

(8-2000)  
10 CFR 30, 32, 33,  
34, 35, 36, 39, and 40

### APPLICATION FOR MATERIAL LICENSE

Estimated burden per response to comply with this mandatory collection request: 7.4 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the Records Management Branch (T-6 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bjs1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0000), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

**INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.**

**APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:**

DIVISION OF INDUSTRIAL AND MEDICAL NUCLEAR SAFETY  
OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS  
U.S. NUCLEAR REGULATORY COMMISSION  
WASHINGTON, DC 20555-0001

**ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:**

**IF YOU ARE LOCATED IN:**

CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, PENNSYLVANIA, RHODE ISLAND, OR VERMONT, SEND APPLICATIONS TO:

LICENSING ASSISTANT SECTION  
NUCLEAR MATERIALS SAFETY BRANCH  
U.S. NUCLEAR REGULATORY COMMISSION, REGION I  
475 ALLENDALE ROAD  
KING OF PRUSSIA, PA 19408-1415

ALABAMA, FLORIDA, GEORGIA, KENTUCKY, MISSISSIPPI, NORTH CAROLINA, PUERTO RICO, SOUTH CAROLINA, TENNESSEE, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO:

SAM NUNN ATLANTA FEDERAL CENTER  
U. S. NUCLEAR REGULATORY COMMISSION, REGION II  
61 FORSYTH STREET, S.W., SUITE 23T85  
ATLANTA, GEORGIA 30303-8931

**IF YOU ARE LOCATED IN:**

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:

MATERIALS LICENSING BRANCH  
U.S. NUCLEAR REGULATORY COMMISSION, REGION III  
801 WARRENVILLE RD.  
LISLE, IL 60532-4351

ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING, SEND APPLICATIONS TO:

NUCLEAR MATERIALS LICENSING SECTION  
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV  
611 RYAN PLAZA DRIVE, SUITE 400  
ARLINGTON, TX 76011-8064

03015183  
X

RECEIVED  
REGION I  
APR 12 PM 10:05

PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.

<p>1. THIS IS AN APPLICATION FOR (Check appropriate item)</p> <p><input type="checkbox"/> A. NEW LICENSE</p> <p><input type="checkbox"/> B. AMENDMENT TO LICENSE NUMBER</p> <p><input checked="" type="checkbox"/> C. RENEWAL OF LICENSE NUMBER <u>45-18488-01</u></p>	<p>2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code)</p> <p>Riverside Tappahannock Hospital 618 Hospital Rd Tappahannock, Va. 22560</p>
<p>3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED</p> <p>Riverside Tappahannock Hospital 618 Hospital Rd. Tappahannock, Va. 22560</p>	<p>4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION</p> <p>Sharon J Outten, M.D.</p> <p>TELEPHONE NUMBER</p> <p>804-443-6044</p>

SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

<p>5. RADIOACTIVE MATERIAL</p> <p>a. Element and mass number, b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time.</p>	<p>6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.</p>
<p>7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE.</p>	<p>8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.</p>
<p>9. FACILITIES AND EQUIPMENT.</p>	<p>10. RADIATION SAFETY PROGRAM.</p>
<p>11. WASTE MANAGEMENT.</p>	<p>12. LICENSE FEES (See 10 CFR 170 and Section 170.31)</p> <p>FEE CATEGORY <u>N/A</u> AMOUNT ENCLOSED \$ <u>0</u></p>

13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 62 STAT. 749 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.

<p>CERTIFYING OFFICER - TYPED/PRINTED NAME AND TITLE</p> <p><u>Elizabeth J Martin, vice President</u></p>	<p>SIGNATURE</p> <p><i>Elizabeth J Martin</i></p>	<p>DATE</p>
---	---	-------------

**FOR NRC USE ONLY**

TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
			\$	DATE	136779
APPROVED BY					

**Item 5 and 6: Radioactive Material Use**

Radionuclide	Form or Manufacture	Maximum Quantity	Purpose of Use
Any byproduct material permitted by 10 CFR 35.100	Any	As Needed	Any uptake, dilution, and excretion study permitted by 10 CFR 35.100
Any byproduct material permitted by 10 CFR 35.200	Any	As Needed	Any imaging and localization study permitted by 10 CFR 35.200
Any by product material permitted by 10 CFR 31.11	Prepackaged kits	200 millicuries	In vitro studies

**Item 7: Radiation Safety Officer**

The Radiation Safety Officer Riverside Tappahannock Hospital is Sharon J. Outten M.D. She is currently listed as RSO on this license.

