NRC FORM 313 (8-2000) 10 CFR 30, 32, 33, 34, 35, 36, 39, and 40

U.S. NUCLEAR REGULATORY COMMISSION

APPLICATION FOR MATERIAL LICENSE

APPROVED BY OMB: NO. 3150-0120 EXPIRES: 08/31/2002

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 19406-1415

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

03020751

X

'05 MAY 25 P

RECEIVED REGION

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.

1. THIS IS AN APPLICATION FOR *(Check appropriate item)*

- [ ] A. NEW LICENSE
- [ ] B. AMENDMENT TO LICENSE NUMBER _____
- [X] C. RENEWAL OF LICENSE NUMBER 29-20709-01

2. NAME AND MAILING ADDRESS OF APPLICANT *(Include ZIP code)*

Jatin Gajarawala M.D.
Radiology Imaging Associates
516 Hamburg Turnpike Suite 6
Wayne, NJ 07470

3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED

Radiology Imaging Associates
516 Hamburg Turnpike Suite 6
Wayne NJ 07470

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

Elaine Rovazzi, M.S. DABR
Consulting Physicist

TELEPHONE NUMBER

973-322-5118

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.

5. RADIOACTIVE MATERIAL
a. Element and mass number; b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time.

6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.

7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE.

8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AEAS.

9. FACILITIES AND EQUIPMENT.

10. RADIATION SAFETY PROGRAM.

11. WASTE MANAGEMENT.

12. LICENSE FEES *(See 10 CFR 170 and Section 170.31)*

FEE CATEGORY | AMOUNT ENCLOSED $

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 TH 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, 3., 36, 39, AND 40, AND THAT ALL INFORMATION CONTANED 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 USE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

CERTIFYING OFFICER – TYPED/PRINTED NAME AND TITLE	SIGNATURE	DATE
Jatin Gajarawala M.D., Management		5/17/05

FOR NRC USE ONLY

TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED $	CHECK NUMBER	COMMENTS
					137108
APPROVED BY				DATE	

NRC FORM 313 (8-2000) PRINTED ON RECYCLED PAPER

NMSS/RGNI MATERIALS-002

Table C.2 outlines the detailed responses that may be made to Items 5 and 6 on Form 313 for type of radioactive material requested and purposes for which it will be used. For example, if the applicant is seeking a license for unsealed byproduct material under 10 CFR 35.100 or 35.200, then the applicant should check the "yes" column next to 10 CFR 35.100 and 35.200 in Table C.2. The table then indicates appropriate responses for that type of use. An applicant may copy the checklist and include it in the license application.

Table C.2 Items 5 and 6 on NRC Form 313: Radioactive Material And Use

(If using this checklist, check applicable rows and fill in details, and attach copy of checklist to the application.)

Yes	Radionuclide	Form or Manufacturer/ Model No.	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 permitted by 10 CFR 35.200	Any	As needed	Any imaging and localization study permitted by 10 CFR 35.200.
	Any byproduct material permitted by 10 CFR 35.300	Any	___ millicuries	Any radiopharmaceutical therapy procedure permitted by 10 CFR 35.300.
	Iodine-131	Any	___ millicuries	Administration of I-131 sodium iodide.
	Byproduct material permitted by 10 CFR 35.400 (Radionuclide ________)	Sealed source or device (Manufacturer ____________, Model No.____)	___ millicuries	Any brachytherapy procedure permitted by 10 CFR 35.400.
	Byproduct material permitted by 10 CFR 35.400 (Radionuclide ________)	Sealed source or device (Manufacturer ____________, Model No.____)	___ millicuries	Any brachytherapy procedure permitted by 10 CFR 35.400.
	Byproduct material permitted by 10 CFR 35.400 (Radionuclide ________)	Sealed source or device (Manufacturer ____________, Model No.____)	___ millicuries	Any brachytherapy procedure permitted by 10 CFR 35.400.
	Byproduct material permitted by 10 CFR 35.400 (Radionuclide ________)	Sealed source or device (Manufacturer ____________, Model No.____)	___ millicuries	Any brachytherapy procedure permitted by 10 CFR 35.400.
	Strontium-90	Sealed source or device (Manufacturer ____________, Model No.____)	___ millicuries	Treatment of superficial eye conditions using an applicator distributed pursuant to 10 CFR 32.74 and permitted by 10 CFR 35.400.

