UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION I
475 ALLENDALE ROAD
KING OF PRUSSIA, PENNSYLVANIA 19406-1415

April 5, 2005

Docket No. 03033657 License No. 37-30174-01
Control No. 136707

John M. Leonard, V.M.D.
Director
Fox Run Equine Center
798 Fox Road
Apollo, PA 15613

SUBJECT: FOX RUN EQUINE CENTER, REQUEST FOR ADDITIONAL INFORMATION CONCERNING APPLICATION FOR AMENDMENT TO LICENSE, CONTROL NO. 136707

Dear Dr. Leonard:

This is to confirm our telephone conversation on April 5, 2005 with you in which we discussed the information we need to continue review of your letter dated April 5, 2005. Based on your immediate need for this treatment, we are planning to authorize this activity for the immediate treatment of one horse only. At this time, it does not appear that anyone at your facility has experience in using Ir-192 for treatment of equine patients, and we are unaware of any other veterinary facility performing this type of treatment. Therefore, if you plan to do additional cases in the future, we will require additional information and training for you and your staff before approval as a routine treatment.

In order to approve this one treatment, additional information is required as specified below.

1. Please provide the model number, the type and the manufacturer of the Ir-192 source(s) you plan to use for your equine patients. .

2. Describe the type of treatment, positional verification methods, and surveys for migrating sources. In human use, some locations are more prone to unintended movement of seeds/ribbons within the treatment area and can result in removal from the patient.

3. Confirm that all individuals who will be involved in the implantation of the sources, post-implant care of the horse, and explantation of the sources will be:

   (a) provided appropriate dosimetry;

   (b) provided appropriate safe handling equipment, storage equipment (routine and emergency) for sources, and survey instruments;

   (c) trained to survey the area(s);

(d) trained to identify and recognize a misplaced seed/ribbon, and properly handle any misplaced sources;

(e) you will provide radiation safety procedures and training for handling of the horse during treatment and/or movement from one location to another.

4. Describe the physical location within your facility where implantation, post-implant care, and explantation will occur, including approximate distances from areas where people are located. If storage or use locations are different from those described in your current license commitments, please describe your proposed locations for storage and use. Our concern is the potential dose rates from 400 millicuries of unshielded Ir-192. Confirm that:

(a) the horse will be stabled in a restricted area as defined in 10 CFR 20.1003 to minimize potential dose to members of the public including visitors; and

(b) the restricted area will be posted as a Radiation Area as required by 10 CFR 20.1902.

(c) you will survey all items (e.g., manure, buckets, blankets, bedding, and unused feed/hay) removed from the stall after implantation and before final accountability of the sources.

(d) all sources will be explanted and accounted for prior to autopsy if the horse expires during treatment

5. Confirm that you will contact the NRC Region I staff (610-337-5274) with your proposed schedule so we have the opportunity to inspect this activity. Points of contact are: James Dwyer (Branch Chief), Betsy Ullrich, Joe Nick, or Dave Everhart.

We will continue our review upon receipt of this information. Please reply to my attention at the Region I Office and refer to Mail Control No. 136707. If you have any technical questions regarding this deficiency letter, please call me at (610) 337-5040.

If we do not receive a reply from you within 30 calendar days from the date of this letter, we shall assume that you do not wish to pursue your application.

Sincerely,

Original signed by Elizabeth Ullrich

Betsy Ullrich
Senior Health Physicist
Commercial and R&D Branch
Division of Nuclear Materials Safety

DOCUMENT NAME: E:\Filenet\ML050950288.wpd

To receive a copy of this document, indicate in the box: "**C**" = Copy w/o attach/encl "**E**" = Copy w/ attach/encl "**N**" = No copy

OFFICE	DNMS/RI	N	DNMS/RI	N	DNMS/RI			
NAME	JNick/JLN		EUllrich/EXU					
DATE	4/5/2005		4/5/2005					

OFFICIAL RECORD COPY