**Authorized User Names and Requested Uses**

All of these Authorized Users are already listed under license# 45-184488-01

Sharon J. Outten M.D.	35.100, 35.200, 31.11
Warren B. Helwig, M.D.	35.100, 35.200, 31.11
Dennie T. Bartol, M.D.	35.100, 35.200, 31.11
John M. Daimler, M.D.	35.100, 35.200, 31.11
J. Frank Sanderson, M.D.	35.100, 35.200, 31.11
D.J. Schengber, M.D.	35.100, 35.200, 31.11
John M. Wendell M.D.	35.100, 35.200, 31.11

Please add: (All currently on license # 45-23447-01)

Jonathan H. De Meo M.D.	35.100, 35.200, 31.11
Steven M. Irby, M.D.	35.100, 35.200, 31.11
Curtis D. Stoldt D.O.	35.100, 35.200, 31.11
Thomas A Pincus D.O.	35.100, 35.200, 31.11
Steven W. Falen, M.D.	35.100, 35.200, 31.11
James D. Baylous M.D.	35.100, 35.200, 31.11
Yizhi Liang, M.D.	35.100, 35.200, 31.11

Please delete:

Michael D. Clague, M.D.
Donald L. LaVay, M.D.
David C. Wymer, M.D.
Van H. McComas, M.S.

**Authorized Nuclear Pharmacists**

N/A

**Authorized Medical Physicists**

N/A

**Item 9: Facility Diagram**

Updated room diagrams for Nuclear Medicine and Cardiac Stress Lab are enclosed.

**Item 9: Radiation Monitoring Instruments**

A person qualified to perform survey meter calibrations will calibrate our Radiation monitoring equipment. We have developed and will implement and maintain written survey meter calibrations and procedures in accordance with the requirements of 10CFR20.1501 and that meet the requirements of 10CFR 35.61. We reserve the right to upgrade our survey equipment as necessary as long as they are adequate to measure the type and level of radiation for which they are used.

Current Equipment in use:

1. Bicon Survey Meter Model 2000 - S/N B160S-Probe Model PM S/N V085S
2. Ludlum Survey Meter Model 14-C S/N 204528

**Dose Calibrator and Other Dosage Measuring Equipment**

The Dose Calibrator used to measure dosages will be calibrated in accordance with nationally recognized standards or the manufactures' instructions.

Current Equipment in use:

1. Capintec Model CRC-127R S/N 770851

**Item 10: Occupational Dose**

We will perform a prospective evaluation demonstrating that unmonitored individuals are not likely to receive, in one year, a radiation dose in excess of 10 % of the allowable limits in 10 CFR part 20 or we will provide Dosimetry that meets the requirements listed under "Criteria" in NUREG-1556 Vol. 9, "Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Medical Use Licensees," Dated October 2002.

**Area Surveys**

We have developed and will implement and maintain written procedures for area surveys in accordance with 10 CFR 20.1101 that meet the requirements of 10 CFR 20.1501 and 10 CFR 35.70. Appendix R.

**Safe Use of Unsealed Licensed Material**

We have developed and will implement and maintain procedures for safe use of unsealed byproduct material that meet the requirements of 10 CFR 20.11.1 and 10 CFR 20.1301 Appendix T.

**Spill Procedures**

We have developed and will implement and maintain written procedures for safe response to spills of licensed material in accordance with 10 CFR 20.1101. Appendix N.

**Item 11: Waste Management**

We have developed and will implement and maintain written waste disposal procedures for licensed material in accordance with 10 CFR 20.1101, that also meet the requirements of the applicable section of Subpart K to 10 CFR part 20 and 10 CFR 35.92.

