

EVALUATION OF POSSESSION AND USE OF BYPRODUCT MATERIAL
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Name: <u>Abington Memorial Hosp.</u> Address: <u>1200 Old York Road</u> <u>Abington, PA 19001</u>	Docket No. <u>070-01402</u> License Number: <u>SNM-1412</u> Phone Number: <u>215-481-2000</u> FAX Number: <u>(1)-</u>
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1. Name and Title of person responsible for radiation safety program: Ramnik Patel, Medical Physicist & Radiation Safety Officer

2. Describe how you safeguard the byproduct material from:

(a) use by unauthorized personnel: Licensed material consists of sealed sources of Pu-238 used in a

(b) loss or theft: device implanted within a human being.

3. Describe controls that prevent individuals who work in the area around the material from becoming exposed to radiation: See #2.

4. Do you have a personal monitoring program for your employees, such as film badges, dosimeters, etc.? Yes ☐ No ☒

If yes, what was the maximum dose received since _____? (year of last telephone contact or inspection) _____

5. Do you perform surveys to detect external radiation in the area around the byproduct material? Yes ☐ No ☒

If yes, how often are the surveys performed? _____

What instrument is used to perform the surveys? _____ When was this instrument last calibrated? _____

6. On what date was the last physical inventory of all byproduct material in your possession performed? 1/1

Were all sources accounted for? Yes ☒ No ☐ N/A ☐

7. Do you perform leak tests on the sealed source? Yes ☐ No ☐ N/A ☒ 1 Patient being contacted every six months.

If yes, how often are these leak tests performed? _____

Who evaluates the leak test results? _____ If

no, describe the provisions you have made to have the leak tests done: _____

8. Describe your provisions for repair and maintenance of your device or source holder: N/A

9. Describe any unusual events involving the byproduct material or device(s) in which it is used: None

Name of person filling in questionnaire: Steven R. Countermarche Date: 6/9/2004
Title: Health Physicist