Radiation Safety Officer Alaska Regional Hospital 2801 DeBarr Rd. Anchorage, AK 99504

Re: NRC license # 50-18244-01

11 Feb 2008

Ms. Janine Katanic, Ph.D. Health Physicist Div. of Nuclear Materials Safety 611 Ryan Plaza Dr., Suite 400 Arlington, TX 76011-8064

Attached are the various documents you requested.

I have not vet been able to extract the municipal fire code section or the JCAHO sections that specifically ban the use of locks on patient rooms but I am told by the Nursing administration that for fire code reasons you cannot have a lock on the outside of a patient door, and for JCAHO reasons you cannot have a lock that locks from the inside.

Unless you believe that we have to have durable or mechanical barriers to prevent people from doing something that they know they shouldn't, it would seem that the yellow tape with the radiation hazard logo on it, taped across the door at multiple levels, should suffice. No such tape was on the door when you entered because the room had been cleared. Room 549 is similarly taped shut when the activity in room 548 is such that measurements in Room 549 exceed permitted levels.

I hope this serves to convince you that we have an effective AND reasonable approach to keeping safe the staff and public from the risks associated with brachytherapy on the inpatient ward, our temporary deficiencies with the junior technologist notwithstanding.

As before, please let me know by e-mail or by phone messages if you need anything else. If the Nursing administrators can produce the codes regarding locking patient doors, I will forward them to you.

Cordially,

Bradley K. Gruz, MD

RECEIVED

FFB 1 2 2008

DNMS

Alaska Regional Hospital Anchorage, Alaska

Nuclear Medicine Department
I-131 Therapy room release readings

double checks

pg.1

0	Patient admit date	9-13-07	Dose 102.6 mCi I-131
•	Discharge date	9-14-07	
•	Room release date	9-15-07	*****NO*****

Initial readings from JT. Double checked by ST, found a book, pillow and trash bag with above acceptable readings. Removed said material, rechecked and all below acceptable levels. Counseled JT in what was missed, and how ST found said items. Counseled JT on correct procedures to find contamination with survey meter, and how to decontaminate areas of contamination.

•	Patient admit date	10-4-07	Dose 100.6 mCi I-131
•	Discharge date	10-5-07	
•	Room release date	10-5-07	***** N / A *****

JT not involved with dosing or checking for room release.

•	Patient admit date	10-15-07	Dose 98.1 mCi I-131
•	Discharge date	10-16-07	
•	Room release date	10-17-07	***** NO *****

Initial readings by JT. Double checked by ST, found the mattress and sink above acceptable levels. Removed mattress to storage room, decontaminated sink, rechecked and all below acceptable levels. Counseled JT in what was missed, and how ST found said items. Counseled JT on correct procedures to find contamination with survey meter, and how to decontaminate areas of contamination.

•	Patient admit date	10-24-07	Dose 154.9 mCi I-131
•	Discharge date	10-25-07	
•	Room release date	10-30-07	*****OK*****

Initial readings by JT. Contaminated areas found by JT, mattress and sink. Double checked by ST and confirmed findings. Removed mattress and stored in hot storage room. Decontaminated sink with radiac-wash over a couple days. Rechecked and all areas below acceptable levels.

Alaska Regional Hospital Anchorage, Alaska

Nuclear Medicine Department
I-131 Therapy room release readings

double checks (cont.)

pg. 2

•	Patient admit date	11-1-07	Dose 102.3 mCi I-131
•	Discharge date	11-2-07	
0	Room release date	11-2-07	***** OK *****

Initial readings by JT. All removable contamination was removed and all hot trash removed and stored in hot storage. Rechecked by ST and all areas below acceptable levels.

•	Patient admit date	11-7-07	Dose 103.5 mCi I-131
•	Discharge date	11-8-07	
•	Room release date	11-11-07	*****OK****

Initial readings by JT. All removable contamination was removed and all hot trash removed and stored in hot storage. Rechecked by ST and all areas below acceptable levels.

•	Patient admit date	12-18-07	Dose 103.7 mCi I-131
•	Discharge date	12-19-07	
•	Room release date	12-20-07	*****OK*****

Initial reading by JT. All removable contamination was removed and all hot trash removed and stored in hot storage. Rechecked by ST and all areas below acceptable levels.

•	Patient admit date	1-8-08	Dose 102.5 mCi I-131
•	Discharge date	1-9-08	
•	Room release date	1-11-08	*****OK*****

Initial readings by JT. All removable contamination was removed and all hot trash removed and stored in hot storage. Rechecked by ST and all areas below acceptable levels.

