

Cardinal Health
6464 Canoga Avenue
Woodland Hills, CA 91367
tel 818.737.4000

www.cardinal.com



CardinalHealth

May 24, 2005

Jim Dwyer
Region 1
Nuclear Regulatory Agency
Via FAX: 610.337.5269

RE: Action Plan for Items of Concern, Inspection Date May 19, 2005, License
45-25339-01MD, Cardinal Health, Charlottesville, VA.

03033893 / 2005001

Dear Mr. Dwyer,

This letter is in response to the conference call conducted today between Craig Barlow (Location 222), Kory Kodimer (Corporate Q&R), Willie Regits (Corporate Q&R), Todd Jackson (NRC and yourself (NRC) about the findings of the inspection conducted at our Charlottesville, VA pharmacy. The items of concern are in italics and our action plan for each item follows.

1. No monitoring of air emissions.

To demonstrate compliance with exposure limits for the public Cardinal Health commits to performing the EPA COMPLY for released materials. We are actively collecting the required data to complete this analysis. This evaluation will be for worst-case conditions without use of the charcoal filter that is in question. Once this evaluation is done, it will determine the next step. If the effluents for the worst-case conditions are compliant the analysis will be complete. If the analysis is not compliant, then further studies into the effectiveness of the charcoal filter system will be conducted and exposures to the public will be reconstructed.

Additionally, Cardinal Health commits to installing, training personnel on the use of and operating an iodine monitoring system to ensure effluents remain below regulatory limits. This is planned for the week of June 6, 2005. It may take a few additional weeks to work out any complications and provide training.

2. Potential for over exposure (CY 2004) to the extremities of two (2) pharmacists.

Extremity exposure is a very important concern with Cardinal Health. We have been conducting an extensive study to determine the correlation between ring reading and the maximally exposed 10 cm². As a result of initial findings from this study, Cardinal Health set a policy (effective January 1, 2005) to wear extremity monitors on the index finger. Since this policy went into effect, a coincidental raise in extremity exposure at this location

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was observed. Our plan is to further investigate the cause of this change in exposure. This facility is an acquired facility with a slightly piqued staff. They have a low throughput and higher than average exposure rates. Initially this looks like poor technique and a lack of focus on ALARA principles. One of the two pharmacists in question will be leaving the company in the next couple of months. We plan to investigate his attention to ALARA principles and the administrative and engineering controls in place to determine the cause for the change in exposure rate. Additionally, we can use the findings of the fore mentioned study to determine the correlation in orientation of ring dosimeters to maximum exposure, as required.

Should you have any further questions, please contact me at 818-737-4515.

Sincerely,



Willie Regits, PhD
Manager, Health Physics Compliance

CC: John Miller, Regional Manager
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