Table C.2 (continued)

Yes	Radionuclide	Form or Manufacturer/ Model No.	Maximum Quantity	Purpose of Use
	Byproduct material permitted by 10 CFR 35.500 Check all that apply: ☐ Gd-153; ☐ I-125; ☐ Other, describe	Sealed source or device (Manufacturer _____, Model No._____)	___ curies per source and ___ curies total	Diagnostic medical use of sealed sources permitted by 10 CFR 35.500 in compatible devices registered pursuant to 10 CFR 30.32(g).
	Iridium-192	Sealed source or device (Manufacturer _____, Model No._____)	___ curies per source and ___ curies total	One source for medical use permitted by 10 CFR 35.600, in a Manufacturer _____Model No. _____ remote afterloading brachytherapy device. One source in its shipping container as necessary for replacement of the source in the remote afterloader device.
	Cobalt-60	Sealed source or device (Manufacturer _____, Model No._____)	___ curies per source and ___ curies total	One source for medical use permitted by 10 CFR 35.600, in a Manufacturer _____Model No._____ teletherapy unit. One source in its shipping container as necessary for replacement of the source in the teletherapy unit.
	Cobalt-60	Sealed source or device (Manufacturer _____, Model No._____)	___ curies per source and ___ curies total	For medical use permitted by 10 CFR 35.600, in a Manufacturer _____Model No. _____ stereotactic radiosurgery device. Sources in the shipping container as necessary for replacement of the sources in the stereotactic radiosurgery device.
	Any byproduct material under 10 CFR 31.11	Prepackaged kits	___ millicuries	*In vitro* studies.
	Depleted uranium	Metal	___ kilograms	Shielding in a teletherapy unit.

Table C.2 (continued)

Yes	Radionuclide	Form or Manufacturer/ Model No.	Maximum Quantity	Purpose of Use
	Depleted uranium	Metal	___ kilograms	Shielding in a linear accelerator.
	Any radionuclide in excess of 30 millicuries for use in calibration, transmission, and reference sources. (List radionuclide: _____)	Sealed source or device (Manufacturer _____, Model No._____)	___ millicuries	For use in a Manufacturer _____Model No._____ for calibration and checking of licensee's survey instruments.
	Americium-241	Sealed source or device (Manufacturer _____, Model No._____)	___ millicuries per source and ___ millicuries total	Use as an anatomical marker.
	Plutonium (principal radionuclide Pu-238)	Sealed sources	___ millicuries per source and ___ grams total	As a component of Manufacturer _____Model No._____, nuclear-powered cardiac pacemakers for clinical evaluation in accordance with manufacturer's protocol dated _____. This authorization includes: follow-up, explantation, recovery, disposal, and implantation.
	Other	Form or Manufacturer/ Model No. _____	___ millicuries	Purpose of use _____.

Table C.3 is a checklist that may be used to identify the attached documents that the applicant is supplying for items for which a response is required. For example, an applicant may fill in the name(s) of Radiation Safety Officer in Table C.3 and then check the boxes indicating which documents pertaining to the RSO are being included in the license application. An applicant may copy the checklist and include it in the license application.

Table C.3 Items 7 through 11 on NRC Form 313: Training & Experience, Facilities & Equipment, Radiation Protection Program, and Waste Disposal

(Check all applicable rows and fill in details and attach a copy of the checklist to the application or provide information separately.)

Item Number and Title	Suggested Response	Check box to indicate material included in application
Item 7: Radiation Safety Officer Name: Jatin Gajarawala	Previous license number (if issued by NRC) or a copy of the license (if issued by an Agreement State) that authorized the uses requested and on which the individual was specifically named as the RSO.	☑
	OR	
	Copy of the certification(s) for the board(s) recognized by NRC and as applicable to the types of use for which he or she has RSO responsibilities.	☐
	OR	
	Description of the training and experience specified in 10 CFR 35.900(b).	☐
	OR	
	Description of the training and experience specified in 10 CFR 35.50(b) demonstrating that the proposed RSO is qualified by training and experience as applicable to the types of use for which he or she has RSO responsibilities.	☐
	AND	
	Written certification, signed by a preceptor RSO, that the above training and experience has been satisfactorily completed and that a level of radiation safety knowledge sufficient to function independently as an RSO for a medical use licensee has been achieved.	☐
	AND	
	If applicable, description of recent related continuing education and experience as required by 10 CFR 35.59.	☐

