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UNITED STATES  
NUCLEAR REGULATORY COMMISSION  
REGION III  
2443 WARRENVILLE ROAD, SUITE 210  
LISLE, ILLINOIS 60532-4352

TELEFAX TRANSMITTAL

DATE: October 20, 2006 NUMBER OF PAGES: 16  
(Including this page)

SEND TO: Janice Oakley, CNMT % Cindy Erwin

LOCATION: River Cities Cardiology

FAX NUMBER: (812) 288-7625  **VERIFY BY CALLING  
SENDER**

FROM:  
(SENDER) **Bill Reichhold**

TELEPHONE NUMBER **(630) 829-9839** FAX NUMBER **(630) 829-9782**  
or  
**(630) 515-1259**

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at the telephone number provided above.



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**MESSAGE**

Please see attached.

**NOTICE**

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**The following additional information is needed to complete the review of your request. Please note, Appendix V, "Guidance for Mobile Medical Services" is in NUREG-1556, Volume 9, Revision 1.**

- 1. Please submit a description and diagram sketch of the "base location" for your mobile van service. Please see sample sketches.**
- 2. If you have any radioactive materials storage locations within the mobile van, please describe the radiation levels in the van driver's compartment to demonstrate compliance with 10 CFR 20. 1201, "Occupational dose limits for adults". If you do not have any radioactive materials storage locations within the mobile van, please state so.**
- 3. Please state that supervised individuals will receive the training described in the section titled, "Supervision" in Appendix V in NUREG 1556, Volume 9, Revision 1.**
- 4. Please state that individuals working in or frequenting restricted areas, will receive the training described in the section titled, "Training for Individuals Working in or Frequenting Restricted Areas" in Appendix V in NUREG 1556, Volume 9, Revision 1.**
- 5. Please state that survey instruments and dose instrument checks will be performed as described in the section titled, "Survey Instrument and Dose Measurement Instrument Checks" in Appendix V in NUREG 1556, Volume 9, Revision 1.**
- 6. Please confirm that radionuclides will be received at the "base location" located at the Medical Arts Building, 207 Sparks Avenue, Suite 104, Jeffersonville, Indiana.**
- 7. Please state that the emergency procedures will include all the items described in the section titled "Emergency Procedures" in Appendix V in NUREG 1556, Volume 9, Revision 1.**
- 8. Please state that the transportation procedures for radionuclides will include all the items in the section titled "Transportation" in Appendix V in NUREG 1556, Volume 9, Revision 1.**
- 9. Please described your radioactive waste handling procedures for radioactive waste that will be stored in the van. If you do not plan to store any radioactive waste in the van, please state so.**

10. Please state that you will develop 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 of 10 CFR Part 20 and 10 CFR 35.92 for radioactive waste returned to your "base location" from client sites.

Please send a facsimile of your response to the above within 7 days and refer to control. Please call me at 630-829-9839 if you have any questions.

315629

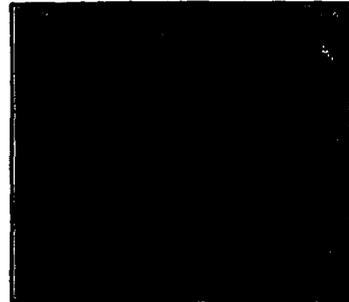
*From the desk of:*

*Bill Reichhold*

*Bill Reichhold*

## 8.15 ITEM 9: FACILITY DIAGRAM

**Regulations:** 10 CFR 20.1003; 10 CFR 20.1101; 10 CFR 20.1201; 10 CFR 20.1301; 10 CFR 20.1302; 10 CFR 20.1601; 10 CFR 20.1602; 10 CFR 20.1901; 10 CFR 20.1902; 10 CFR 20.2102; 10 CFR 30.33(a)(2); 10 CFR 35.12; 10 CFR 35.14; 10 CFR 35.18(a)(3); 10 CFR 35.75; 10 CFR 35.315(a); 10 CFR 35.415; 10 CFR 35.615.



**Criteria:** In order to issue a license, the Commission must find that facilities and equipment must be adequate to protect health and minimize danger to life or property as required under 10 CFR 30.33(a) and/or 35.18(a).

**Discussion:** Applicants must describe the proposed facilities and equipment as required by 10 CFR 35.12. The facility diagram should include the room or rooms and adjacent areas where byproduct material is prepared, used, administered, and stored at a level of detail that is sufficient to demonstrate that the facilities and equipment are adequate to protect health and minimize danger to life or property.

