

From: Donna Janda
To: mjarosz@cprsltd.com
Date: Thu, Nov 16, 2006 4:14 PM
Subject: Additional information needed for amendment request

Licensee: Northwest Radiation Treatment Services (dba Life Care Cancer Center)
License No. 37-30573-01
Docket No. 03035400
Mail Control No. 139375
ATTN: Mitchell Jarosz, Radiation Safety Officer

Subject: Additional information needed to update license in accordance with current regulations

Dear Mr. Jarosz:

In order to continue our review of your amendment request dated September 5, 2006, and to update your license in accordance with current regulations, we need the following additional information:

1. Item 6 of your letter describes a room survey which was performed in the HDR treatment room vault after additional shielding was added and a new HDR source was installed. Please indicate if the room survey was performed with the source in the unshielded position and describe the position of the source in the room during the survey. If the room survey was not performed with the source in the unshielded position, please provide a room survey in which the source is in the unshielded position at the location of patient treatment.
2. Provide the manufacturer and model number of the radiation area monitor (RAM) used in the HDR treatment room. In addition, please confirm that you will periodically test the RAM battery backup. Provide the frequency (e.g., monthly, quarterly, semi-annually) that you will perform this test.
3. Item 5 of your letter requests to change the current calibration requirement for source calibration from every month to "at every source exchange or when the current wire is removed and reinstalled." Please confirm that, in addition to the calibration measurements stated above, full calibration measurements shall be performed before the first medical use of an HDR unit and before medical use under the following conditions: (1) following reinstallation of the unit in a new location outside the facility and (2) following any repair of the unit that includes removal of the source or major repair of the components associated with the source exposure assembly.
4. The diagram of the HDR treatment room submitted with your amendment request depicts the new storage location of your HDR unit. Please provide a more specific description of the HDR storage cabinet (i.e., is the cabinet securely bolted to the floor or to a wall?). Confirm that the HDR unit will be locked inside the storage cabinet whenever the unit is not in use or is unattended.
5. Confirm that the Authorized Medical Physicist will be physically present during the initiation and continuation of all patient treatments involving the HDR device.
6. Please provide detailed spot-check procedures, including acceptance criteria, to be performed before the first use of the HDR unit on a given day and after each source installation to assure proper operation of the following:
 - A. Electrical interlocks at the HDR treatment room entrance;
 - B. Source exposure indicator lights on the remote afterloader unit, on the console, and in the facility;
 - C. Viewing and intercom systems;
 - D. Radiation monitors used to indicate the source position;
 - E. Timer accuracy
 - F. Clock (date and time) in the unit's computer; and

G. Decayed source activity in the unit's computer.

In addition, please confirm that, if the results of the checks required in 6.A. through 6.E. above indicate the malfunction of any system, you will lock the control console in the off position and not use the unit except as may be necessary to repair, replace, or check the malfunctioning system.

7. Please indicate whether extremity monitoring will be provide to individuals who may be called upon to respond to an emergency involving an unretracted or stuck source.

Because your response will contain license commitments, please have your response signed and dated by an individual authorized to make binding commitments and sign official documents on behalf of the licensee. Please be sure to include Mail Control No. 139375 in your response. Please note that you may not reply to this email by return email. Your reply must be in writing by letter or facsimile (610-337-5269). If we do not receive your response to this request for additional information within 14 days from the date of this email, we will assume that you do not wish to pursue this application.

If you have any questions regarding these items, please call me at 610-337-5371.

Thank you for your attention to this matter.

Sincerely,

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

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Options

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