Table C.3 (continued)

Item Number and Title	Suggested Response	Check box to indicate material included in application
Item 7: Authorized Users Names and Requested Uses for Each Individual _____ Jatin Gajarawala M.D. 35.100 and 35.200 Arnold Olefson M.D. 35.100 and 35.200 Dhirendra N. Das 35.200	Previous license number (if issued by NRC) or a copy of the license (if issued by an Agreement State) on which the physician was specifically named as an AU for the uses requested. **OR** Copy of the certification(s) for the board(s) recognized by NRC under 10 CFR Part 35, Subparts D, E, F, G, H, and as applicable to the use requested. **OR** Description of the training and experience identified in 10 CFR Part 35 Subpart J demonstrating that the proposed AU is qualified by training and experience for the use requested. **OR** A description of the training and experience identified in 10 CFR Part 35 Subparts D, E, F, G, and H demonstrating that the proposed AU is qualified by training and experience for the use requested; **AND** Written certification, signed by a preceptor physician AU, that the above training and experience has been satisfactorily completed and that a level of competency sufficient to function independently as an AU for the medical uses authorized has been achieved. **AND** If applicable, description of recent related continuing education and experience as required by 10 CFR 35.59.	☐ ☐ ☐ ☐ ☐ ☐
Item 7: Authorized Nuclear Pharmacists Names: N/A	Previous license number (if issued by NRC) or a copy of the license (if issued by an Agreement State) on which the individual was specifically named ANP. **OR** Copy of the certification(s) for the radiopharmacy board(s) recognized by NRC under 10 CFR 35.55(a) or 10 CFR 35.980(a). **OR** Description of the training and experience demonstrating that the proposed ANP is qualified by training and experience. **AND** Written certification, signed by a preceptor ANP, that the above training and experience has been satisfactorily completed and that a level of competency • sufficient to function independently as an ANP has been achieved (10 CFR 35.55), or • sufficient to independently operate a nuclear pharmacy (10 CFR 35.980). **AND** If applicable, description of recent related continuing education and experience as required by 10 CFR 35.59.	☐ ☐ ☐ ☐ ☐

Table C.3 (continued)

Item Number and Title	Suggested Response	Check box to indicate material included in application
Item 7: Authorized Medical Physicists Names: _____	Previous license number (if issued by NRC) or a copy of the license (if issued by an Agreement State) on which the individual was specifically named as an AMP for the units requested.	☐
	OR	
	Copy of the certification(s) for the board(s) recognized by NRC in 10 CFR 35.51(a) or 10 CFR 35.961(a) or (b).	☐
	OR	
	Description of the training and experience demonstrating that the proposed AMP is qualified by training and experience identified in 10 CFR 35.961(c) for the units requested.	
	OR	
	Description of the training and experience demonstrating that the proposed AMP is qualified by training and experience identified in 10 CFR 35.51(b) for the units requested.	☐
	AND	
	Written certification, signed by a preceptor AMP, that the above training and experience has been satisfactorily completed and that a level of competency sufficient to function independently as an AMP has been achieved.	☐
	AND	
	If applicable, description of recent related continuing education and experience as required by 10 CFR 35.59.	☐
Item 9: Facility Diagram	A diagram is enclosed that describes the facilities and identifies activities conducted in all contiguous areas surrounding the area(s) of use. The following information is included:	☑
	• Drawings should be to scale, and indicate the scale used.	☐
	• Location, room numbers, and principal use of each room or area where byproduct material is prepared, used or stored, as provided above under the heading "Discussion";	☐
	• Location, room numbers, and principal use of each adjacent room (e.g., office, file, toilet, closet, hallway), including areas above, beside, and below therapy treatment rooms; indicate whether the room is a restricted or unrestricted area as defined in 10 CFR 20.1003; and	☐
	• Provide shielding calculations and include information about the type, thickness, and density of any necessary shielding to enable independent verification of shielding calculations, including a description of any portable shields used (e.g., shielding of proposed patient rooms used for implant therapy including the dimensions of any portable shield, if one is used; source storage safe, etc.).	☐
	In addition to the above, for teletherapy and GSR facilities, applicants should provide the directions of primary beam usage for teletherapy units and, in the case of an isocentric unit, the plane of beam rotation.	☐