•	Patient admit date	1-14-08	Dose 104.2 mCi I-131
8	Discharge date	1-15-08	
•	Room release date	1-23-08	*****OK*****

Alaska Regional Hospital Anchorage, Alaska

Nuclear Medicine Department
I-131 therapy room release readings

double checks (cont.)

pg. 3

Initial readings by JT. Contamination noted on mattress and sink front. Decontamination done on mattress and reduced readings below acceptable levels. Sink readings after decontamination only reduced to 3.0 mR/hr. Under advice from RSO took radiac wash and let it soak into sink counter top. Rechecked again and reading dropped to 2.0 mR/hr. Continued doing this over the next few days. By 1-23-08 in the AM, after a final cleaning with radiac wash, the reading on sink counter top was below acceptable levels to allow release for use.

•	Patient admit date	1-24-08	Dose 105.0 mCi I-131
•	Discharge date	1-25-08	
•	Room release date	1-28-08	***** N / A *****

JT not involved with dosing or checking for room release.

•	Patient admit date	1-29-08	Dose 107.5 mCi I-131
•	Discharge date	1-30-08	
•	Room release date	1-31-08	*****OK****

Initial readings by JT. Contaminated areas found and all hot trash removed and stored in hot storage room. Double checked by ST and confirmed findings. All surveyed areas below acceptable levels.

JT – Staff nuclear medicine technologist ST- Supervisor of nuclear medicine department

As of 2-4-08

(7) consecutive acceptable room release surveys performed by JT.

Supervisor Nuclear Medicine	Date
Radiation Safety Officer	Date

ALASKA REGIONAL HOSPITAL INPATIENT I-131 THERAPY WRITTEN DIRECTIVE WORKHEET AND ROOM SURVEY

ST

)	I	Room #	548	_ Date Or	dered: <u>9-12-</u> 5	7 Authorize	ed User:	\mathcal{I}	
					, washing	Dose Ordered:	100	mCi p.o. for:	-13-57 date
[
	Patients II Initials	D identified b	<u>oy</u> :	[] stat [] rela	es own name [] tive [] states ov	photo ID [Y] II vn birthdate	O bracelet [] states o	wn SSN	
	Informed Initials	Consent: R C		exposu	Informed consent obtained and instructions provided to patient/family on how to keep exposure to other individuals ALARA (as low as reasonably achievable) NRC reg. guide 8.39 Table 2 [] hysterectomy [] celibacy [/ negative pregnancy test [] male [] normal menses < 2 weeks ago [] past child bearing age 2 capsales Dose measured and administered 102.6 mCi Time of administration 11:45				
		ot pregnant, b	oased on:	[] hys					
	Patient Do	ose: /Rc							
	Room Pre Initials	Room Prep M Trash bags set up Naluables removed M Room 549 empty and labeled Sentire floor faucet handles bathroom floor Notilet lid M TV remote telephone table top bed controls pillow telephone working the controls pillow telephone table top table							
	THE PLAN OF TREATMENT IS IN ACCORDANCE WITH THE WRITTEN DIRECTIVE								
		AUTHORIZ	ZED USE					PATE: 9/13/0	7
				*****	***EXPOSUR	RE RATE (mF	!/hr)******	***	
	Tin	ne/Date		midline dside	[2] midline 1 meter,	[3] midline 3 meters	[4] doorway	[5] hallway	[6] Rm 549
	1145	7-13-2067	70.	-E/hy	23 mff	6027.5 m Rh	0.35 mg/		0.09 mill
	1155 6	7-14-200	1/20	ml/m	4.5 ml/m	0.6 mR/flu	0.16 mep	- 0.12 m P/m	0.10
ĺ									
	DATE	BKC READI			SURVEY 1ETER#	CK SO REAL		TEC INI	
	9/13/67	0.63~	Ph	242		1.3 mf	-/h	PMB	
	9/14/07	0.03	n 8/m	1,		1.3 ml	2/10	PMB	
	9/15/07	,04~	Z/mi	2429	190	1.3 MG	2/1-	pl.	
PARTIES N									

ROOM #548		ROOM #549			
	BED	BED			
	(#1)	(#6)			
(#4) (#3)	(#2)				
·	TOILET	TOILET			
SINK	SHOWER	SHOWER	SINK		

SURVEY BACKGROUND READING ,03 mR/hr

(#5)

WIPE BACKGROUND READING 287 DPM

Location of survey/wipe	mR/hr	net DPM from well counter
Bed	; OG	41
Chair if present		
Sink and counter	,08	46
Toilet	, 2	34
Hall door	, 03	10
Telephone	, 05	20
Shower	,06	48
Table top	, 04	16
TV controler	106	42

Patient release criteria:

Reading must be less than 7.0 mR/hr at 1 meter from midline of patient. In accordance with NRC Reg. guide

8.39, Table 2, Column 1

Date: 9-14-07 Room released and ready for use: 9-15-07 1655

Surveys 0.5 mR/hr Wines: 200 DPM/100 are and ready for use:

Action Levels: Surveys 0.5 mR/hr

Wipes: 200 DPM/100 cm sq.

