From: Donna Janda
To: Steven.castle@hcahealthcare.com
Date: Thu, Mar 30, 2006 10:55 AM
Subject: Additional information needed for amendment reqest

License No. 45-15249-01
Docket No. 03008805
Mail Control No. 138361

Licensee: Chippenham and Johnston-Willis Hospitals, Inc.

Dear Mr. Castle,

As we discussed this morning, please provide the following additional information regarding your request to add HDR authorization to your NRC license:

1. The diagrams submitted for the Johnston-Willis radiation therapy facility, Figure 1, and the High Dose Rate Remote Afterloader (HDR) treatment vault, Figure 2, are not legible. Please submit legible diagrams. In addition, for Figure 2, submit a diagram which is to scale, with the scale indicated, and which depicts the location and room number where the HDR unit will be used and stored. In addition, on this diagram (Figure 2), depict the locations, room numbers and principal uses of each area adjacent to the HDR treatment room.

2. The section of your application entitled "Radiation Monitoring Instruments" states that you have developed and will implement and maintain calibration procedures in accordance with the requirements in 10 CFR 20.1501 and that meet the requirements of 10 CFR 35.61. Your license renewal application submitted in 2005 did not request this authorization, but stated that radiation monitoring instruments will be calibrated by a person qualified tp perform meter calibrations. If you are requesting authorization to conduct survey meter calibrations in-house, please provide the manufacturer name, model number and activity of the calibration source you will be using. In addition, provide the training and experience of the individuals who will be performing the calibrations and a diagram of the area where the calibrations will be performed. If you will not be conducting survey meter calibrations under your NRC license, please confirm that you will use a person qualified to perform survey meter calibrations for radiation monitoring instruments.

3. Please confirm that you will update your emergency procedures for the HDR unit to include the names and telephone numbers for the Radiation Safety Officer, Authorized User, and Authorized Medical Physicist, as required by 10 CFR 35.610(a)(4). In addition, please consider the need for extremity dosimetry for individuals who may be called on to respond to emergencies involving a stuck or unretracted source.

4. Please describe the method used to ensure that whenever the HDR unit is not in use or is unattended, the console keys will be inaccessible to unauthorized persons (e.g., in a locked cabinet in the physics office.)

5. Please describe the steps that will be taken to ensure that the HDR unit and the high-energy accelerator, which are located in the same room, cannot be operated simultaneously (e.g., both keys will be kept on the same key ring or a two-position switch will be used to prevent dual operation.)

6. Please confirm that you will periodically test the Primalert radiation monitor backup battery. Provide the frequency (e.g., semi-annually) that you will perform this test of the backup battery.

7. Item 6 of the Operating Procedures submitted with your application states that a physician, under the supervision of an Authorized User, may be present during the continuation of all HDR patient treatments. Please confirm that any physician, under the supervision of an Authorized User, who will be physically present during continuation of any HDR treatment will be trained in

the operation and emergency response for the HDR unit.

8. Please confirm that Item 4 of the periodic spot-check procedures will also include a check of the source exposure indicator lights on the HDR unit and in the facility (i.e., HDR treatment room).

9. Please provide the duration of source exposure for the timer accuracy spot-check described in Item 6 of the periodic spot-check procedures.

10. Please confirm that Dr. Reese, your Radiation Safety Officer, will be trained in the radiation safety aspects of the operating and emergency response procedures for the HDR unit.

11. Your application listed full calibrations to be performed following source exchange, repair, and relocation. Please note that full calibration measurements on the HDR unit must also be performed before the first medical use of the unit. In addition, we did not review Items 11 through 15 of your calibration procedures as these are not required to be submitted. We will review compliance with 10 CFR 35.633 at the time of inspection.

Please note that you may **not** reply to this letter by return email. Your reply must be in writing by letter or facsimile (610-337-5269). Please reply to my attention and refer to Mail Control No. 138361. If you have any questions regarding this email, please call me at 610-337-5371.

Thank you very much for your attention in this matter.

Sincerely,
Donna Janda
Health Physicist, Medical Branch
Division of Nuclear Materials Safety
U.S. NRC Region I

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