

Dr. Gamalier Bermúdez  
Modern Radiology PSC  
Box 7346  
Ponce, PR 00732  
(787) 848-8834

June 8, 2005

US NRC RI  
DNMS  
475 Allendale Road  
King of Prussia, PA 19406

LL 31059  
03036964  
02201

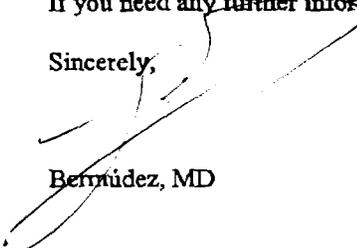
(52-31059-01)

Dear Mr. Sir or Madam:

Please find enclosed the application for a new NRC License.

If you need any further information, please contact me at (787) 616-4000 or David Rhoe at (787) 245-7248.

Sincerely,

  
Bermúdez, MD

Dr. Bermúdez,

Please sign NRC Form 313, cover letter, and enclose a check for \$1900.00. Please fax the 5 pages to (610) 337-6942 and mail the originals to the NRC. The fax copy will start the process today. All the copies that I left at your office are for the PET facility. If you have any questions, please call me at 787-245-7248.

  
David

<b>NRC FORM 313</b> (8-2000) 10 CFR 30, 32, 33, 34, 35, 36, 38, and 40	<b>U.S. NUCLEAR REGULATORY COMMISSION</b>	APPROVED BY OMB: NO. 3150-0120	EXPIRES: 06/31/2002
<h2 style="margin: 0;">APPLICATION FOR MATERIAL LICENSE</h2>		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 estimates to the Records Management Branch (T-8 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to <a href="mailto:bjt1@nrc.gov">bjt1@nrc.gov</a> , 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.**

<b>APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:</b> DIVISION OF INDUSTRIAL AND MEDICAL NUCLEAR SAFETY OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555-0001	<b>IF YOU ARE LOCATED IN:</b> 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 60532-4361
<b>ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:</b>  <b>IF YOU ARE LOCATED IN:</b> 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	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

RECEIVED  
 REGION I  
 JUN 15 PM 1:18  
 LL 31059  
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(52-31059-01)

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) <input checked="" type="checkbox"/> A. NEW LICENSE <input type="checkbox"/> B. AMENDMENT TO LICENSE NUMBER _____ <input type="checkbox"/> C. RENEWAL OF LICENSE NUMBER _____
2. NAME AND MAILING ADDRESS OF APPLICANT (include ZIP code)  Gamalier Bermudez Modern Radiology PSC Box 7346 Ponce, PR 00732	3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED  Torre San Cristobal Quinta Avenida, Oficina 109 Cotto Laurel Ponce, PR
4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION  David Rhoe (787) 245-7248  TELEPHONE NUMBER	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 AREAS.	9. FACILITIES AND EQUIPMENT.
10. RADIATION SAFETY PROGRAM.	11. WASTE MANAGEMENT.
12. LICENSE FEES (See 10 CFR 170 and Section 170.31) FEE CATEGORY <b>7C</b> AMOUNT ENCLOSED <b>\$ 1900.00</b>	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, 38, 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, 1946 92 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.

CERTIFYING OFFICER - TYPED/PRINTED NAME AND TITLE  Gamalier Bermudez	SIGNATURE 	DATE 6-9-05
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FOR NRC USE ONLY

TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
			\$		
APPROVED BY				DATE	137169

Item 1 Address

- a) Mailing address  
 Dr. Gamalier Bermúdez  
 Modern Radiology PSC  
 Box 7346  
 Ponce, PR 00732  
 (787) 848-8834  
 (787) 616-4000
  
- b) Main Office address  
 Dr. Gamalier Bermúdez  
 Modern Radiology PSC  
 Torre San Cristóbal  
 Quinta Avenida  
 Oficina 109  
 Cotto Laurel  
 Ponce, PR  
 (787) 848-8834  
 (787) 616-4000
  
- c) Physical location (storage/location of the radiation sources & records)  
*(Nuclear Medicine)*  
 Dr. Gamalier Bermúdez  
 Modern Radiology PSC  
 Torre San Cristóbal  
 Quinta Avenida  
 Oficina 109  
 Cotto Laurel  
 Ponce, PR  
 (787) 848-8834  
 (787) 616-4000

The following is based on Medical Use Licenses, NUREG 1556 Vol 9, October 2002, Appendix C

Item 5 and 6: Materials to be Possessed and Proposed Uses

YES	Radionuclide	Form or Manufacturer	Maximum Quantity	Purpose of Use
X	Cesium 137	Sealed sources Isotopes Products Lab Model No. HEG-111	0.740 (20 mCi) GBq/source  1.48 GBq total	For the use in a Positron Emission Tomography (PET) camera as quality control (transmission source). Sealed source registry is CA0406S122S.