For types of use permitted by 10 CFR 35.100 and 35.200, applicants should provide room numbers for areas in which byproduct materials are used or prepared for use (i.e., "hot labs"). When information regarding an area or room is provided, adjacent areas and rooms, including those above and below, should be described. For types of use permitted by 10 CFR 35.300 and 35.400, applicants should provide the above information and in addition they should provide the locations where sources are stored. Describe the rooms where patients will be housed if they cannot be released under 10 CFR 35.75. The discussion should include a description of shielding, if applicable. For types of use permitted by 10 CFR 35.500, the applicant should provide the room numbers of use.

For types of use permitted by 10 CFR 35.600, the applicant should provide all of the information discussed above and the shielding calculations for the facility as described in the diagram. When preparing applications for use under 10 CFR 35.1000, applicants should review the above to determine the type of information appropriate to evaluate the adequacy of the facilities.

Licensees are required by 10 CFR 35.13 to obtain a license amendment before adding to or changing an area of use identified in the application or on the license, except for areas of use where byproduct material is used only in accordance with 10 CFR 35.100 or 10 CFR 35.200.

Licensees are required by 10 CFR 35.14 to notify NRC within 30 days following changes in areas of use for 10 CFR 35.100 and 10 CFR 35.200 byproduct material.

Regulatory requirements, the principle of ALARA, good medical care, and access control should be considered when determining the location of the therapy patient's room or a therapy treatment room.

## CONTENTS OF AN APPLICATION

If radiopharmaceutical therapy and brachytherapy patient rooms are added after the initial license is issued, additional room diagrams should be submitted if the room design (including shielding) and the occupancy of adjacent areas are significantly different from the original diagrams provided. A written description should be submitted for simple changes.

For teletherapy units, it may be necessary to restrict use of the unit's primary beam if the treatment room's walls, ceiling, or floor will not adequately shield adjacent areas from direct or scattered radiation. Electrical, mechanical, or other physical means (rather than administrative controls) must be used to limit movement or rotation of the unit (e.g., electrical or mechanical stops). Some applicants have found it helpful to have a sample response for guidance. The following is an example of an acceptable response on the use of a rotational unit with an integral beam absorber (also called a beam catcher).

- "For the primary beam directed toward the integral beam absorber, electrical or mechanical stops are set so that the primary beam must be centered (within plus or minus 2 degrees) on the integral beam absorber and, in that configuration, the attenuated primary beam may be rotated 360 degrees pointing toward the floor, east wall, ceiling, and west wall."
- "For the primary beam directed away from the integral beam absorber, electrical or mechanical stops permit the unattenuated primary beam to be directed in a 95-degree arc from 5 degrees toward the west wall to vertically down toward the floor to 90 degrees toward the east wall."

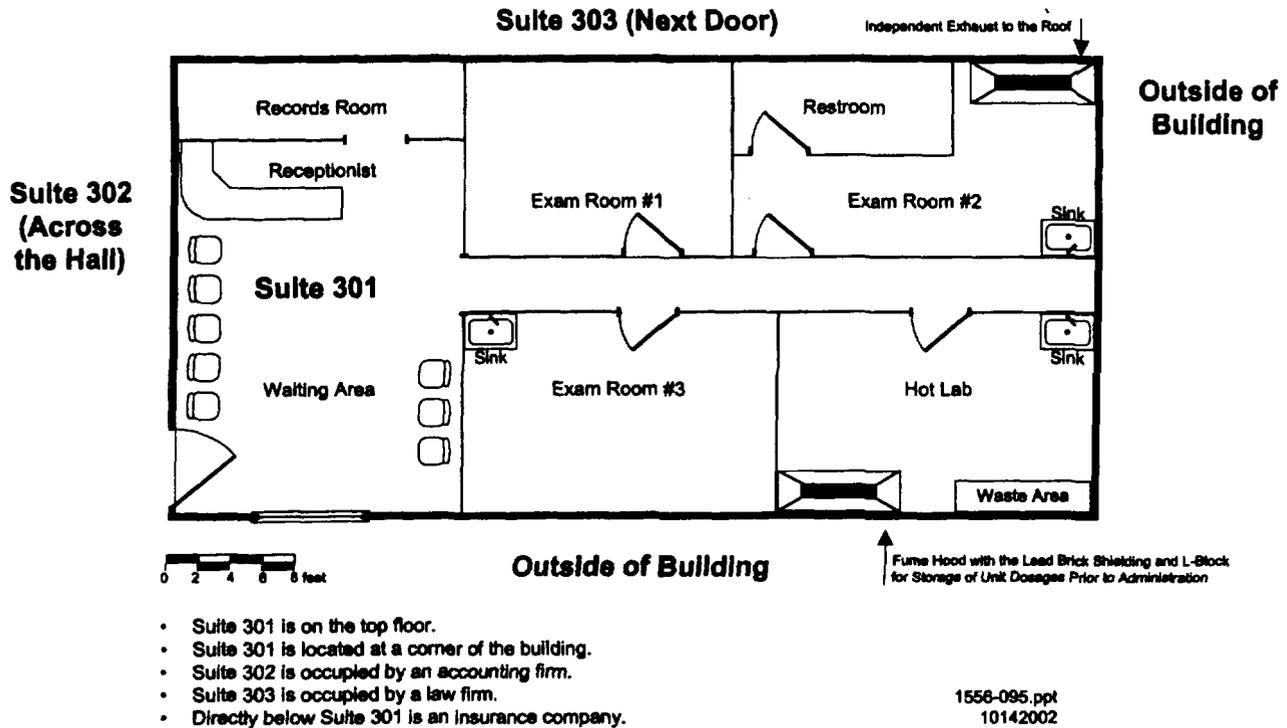
Experience has shown that, given this type of example, many applicants can make changes to accommodate their own situations (e.g., use of a vertical unit, use of a rotational unit without an integral beam absorber).

