ROBERT PACKER HOSPITAL GUTHRIE SQ., SAYRE, PA 18840</p>	<p>TELEPHONE NUMBER (Include Area Code) 717-882-4048</p>

6. CERTIFICATION

I hereby certify that:

- A. All information in this registration certificate is true and complete.
- B. The registrant has developed and will maintain procedures designed to establish physical control over the depleted uranium described in 10 CFR 40.25(a) and designed to prevent transfer of such depleted uranium in any form, including metal scrap, to persons not authorized to receive the depleted uranium.
- C. I understand that Commission regulations require that any changes in information furnished by a registrant on this registration certificate be reported in writing to the Director, Office of Nuclear Material Safety and Safeguards, with a copy to the appropriate Regional Administrator at the address listed on the reverse, within 30 days after the effective date of such change.
- D. I understand that the registrant is required to comply with the provisions of Section 40.25 of the NRC's regulation 10 CFR Part 40 (reprinted on the reverse side of this form) with respect to all depleted uranium which the registrant receives, acquires, uses, or transfers under the general license for which this registration certificate is filed with the Nuclear Regulatory Commission.

<p>PRINTED OR TYPED NAME AND TITLE OF PERSON FILING FORM</p> <p>THANKAMMA K. M. NAIR, PH.D. RADIATION SAFETY OFFICER</p>	<p>SIGNATURE</p> <p><i>Thankamma K. M. Nair</i></p>	<p>DATE</p> <p>4/23/92</p>
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WARNING: FALSE STATEMENTS IN THIS CERTIFICATE MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. NRC REGULATIONS REQUIRE THAT SUBMISSIONS TO THE NRC BE COMPLETE AND ACCURATE IN ALL MATERIAL RESPECTS. 18 U.S.C. SECTION 1001 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.