Item No. and Title	Response
<p>7. Radiation Safety Officer.</p> <p>Name: Miguel A. Serpa Perez, M.D.</p>	<p><input checked="" type="checkbox"/> Previously on license number: NRC 52-25232-01. or</p> <p><input type="checkbox"/> Copy of the certification(s) for the board(s) recognized by the NRC and as applicable to the types of use for which he or she has RSO responsibilities. or</p> <p><input type="checkbox"/> Description of the training and experience specified in 10 CFR 35.900(b). or</p> <p><input type="checkbox"/> 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</p> <p><input type="checkbox"/> 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 license has been achieved. and</p> <p><input type="checkbox"/> If applicable, description of recent related continuing education and experience as required by 10 CFR 35.59 and</p> <p><input type="checkbox"/> RSO Signature: _____ Date: _____</p>
<p>7. Authorized Users Names and Requested Uses for Each Individual.</p> <p>Name: Miguel A. Serpa Perez, M.D.</p>	<p><input checked="" type="checkbox"/> Previously on license number: NRC 52-25232-01. or</p> <p><input type="checkbox"/> Copy of the certification(s) for the board(s) recognized by the NRC under 10 CFR Part 35, Subparts D, E, F, G, H, and as applicable to the use requested. or</p> <p><input type="checkbox"/> Description of the training and experience specified in 10 CFR 35.900(b). or</p> <p><input type="checkbox"/> Description of the training and experience specified in 10 CFR Part 35 Subpart J demonstrating that the proposed AU is qualified by training and experience for the use requested. or</p> <p><input type="checkbox"/> 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</p> <p><input type="checkbox"/> Written certification, signed by a preceptor physician AU, that the above training and experience has been satisfactorily completed and that a level of competency to function independently as an AU for a medical uses authorized has been achieved. and</p> <p><input type="checkbox"/> If applicable, description of recent related continuing education and experience as required by 10 CFR 35.59</p>
<p>9. Facility Diagram.</p>	<p><input checked="" type="checkbox"/> 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:</p> <p><input checked="" type="checkbox"/> Drawing should be to scale, and indicate the scale used.</p> <p><input checked="" type="checkbox"/> Location, room numbers, and principal use of each room or area where byproduct material is prepared, used or stored, as provided above the heading "Discussion";</p> <p><input checked="" type="checkbox"/> 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 restricted or unrestricted area as defined in 10 CFR 20.1003; and</p> <p><input type="checkbox"/> Provide shielding calculations and include information about the type, thickness, and density of any necessary shielding to enable independent</p>

	<p>verification of the 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.)</p> <p>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.</p>
<p>9. Radiation Monitoring Instrument.</p> <p style="text-align: center;">Geiger Mueller Range 1-1000 mR/hr End window or pan probe</p>	<p><input checked="" type="checkbox"/> A person qualified to perform survey meter calibrations will calibrate radiation monitoring instruments.</p> <p style="text-align: center;">and/or</p> <p><input type="checkbox"/> 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.</p> <p style="text-align: center;">and</p> <p><input type="checkbox"/> A description of the instrument (e.g., gamma counter, solid state detector, portable or stationary count rate meter, portable or stationary dose rate or exposure rate meter, single or multi-channel analyzer, LSC, proportional counter) that will be used to perform required surveys is indicated in the left column.</p> <p style="text-align: center;">and</p> <p><input checked="" type="checkbox"/> We reserve the right to upgrade our survey instrument as necessary as long as they are adequate to measure the type and level of radiation for which they are used.</p>
<p>9. Dose Calibrator and Other Dosage Measuring Equipment.</p>	<p><input checked="" type="checkbox"/> Equipment used to measure dosages will be calibrated in accordance with nationally recognized standards or the manufacturer's instructions.</p>
<p>10. Occupational Dose.</p>	<p><input checked="" type="checkbox"/> 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 License: Program-Specific Guidance About Medical Use Licensees," dated October 2002.</p> <p style="text-align: center;">or</p> <p><input type="checkbox"/> A description of an alternative method for demonstrating compliance with the referenced regulations.</p>
<p>10. Areas Surveys.</p>	<p><input checked="" type="checkbox"/> 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.</p>
<p>10. Safe Use of Unsealed Licensed Material.</p>	<p><input checked="" type="checkbox"/> 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 1301.</p>
<p>10. Spill Procedures and Minimization of Contamination.</p>	<p><input checked="" type="checkbox"/> 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.</p>
<p>10. Minimization of Contamination</p>	<p><input checked="" type="checkbox"/> A response is not required.</p>
<p>11. Waste Management.</p>	<p><input checked="" type="checkbox"/> 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 Part 35.92.</p>

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

6/9/2005, and to inform you that the initial processing which includes an administrative review has been performed.

**New License Application (03036964)**  
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

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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** 137169.  
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: 02201  
Status Code: 3  
Fee Category: \_\_\_\_\_  
Exp. Date: 0  
Fee Comments: \_\_\_\_\_  
Decom Fin Assur Req'd: \_

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LICENSE FEE TRANSMITTAL

A. REGION **I**

1. APPLICATION ATTACHED  
Applicant/Licensee: MODERN RADIOLOGY PSC  
Received Date: 20050615  
Docket No: 3036964  
Control No.: 137169  
License No.: **52-31059-01**  
Action Type: New Licensee

2. FEE ATTACHED  
Amount: **\$1,900.00**  
Check No.: **4363**

3. COMMENTS

Signed *Rebecca Howard*  
Date 6/15/2005

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 \_\_\_\_\_