**Response from Applicant:** Provide the following on the facility diagrams:

- 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.

Attachment 9.1



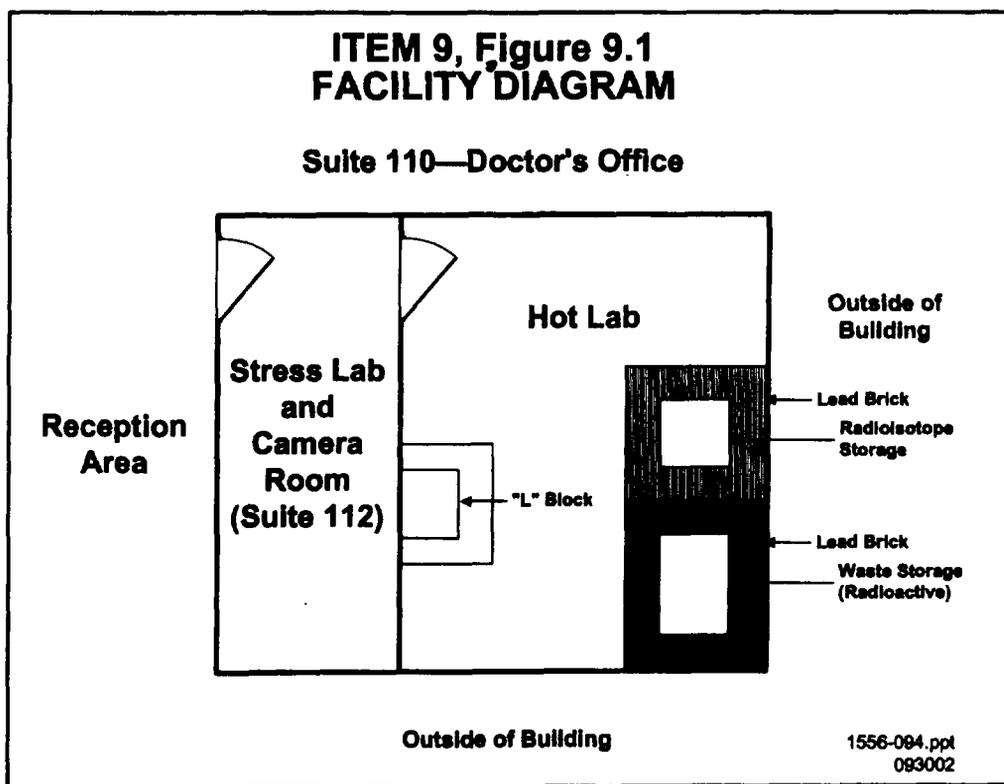
**Figure 8.1 Facility Diagram for Nuclear Medicine Suite**