Table C.3 (continued)

Item Number and Title	Suggested Response	Check box to indicate material included in application
Item 9: Radiation Monitoring Instruments Geiger Mueller Meter Ludlum 14C Ludlum 2000 NaI Well Counter	A statement that: "Radiation monitoring instruments will be calibrated by a person qualified to perform survey meter calibrations." **AND/OR** A statement that: "We have developed and will implement and maintain written survey meter calibration procedures in accordance with the requirements in 10 CFR 20.1501 and that meet the requirements of 10 CFR 35.61." **AND** A description of the instrumentation (e.g., gamma counter, solid state detector, portable or stationary count rate meter, portable or stationary dose rate or exposure rate meter, single or multichannel analyzer, liquid scintillation counter, proportional counter) that will be used to perform required surveys. **AND** A statement that: "We reserve the right to upgrade our survey instruments as necessary as long as they are adequate to measure the type and level of radiation for which they are used."	☑ ☑ ☐ ☐
Item 9: Dose Calibrator and Other Dosage Measuring Equipment	A statement that: "Equipment used to measure dosages will be calibrated in accordance with nationally recognized standards or the manufacturer's instructions."	☑
Item 9:Therapy Unit - Calibration and Use	We are providing the procedures required by 10 CFR 35.642, 10 CFR 35.643, and 10 CFR 35.645, if applicable to the license application.	☐
Item 9: Other Equipment and Facilities	Attached is a description identified as Attachment 9.4, of additional facilities and equipment. For manual brachytherapy facilities, we are providing a description of the emergency response equipment. For teletherapy, GSR, and remote afterloader facilities, we are providing a description of the following: • Warning systems and restricted area controls (e.g., locks, signs, warning lights and alarms, interlock systems) for each therapy treatment room; • Area radiation monitoring equipment; • Viewing and intercom systems (except for LDR units); • Steps that will be taken to ensure that no two units can be operated simultaneously, if other radiation-producing equipment (e.g., linear accelerator, X-ray machine) are in the treatment room; • Methods to ensure that whenever the device is not in use or is unattended, the console keys will be inaccessible to unauthorized persons; and • Emergency response equipment.	☐ ☐ ☐ ☐ ☐ ☐ ☐
Item 10. Safety Procedures and Instructions	Attached procedures required by 10 CFR 35.610	☐

Table C.3 (continued)

Item Number and Title	Suggested Response	Check box to indicate material included in application
Item 10: Occupational Dose	A statement that: "Either 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." **OR** A description of an alternative method for demonstrating compliance with the referenced regulations.	☑ ☐
Item 10: Area Surveys	A statement that: "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."	☑
Item 10: Safe Use of Unsealed Licensed Material	A statement that: "We have developed and will implement and maintain procedures for safe use of unsealed byproduct material that meet the requirements of 10 CFR 20.1101 and 10 CFR 20.1301."	☑
Item 10: Spill Procedures	A statement that: "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."	☑
Item 10: Installation, Maintenance, Adjustment, Repair, and Inspection of Therapy Devices Containing Sealed Sources N/A	Name of the proposed employee and types of activities requested: _____. **AND** Description of the training and experience demonstrating that the proposed employee is qualified by training and experience for the use requested. **AND** Copy of the manufacturer's training certification and an outline of the training in procedures to be followed.	☐ ☐ ☐
Item 10: Minimization of Contamination N/A	A response is not required under the following condition: the NRC will consider that the above criteria have been met if the information provided in applicant's responses satisfy the criteria in Sections 8.14, 8.15, 8.20, 8.24, 8.26, and 8.28, on the topics: Facility and Equipment; Facility Diagram; Radiation Protection Program; Safety Program; and Waste Management.	N/A
Item 11: Waste Management	A statement that: "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."	☑

Jatin Gajarawala, M.D.
Radiology Imaging Associates
516 Hamburg Turnpike
Wayne, NJ

Licensing Assistant Section
Nuclear Materials Safety Branch
U.S. Nuclear Regulatory Commission, Region I
475 Allendale Road
King of Prussia, PA 19406-1415

Re: NRC Renewal License #29-20709-01

May, 5, 2005

Dear Sir / Madam:

Enclosed is additional information regarding our NRC License Renewal. Enclosed for your review are, NRC form 313 , facility diagram, and delegation of authority.

