



765 Old Saw Mill River Road  
Tarrytown, NY 10591  
Tel: (914) 347-4040  
FAX # (914) 347-4442  
www.caratherapeutics.com

MS 16

P-7

06-31254-01

03037490

**TO:** Thomas Thompson**FAX No:** 610-337-5269**FROM:** Conrad Cowan**DATE:** 10 July 2007**RE:** Mail Control No. 140622**NO. OF PAGES (including this sheet):** 2Please confirm receipt of this fax: Yes ☐ No ☐Hard copy to follow by mail: Yes ☐ No ☐

Below are my responses to the questions in your June 27<sup>th</sup> e-mail (attached).

1. Please indicate your method of assessing that radiation safety training provided was understood.

Learning proficiency may be evaluated by methods including, but not limited to, quizzes, hands-on demonstrations, verbal responses or observations by the instructor.

2. You have indicated that any work with radioactive materials that could cause appreciable air activity would be done in a properly functioning hood. Please indicate what a properly functioning hood will be.

A properly functioning fume hood is one that has been certified within the last 12 months. During certification, a flow rate of 80 - 120 linear feet per minute is achieved for each hood, and proper sash height needed to attain the proper flow is posted. Individuals may check flow prior to use by holding a tissue or other paper below the sash or hood face. The tissue should bend inwards toward the hood interior.

3. You have indicated survey instruments will be sent to an appropriately licensed organization for calibration. Please confirm you are referring to a NRC or Agreement State licensee authorized to perform instrument calibrations.

Survey meters will be sent to an organization licensed by the NRC or Agreement State to perform such services.

Please let me know if you have any further questions.

Conrad

C L Cowan 10 July 2007

\*Please call 914-347-4040 x215 if any pages were not received or illegible\*

140622

**Conrad Cowan**

---

**From:** Thomas Thompson [TKT@nrc.gov]  
**Sent:** Wednesday, June 27, 2007 9:09 AM  
**To:** ccowan@caratherapeutics.com  
**Subject:** Additional information needed for your NRC license.

I have completed a preliminary review of your application and have some questions as follows:

1. Please indicate your method of assessing that radiation safety training provided was understood.
2. You have indicated that any work with radioactive materials that could cause appreciable air activity would be done in a properly functioning hood. Please indicate what a properly functioning hood will be.
3. You have indicated survey instruments will be sent to an appropriately licensed organization for calibration. Please confirm you are referring to a NRC or Agreement State licensee authorized to perform instrument calibrations.

Please reply by fax to 610 337-5269 and refer to Mail Control No. 140622