The applicant should demonstrate that the limits specified in 10 CFR 20.1301(a) will not be exceeded. If the calculations demonstrate that these limits cannot be met, indicate any further steps that will be taken to limit exposure to individual members of the public. The applicant may consider the following options:

- Adding shielding to the barrier in question, with corresponding modification of the facility description if necessary.
- Requesting prior NRC authorization to operate up to an annual dose limit for an individual member of the public of 5 mSv (0.5 rem) and demonstrating that the requirements of 10 CFR 20.1301 will be met. The applicant must demonstrate the need for and the expected duration of operations that will result in an individual dose in excess of the limits specified in 10 CFR 20.1301(a). A program to assess and control dose within the 5 mSv (0.5 rem) annual limit and procedures to be followed to maintain the dose ALARA (10 CFR 20.1101) must be developed (see 10 CFR 20.1301(d)).

If applicants are proposing to use portable shielding to protect health and minimize danger to life or property, they should describe the alternative equipment and administrative procedures they propose to use for evaluation and approval by NRC. If applicants elect to use portable shielding they should commit to having administrative procedures to control configuration management to maintain dose within regulatory limits.

## Dr. Noe Directive



**Figure E.1 Sample License Application: Facility Diagram**

**Notes:**

- 1) Radioactive material delivered to hot lab.
- 2) Counter surfaces are stainless steel and floors are seamless vinyl to facilitate cleanup and minimize permanent contamination.
- 3) Unoccupied basement located underneath facility and Suite 212 (a doctor's office) located above facility.

## **APPENDIX V**

### **Guidance for Mobile Medical Services**

## Guidance for Mobile Medical Services

Mobile medical service providers must comply with all applicable sections of 10 CFR Part 35 as well as DOT regulations with regard to approved source holders, placement of sources in approved containers prior to their transport, and hazardous materials training. For example, mobile medical service providers offering remote afterloaders must comply with Subpart H of 10 CFR Part 35.

### Type and Location of Use

In general, there are two types of mobile medical service. One type is transportation and use of byproduct material within a transport vehicle (e.g., in-van use). A second type is transportation of byproduct material to a client's facility for use within a client's facility by the mobile medical service's employees (i.e., transport and use).

For the first and second types, which include use by the service provider, the service provider should apply for full service authorization. Service providers who only transport and store a therapy device need only apply for authorization for possession and transport of the byproduct material. In this case, when the service provider is only transporting the therapy device for use, the client must possess a license for medical use of the byproduct material. Additionally, in this case, the client is authorized to provide the patient treatments and is responsible for all aspects of the byproduct material use and patient treatments upon transfer of the byproduct material to their possession.

For all types, licensed activities must be conducted in accordance with the regulations for compliance with 10 CFR 35.80(a), which states that the licensee will obtain a letter signed by the management of each of its clients for which services are rendered. The letter will permit the use of byproduct material at the client's address and will clearly delineate the authority and responsibility of each entity. This agreement must be applicable for the entire period of time over which the service is to be provided. The letter will be retained for 3 years after the last provision of service, as required by 10 CFR 35.80(c) and 10 CFR 35.2080. Additionally, as required by 10 CFR 35.80(a)(4), the licensee must survey to ensure compliance with the requirements in 10 CFR Part 20 (e.g., ensure that all byproduct material, including radiopharmaceuticals, sealed sources, and all associated wastes have been removed) before leaving a client's address.

The location of use for mobile medical services are of two basic types. One type of location is the base location where licensed material is received, stored, and sometimes used. The other type of location is the temporary job site at client facilities. The following two sections describe the type of information necessary for base locations and temporary job sites.

### Base Location

The base location (e.g., central radiopharmaceutical laboratory or storage location for the remote afterloader) for the mobile medical service must be specified. The base facility may be located in a medical institution, non-institutional medical practice, commercial facility, or mobile van. You should specify in what type of facility the proposed base facility is located. A mobile licensee cannot provide a service to a private practice (non-licensee) located within a licensed medical institution (e.g., hospital). As required by 10 CFR 30.33 and 10 CFR 35.12, you must submit a description and diagram(s) of the proposed base facility and associated equipment in accordance with Items 8.14 through 8.19 of this report. The description and diagram of the proposed facility should demonstrate

## APPENDIX V

that the building (or van) is of adequate construction and design to protect its contents from the elements (e.g., high winds, rain), ensures security of licensed material to prevent unauthorized access (e.g., control of keys), and ensures that radiation levels in unrestricted areas are in compliance with 10 CFR 20.1301. Include a diagram showing the location of the licensed material, receipt, and use areas, and identify all areas adjacent to restricted areas, including areas above and below the restricted areas. For storage locations within a van, the description of the van should address radiation levels in the van driver's compartment to demonstrate compliance with 10 CFR 20.1201, "Occupational dose limits for adults."