APPALACHIAN HOSPITAL  
618 HOSPITAL ROAD  
TAPPANNOCK, VA 22560

RIVERSIDE

Lounge

Hallway

Hot Lab

X-ray darkroom

Nuclear  
Medicine

Dark room

file cabinets

processor

sink

Rm 2

Fluoro room

Rm 3

IVP room

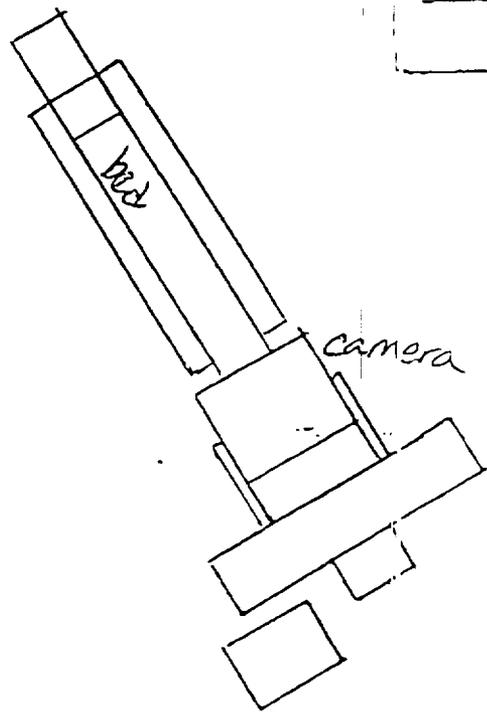
chair

table

Thyroid system

briccase

BATK



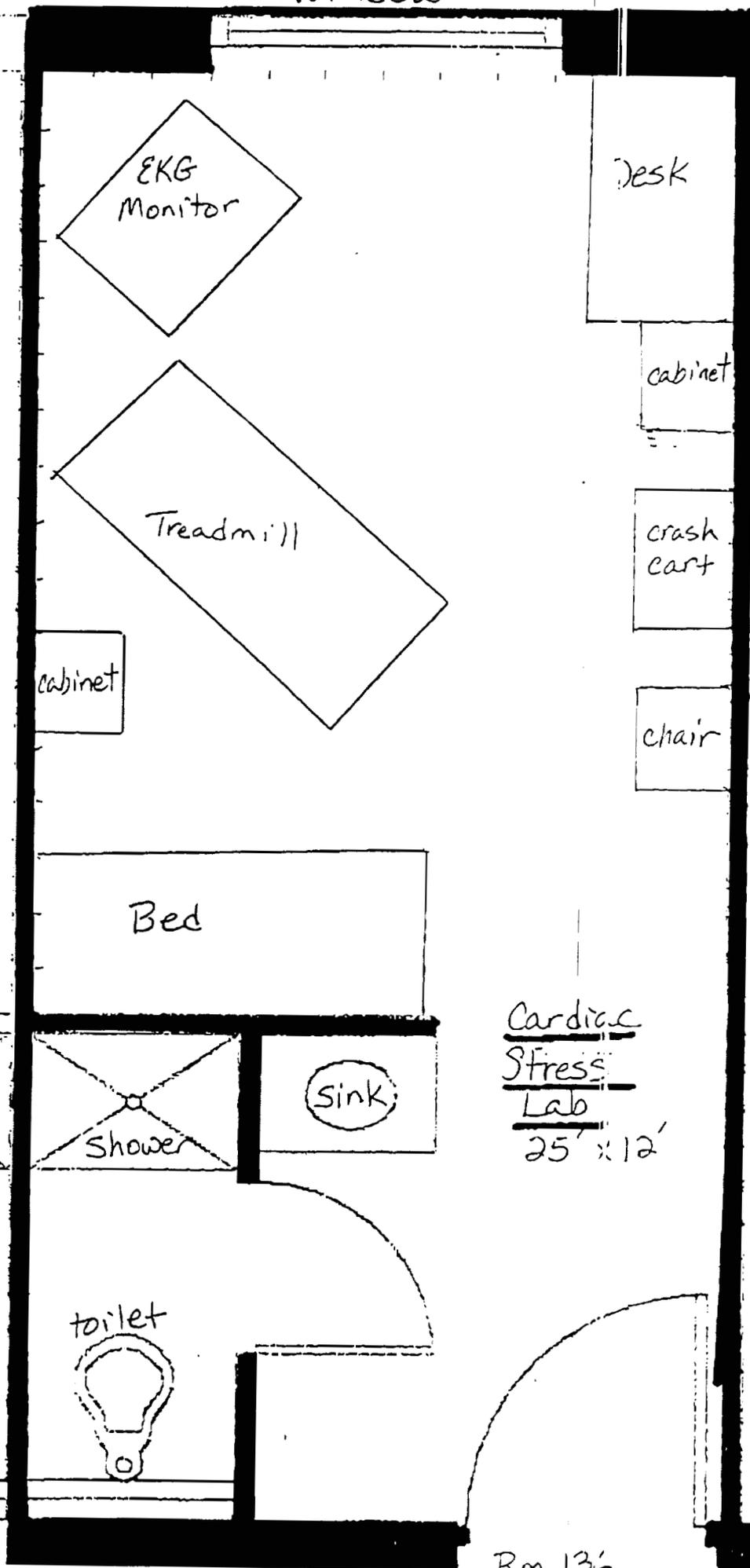
desk



RIVERSIDE  
APPAHANNOCK HOSPITAL  
618 HOSPITAL ROAD  
APPAHANNOCK, VA 22560

$\frac{6}{16} \text{in} = 1 \text{ foot}$

Empty  
Room



cabinet

Desk

cabinet

crash  
cart

chair

Bed

Shower

Sink

toilet

Cardiac  
Stress  
Lab  
25' x 12'

Ultrasound

Empty

Rm  
34

Rm 136

Rm 138

This is to acknowledge the receipt of your letter/application dated 4/12/2005 received and to inform you that the initial processing which includes an administrative review has been performed.

Renew 45-18488-01  
There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

Please provide to this office within 30 days of your receipt of this card

---

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned Mail Control Number 136778.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

: Program Code: 02121  
: Status Code: 2  
: Fee Category: 7C  
: Exp. Date: 20050430  
: Fee Comments: CODE 23  
: Decom Fin Assur Req'd: N  
:.....

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: RIVERSIDE TAPPAHANNOCK HOSPITAL  
Received Date: 20050412  
Docket No: 3015183  
Control No.: 136778  
License No.: 45-18488-01  
Action Type: Renewal

2. FEE ATTACHED

Amount:             
Check No.:           

3. COMMENTS

Signed Rebecca J. J. J.  
Date 4/12/2005

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /\_/)

1. Fee Category and Amount: \_\_\_\_\_

2. Correct Fee Paid. Application may be processed for:

Amendment \_\_\_\_\_  
Renewal \_\_\_\_\_  
License \_\_\_\_\_

3. OTHER \_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_  
Date \_\_\_\_\_