Please contact our Physics Consultant, Elaine Rovazzi, M.S. @ (973) 322-5118 for any further information.

Thank you and we look forward to receiving our license.

Sincerely,

Jatin Gajarawala, M. D.
Owner/Management

Jatin Gajarawala, M.D.
Radiology Imaging Associates
516 Hamburg Turnpike
Wayne, NJ

U.S.N.R.C. Materials Application
Supplementary Information
May 5, 2005

Items #7 through 11 - Materials and Purpose

By Product Material	Amount	Purpose
Materials in 35.100	As needed	Clinical Imaging
Materials in 35.200	As needed	Clinical Imaging

Mo/Tc generators will not be used at this facility.

Item #7 **Radiation Safety Officer**:

Please list Jatin Gajarawala, M.D. as the Radiation Safety Officer and Authorized User

Authorized Users Listed on License:

Jatin Gajarawala, M.D. 35.100 and 35.200
Arnold Olefson, M.D. 35.100 and 35.200
Dhirendra N. Das, M.D. 35.200

Item #9 Facility Diagram: Attached

Radiation Monitoring Instruments: Radiation monitoring instruments will be calibrated by a person qualified to perform survey meter calibrations.

Item #10 Occupational dose: Either 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.

Jatin Gajarawala, M.D.
Radiology Imaging Associates
516 Hamburg Turnpike
Wayne, NJ

Area Surveys:We have developed and will implement and maintain written procedures for area surveys in accordance with 10 CRR 20.1101 that meet the requirements of 10 CFR 20.1501 and10 CFR 20.35.70

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 20.1101 and 10 CFR 20.301.

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

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.Those materials not returned to the central radiopharmacy shall be disposed of via decay-in-storage (DIS) .

LIST OF EQUIPMENT

HOT LAB :

1. (1) Dose Calibrator
2. (1) Detection Survey Meter
3. (1) Measurement Survey Meter
3. (2) Pro Tec II Syringe Shields #007-800 3cc and #007-900 5cc
4. (1) Mini table shield double lead glass #042-316
5. (1) Lead Lined Waste Container (20 qts) #039-100
6. (1) Ludlum Nal Well Wipe Test Counter #075-578
7. (1) Lead Shielded Syringe Holder #009-220
8. (2) Lead Lined Syringe Storage Containers #050-200

IMAGING ROOM :

1. (1)Elscint Gamma Camera

Jatin Gajarawala, M.D.
Radiology Imaging Associates
516 Hamburg Turnpike
Wayne, NJ