- You may request multiple base locations. Radioactive material must be delivered only to a facility licensed to receive the type of radioactive material ordered.
- Base locations can include the use of a mobile van. When the base facility is in the van, and there is no permanent structure for the byproduct material storage, provide for the following:
  - Secured off-street parking under licensee control. Public rights-of-way are not considered part of the address of the client;
  - Secured storage facilities available for storage of byproduct material and radioactive waste if the van is disabled; and
  - Byproduct material delivered (if necessary) directly to the van only if the van is occupied by licensee personnel at the time of delivery.
- If a base facility is located in a residential area, provide the following information:
  - Justification of the need for a private residence location rather than for a commercial location.
  - Documentation of the agreement between the residence owner and the licensee. It is essential that the mobile medical service have access to the facility in the event of contamination. Provisions for decontamination of the mobile medical service van, etc., on the client property (if necessary) will be included. Documentation from both parties will illustrate the agreement between the client and the mobile medical service.
  - A description of the program demonstrating compliance with 10 CFR 20.1301, "Dose limits for individual members of the public."
  - Verification that restricted areas do not contain residential quarters.
- Perform surveys necessary to show that exposure rates do not exceed 2 mrem in any one hour nor 100 mrem per year.

### **Client Site**

This section applies only to therapeutic uses of byproduct material. For all types of therapy uses, the medical institutions, hospitals, or clinics and their addresses that comprise the client sites for mobile medical services must be listed.

For self-contained byproduct material services (e.g., in-van) you should provide the following additional facility information:

- For therapy treatments with byproduct material (e.g., high dose-rate remote afterloader), a separate drawing for each client site showing the location of the treatment device/vehicle in relation to all nearby roads, sidewalks, structures, and any other locations accessible by members of the public;
- A signed agreement, as delineated in the letter required by 10 CFR 35.80(a), that location of the device/vehicle will be on client-owned or controlled property;
- The protection from vehicular traffic that could adversely affect patient treatment(s), that could be accomplished either by locating the facility away from all vehicular traffic or by using barriers. Any protective measures must be shown on the facility/site drawings provided.
- A description of the emergency lighting system that automatically activates on detection of the loss of primary power during patient remote afterloader treatments. The system must provide sufficient light to perform any possible emergency procedures, including the removal of a detached or stuck source that remains within the patient.

If you will provide transportable services to the client's site for use within the client's facility by the mobile medical service's employees, you should provide the following client facility information and commitment:

- A detailed description and diagram(s) of the proposed use facility (e.g., client site) and associated equipment in accordance with Items 8.14 through 8.19 of this report. The description and diagram of the proposed use facility must demonstrate that the facility is of adequate construction and design to protect its contents from the elements (e.g., high winds, rain), ensure security of licensed material to prevent unauthorized access, and ensure that radiation levels in unrestricted areas are in compliance with 10 CFR 20.1301. You should include a diagram showing the location of the equipment, receipt, and use areas, and identify all areas adjacent to restricted areas.
- A commitment, as delineated in the letter required by 10 CFR 35.80(a), that the mobile medical service licensee has full control of the treatment room during byproduct material use for each client.
- The initial installation records and function checks of a remote afterloader device for each site of use, as required by 10 CFR 35.633, 10 CFR 35.643, and 10 CFR 35.647.

For a transport-only mobile medical service for therapy devices that are transported to the client's facility, used by the client's staff (under their own license), and removed by the service provider, you must ensure the following:

- Each client is properly licensed for medical use of byproduct material. If applicable, you should ensure that each client has received the necessary initial and, if appropriate, recurrent training for the specific make and model of the remote afterloader device being provided. If the above

## APPENDIX V

applicable conditions are not met, the mobile medical service licensee must not transfer the remote afterloader device to the client.

