

SAINTMARY'S
AMBULATORYCAREHOSPITAL

A Division of Cathedral Health Services, Inc.



June 4, 1992

Betsy Ullrich
U.S. Nuclear Regulatory Commission
Region 1
475 Allendale Road
King of Prussia, PA 19406

RE: St. Mary's Ambulatory Care Hospital, Byproduct Material License No. 29-20597-01

Dear Betsy:

This is to notify your office that an X-Ray Technician employed by St. Mary's Ambulatory Care Hospital received a film badge exposure reading of 8480 mrad for the period of April 4, 1992 to May 4, 1992. Your office was previously notified by telephone of this apparent over-exposure as required by 10CFR 20.403.

It should be noted that the employee had been administered a 6.0 millicurie therapeutic dose of Iodine-131 on April 28, 1992. The employee continued to wear her film badge during normal working hours and did not miss any time from work. It is most probable that this exposure is from this medical procedure and does not represent occupational exposure.

I have discussed this reported exposure with the employee and she understands the situation. A repeat evaluation of this film badge has been requested from Landauer, Inc. With the employee's permission, this exposure will be subtracted from her permanent occupational record if Landauer can supply sufficient evidence this is not exposure in the range of diagnostic X-Ray energies.

If you require any further information regarding this matter, please contact me at (201) 266-3060 or (908) 788-9440.

Sincerely,

Michael Teters, M.S.
Health Physicist

Mary Natrelia, M.D.
Radiation Safety Officer

Information in this record was deleted
in accordance with the Freedom of Information
Act, exemptions 6

PERMANENT ORIGINAL TO
REGION 1

MT/mt
REG1 LIC30
29-20597-01

1500
9209180451
R00604 2005-0084
CF

C-10/x16

REGION I
NMSS LICENSEE EVENT REPORT

License No. 29-20597-01

Docket No. 030-19962

MLER-RI 92-88

1. ACTION CONTROL DATA

Licensee St. Mary's Ambulatory Care Hospital

Event Description High film badge reading

Event Date 4-28-92

Report Date 6-4-92

2. REPORTING REQUIREMENT

- | | |
|---|---|
| <input type="checkbox"/> 10 CFR 20.402 Theft or Loss | <input type="checkbox"/> 10 CFR 35.33 Misadministration |
| <input type="checkbox"/> 10 CFR 20.403 Overexposure/
Release | <input type="checkbox"/> License Condition |
| <input type="checkbox"/> Other _____ | <input checked="" type="checkbox"/> 10 CFR 20.405 30 Day Report |

3. REGION I RESPONSE

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Immediate Site Inspection | Inspector/Date _____ |
| <input type="checkbox"/> Special Inspection | Inspector/Date _____ |
| <input type="checkbox"/> Telephone Inquiry | Inspector/Date _____ |
| <input type="checkbox"/> Preliminary Notification | <input type="checkbox"/> Daily Report |
| <input checked="" type="checkbox"/> Information entered on the Region I log | |
| <input checked="" type="checkbox"/> Review at next routine inspection | |
| <input type="checkbox"/> Report referred to _____ | |

4. REPORT EVALUATION

- | | |
|--|--|
| <input checked="" type="checkbox"/> Description of event | <input checked="" type="checkbox"/> Corrective actions |
| <input checked="" type="checkbox"/> Levels of RAM involved | <input type="checkbox"/> Calculation adequate |
| <input checked="" type="checkbox"/> Cause of event | <input type="checkbox"/> Letter to licensee requesting
additional information |
| Completed by <u>L. Widner</u> | Date <u>7-9-92</u> |
| Reviewed by <u>S. D. [Signature]</u> | Date <u>7/3/92</u> |

5. SPECIAL INSTRUCTIONS OR COMMENTS

Employee received 6.0mCi of I-131 as a medical procedure and continued to wear film badge.