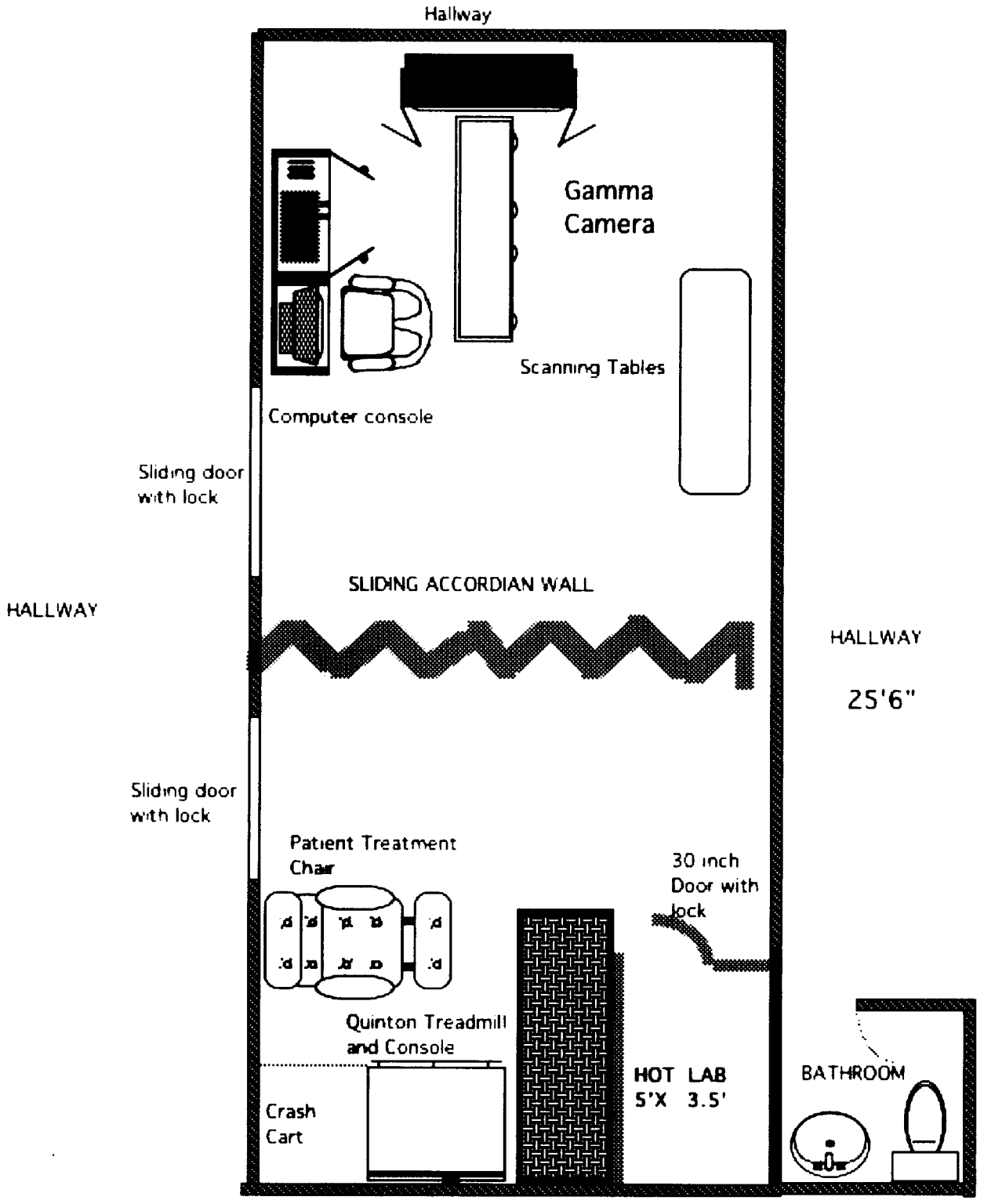
Memo To: All Employees
From: Gatin Gajarawala, M.D.
Management
Subject: Delegation of Authority

Gatin Gajarawala, M.D. has been appointed Radiation Safety Officer and is responsible for ensuring the safe use of radiation. The Radiation Safety Officer is responsible for managing the radiation safety program; identifying radiation safety problems; initiating, recommending , or providing corrective actions; verifying implementation of corrective actions; and ensuring compliance with regulations. The Radiation Safety Officer is hereby delegated the authority necessary to meet those responsibilities.

Adequate funding is authorized for all expenditures related to recommendations made by the Radiation Safety Officer in order to facilitate the objectives of the radiation safety program and related regulatory requirements.

Gatin Gajarawala M.D.
Management/RSO

5/17/05
Date



SCALE: 0.3 inches equals 1 foot

Radiology Imaging Associates
NRC License # 29-20709-01

This is to acknowledge the receipt of your letter/application dated

5/17/2005, and to inform you that the initial processing which includes an administrative review has been performed.

RENEW 29-20709-01

☒ 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** 137108.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (RI)
(6-96)

Sincerely,
Licensing Assistance Team Leader

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02201
Status Code: 2
Fee Category: 7C
Exp. Date: 20050630
Fee Comments: _____
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
   Applicant/Licensee: RADIOLOGY IMAGING ASSOCIATES
   Received Date: 20050525
   Docket No: 3020751
   Control No.: 137108
   License No.: 29-20709-01
   Action Type: Renewal

2. FEE ATTACHED
   Amount: /
   Check No.: /

3. COMMENTS

Signed [signature]
Date 6/2/2005

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 _____