- No signed agreement with a client may state or imply any assumption of responsibility on the part of the mobile medical service for the use of byproduct material for patient treatments. This includes such activities as dosage measurements, source calibrations, and remote afterloader device operational checks. Although these and other services may be provided to the client by the mobile medical service if the mobile medical service is specifically licensed to provide such services, the client (licensee) retains all of the responsibilities related to the use of the byproduct material for patient treatments. The responsibilities for supervising individuals who use the byproduct material, set forth in 10 CFR 35.27, transfer to the client's AUs upon transfer of the device to the client by the mobile medical service provider.
- The initial installation of a remote afterloader device at the client site may be performed by either the mobile medical service provider or the client, but all device function checks are the responsibility of the client (i.e., the licensee authorized to provide patient treatments at the client site).
- As required by 10 CFR 30.51, a formal record of the transfer of control of the byproduct material from the mobile medical service provider to the client, and from the client back to the mobile medical service provider, must be made for each transfer of byproduct material. A signed receipt of each transfer must be made and retained for inspection for 3 years.

### Supervision

In addition to the requirements in 10 CFR 19.12, 10 CFR 35.27 requires that you will instruct supervised individuals in your written radiation protection procedures, written directive procedures, regulations, and license conditions with respect to the use of byproduct material. Additionally, as required by 10 CFR 35.27, you will require the supervised individual to:

- Follow the instructions of the supervising authorized user for medical uses of byproduct material;
- Follow the instructions of the supervising authorized nuclear pharmacists or supervising authorized user for preparation of byproduct material for medical uses;
- Follow the written radiation protection procedures and written directive procedures established by the licensee; and
- Comply with the provisions of 10 CFR Part 35, [e.g., 10 CFR 35.80 and 10 CFR 35.647 (if applicable)], and the license conditions with respect to the mobile medical use of byproduct material.

### Training for Individuals Working in or Frequenting Restricted Areas

Drivers and technologists (or therapists) will be properly trained in applicable transportation regulations and emergency procedures in addition to the training requirements of 10 CFR 19.12, 10 CFR 35.27, 10 CFR 35.310, 10 CFR 35.410, and 10 CFR 35.610 (as applicable). The training for

these individuals will include, at a minimum, DOT regulations, shielding, ALARA, and basic radiation protection.

### **Survey Instrument and Dose Measurement Instrument Checks**

As required by 10 CFR 35.80, you will check instruments for proper operation before use at each address of use. You will check dosage measurement instruments before medical use at each address of use or on each day of use, whichever is more frequent. Additionally, all other transported equipment (e.g., cameras) should be checked for proper function before medical use at each address of use.

### **Order and Receipt of Byproduct Material**

Byproduct material will be delivered by a supplier to the base location or to the client's address if the client is licensed to receive the type of byproduct material ordered. Delivery of byproduct material to a van that is not occupied by the mobile medical service personnel will not be permitted.

Alternatively, you may pick up the byproduct material (e.g., radiopharmaceuticals) from the supplier (e.g., nuclear pharmacy) en route to client facilities.

### **Emergency Procedures**

Develop, implement, and maintain emergency procedures, in accordance with your radiation protection program required by 10 CFR 20.1101. You should indicate typical response times of the RSO and AU in the event of an incident and develop and implement procedures that include emergency response regarding an accident scenario. An accident is defined as a vehicle collision or other event, such as, wind, water, or fire that results in damage to exterior or interior portions of the vehicle or the byproduct material used in the mobile medical service. The transportation emergency response plan should cover both the actions to be taken by the mobile medical service provider's headquarters emergency response personnel and the "on-scene" hazardous material-trained personnel, and it will be readily available to both transport vehicle personnel and headquarters emergency-response contacts. The plan should include the following:

- A 24-hour emergency contact telephone number for the mobile medical service provider's emergency response personnel;
- The emergency contact numbers for NRC's Operation Center and all appropriate state radiological protection agencies;
- Procedures for restricting access to the transport vehicle until surveys have been made to determine if any radiological hazards exist;
- Procedures for retrieving and securing any byproduct material, including a sealed source that may become detached and/or dislodged to the extent that a radiological hazard is created, which may require one or more emergency shielded source containers;

## APPENDIX V

- Predetermined (calculated) exposure rates for an unshielded therapy source (if applicable) as a function of distance for use in controlling the exposures of emergency response personnel to the maximum extent possible under various emergency response scenarios;
- Preplanned decontamination procedures, including ready access to all necessary materials;
- A calibrated, operational survey meter maintained in the cab of the transporting vehicle, which may be used at an accident scene for conducting surveys;
- Security of the transport vehicle against unauthorized access, including the driver's compartment; and
- Procedures to ensure that following any accident, no patient treatments with remote afterloaders will occur until all systems pertaining to radiation safety have been tested and confirmed to be operational by the RSO or AMP. If any problem is found, including remote afterloader device interlocks and operation, the remote afterloader device or facility will be repaired and re-certified by the device vendor prior to return to service. In addition, a copy of the report, generated in accordance with 10 CFR 30.50, will be provided to clients following any accident in which there is actual or possible damage to the client's facility or the device.

*Note:* The type of response should be consistent with the level of the incident. The response may range from phone contact for minor spills to prompt on-site response (less than 3 hours) to events such as a medical event or lost radioactive material.

### Transportation

Develop, document, and implement procedures to assure that the following takes place:

- Radioactive material is transported in accordance with 49 CFR Parts 170-189. Procedures will include:
  - Use of approved packages;
  - Use of approved labeling;
  - Conduct of proper surveys;
  - Complete and accurate shipping papers;
  - Bracing of packages;
  - Security provisions; and
  - Written emergency instructions.
- Management (or management's designee) will perform audits, at least annually, of transportation documentation (e.g., shipping papers and survey reports) and activities at client facilities.
- Licensed material is secured during transport and use at the client's facilities.
- Radioactive waste is handled properly during transport. You will describe the method of storage and final disposal.

- The transport vehicle, including the driver's compartment, if separate, will be secured at all times from any unauthorized access when the vehicle is unattended.

**Note:** The necessary DOT Type 7A package certification for remote afterloader devices is established by prior approval of the appropriate sealed source and device sheets; however, if the remote afterloader device is damaged in any way during use or transport, then the integrity of the DOT Type 7A packaging may be compromised, and the device must not be used or transported until checked by the vendor and certified as retaining its integrity as a Type 7A package.

### **Radioactive Waste Management**

If waste will be stored in vans, the vans will be properly secured and posted as byproduct material storage locations. You will ensure that the van will be secured against unauthorized access and that the waste storage location will be posted as a byproduct material storage area.

Develop, document, and implement final waste disposal procedures in accordance with Section 8.28 of this report.

Excreta from individuals undergoing medical diagnosis or therapy with radioactive material may be disposed of without regard to radioactivity if it is discharged into the sanitary sewerage system, in accordance with 10 CFR 20.2003. However, collecting excreta from patients in a van restroom with a holding tank is not considered direct disposal into the sanitary sewerage system. If restroom facilities are provided in the van for patient use, submit the following information for NRC review:

- A description of the structure of the tank holding facility and the location of the tank in relation to members of the public, workers in the van, and the driver of the van; a description of procedures to assess the tank for possible leakage; and a description of any restroom ventilation if any I-131 will be held in the tank.
- A description of procedures to ensure doses to occupational workers and members of the public will not exceed the exposure limits in 10 CFR 20.1201 and 20.1301, that the external surfaces of the van do not exceed 2 mrem/hour, and that doses to members of the public and workers are maintained ALARA, including considerations of external dose rates in the restroom caused by the proximity of the holding tank to the toilet.
- A description of procedures for emptying and disposing of the contents of the holding tank, including the frequency of disposal, who empties the tank into the sanitary sewer system, and the location of disposal into the sanitary sewer, including precautions taken to minimize contamination in this process.

### **Mobile Medical Services With Remote Afterloader Devices**

Because the movement of the remote afterloader device from one location to another increases the risk of electro-mechanical component failures or misalignments, it is important that the proper operation of the device be fully checked after each such relocation. Therefore, you will develop, document, and implement the following procedures to determine if a device is operating properly before the commencement of patient treatments:

## APPENDIX V

- Safety checks conducted on a remote afterloader device and facility. The procedure will include the periodic spot checks required by 10 CFR 35.643 and the additional spot checks required by 10 CFR 35.647 before use at each address of use. Additionally, the procedure should include provisions for prompt repair of any system not operating properly.
- The pretreatment operational function checks after each device move should include a review of any device alarm or error message and, if necessary, a resolution of problems indicated by such messages.
- Such tests should be performed in accordance with written procedures.
- You must maintain records, as described in 10 CFR 35.2647 and 10 CFR 35.2643, showing the results of the above safety checks for NRC inspection and review for a period of 3 years.
- Perform surveys of the source housing and areas adjacent to the treatment room following relocation of a HDR unit. These surveys should include the source housing with the source in the shielded position and all areas adjacent to the treatment room with the source in the treatment position.