All contaminated linen and trash stored for decay to background level.

All surveys will be performed with probe as close to surface as possible without contaminating probe.

All wipes will be perfored individually, and cover an area of 100 cm. sq.

ALASKA REGIONAL HOSPITAL NUCLEAR MEDICINE DEPARTMENT

I-131 DOUBLE CHECKS CLEARING ROOM 548 POST THERAPY

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2011	•	
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,	アイン	
`	Š	

Location of survey and wipe	Reading mR/hr	Wipe net DPM	Re-wipe if needed	Location of high reading
Bed	, o4	35		Piccow 2 the Piccow 7 miles
Chair if present		}	. (
Sink and counter	13	224.6	45	
Toilet	,3	89		
Hall door	γό,	43		
Telephone	Ψō	101		
Shower	fo!	146		
Table tp	,04	99	especialist de la companya de la com	DAN BOOK , 3 -4/5.
TV controller	, o J	85		
				Trash removed
				ALLOW DAV BOOK
				(1) BAGTARSH, , 6 me) HA.

printed name	POTEN STURINGER CHMT	Date and time room released for use: $9/15/$, O + mR/hr	Background reading/survey meter
signature	RACI	9/15/07 1655	259_DPM	Background reading/well counter
•			/,3 mR/hr	Survey meter check reading

ST

ALASKA REGIONAL HOSPITAL INPATIENT I-131 THERAPY WRITTEN DIRECTIVE WORKHEET AND ROOM SURVEY

		Room #5	48	Date O	rdered: 10/2/	Authoriz	ed User:	mCi p.o. for:	HUMG) D	
			The Court of			,			date	
	Patients Initials	D identified b	Y :	M sta	tes own name [ative []/states o] photo ID [YI wn birthdate	D bracelet [] states (own SSN		
Informed Consent: Initials \(\begin{align*} \beta \in \infty \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \										
	Initials_	<u>pc</u>	ised on:	[] hys [] nor	[] hysterectomy [] celibacy negative pregnancy test [] male [] normal menses < 2 weeks ago [] past child bearing age					
	Patient Dose: Initials (1)			Dose r	Dose measured and administered 135.6 mCi Time of administration 135.6					
	Room Prep									
l	THE PLAN OF TREATMENT IS IN ACCORDANCE WITH THE WRITTEN DIRECTIVE									
14) 2 1)	AUTHORIZI	ED USE	ER:	P		1	DATE: 10/4107		
				*****	***EXPOSUI	RE RATE (mF	R/hr)******	***		
	Tin	ne/Date		nidline	[2] midline	[3] midline	[4]	[5] hallway	[6] Rm 549	
-	1400/1	0-4-07	be	dside	1 meter,	3 meters 2 mR/m	doorway D. Yml W	0.3mlm	n 12 ili	
f		10-5-07	13.	7 myon	3.0	1.0	.15	· Suffin	0.23 ml/m	
ŀ	1					1	\\\	1		
Γ	DATE	BKG		S	URVEY	CK SO	URCE	TEC	Н.	
-		READIN	G		IETER#	REAL	3	INI		
	10/4/0	.04	Rfm	± 2	42990	13	4 R/hn	- Prof	, >	
	10/5/0	~ 50	net	#2	12990	1.3 m	n/on	PR	-	
	19567	10 y we	In	# 20	12990	1.3 m	e/iri	S	>	

ROOM #548		ROOM #549	
	BED	BED	
	(#1)	(#6)	
(#4) (#3)	(#2)		
	TOILET	TOILET	
SINK	SHOWER	SHOWER	SINK

SURVEY BACKGROUND READING mR/hr

WIPE BACKGROUND READING

Location of survey/wipe	mR/hr	net DPM from well counter
Bed	,06	12,0
Chair if present	N/A	MA
Sink and counter	,06	14
Toilet	,15	15
Hall door	.04.	10
Telephone	.04	9
Shower	,04	LB4 6
Table top	,04,	2046
TV controler	,04	17

Patient release criteria:

Reading must be less than 7.0 mR/hr at 1 meter from midline of patient. In accordance with NRC Reg. guide

8.39, Table 2, Column 1

Tech initials:

(#5)

Date: 10/5/07

Room released and ready for use:

Action Levels: Surveys 0.5 mR/hr

Wipes: 200 DPM/100 cm sq.

All contaminated linen and trash stored for decay to background level.

All surveys will be performed with probe as close to surface as possible without contaminating probe.

All wipes will be perfored individually, and cover an area of 100 cm. sq.

ALASKA REGIONAL HOSPITAL INPATIENT I-131 THERAPY WRITTEN DIRECTIVE WORKHEET AND ROOM SURVEY



[2 pages]

Room #548	Date Ordered: 10/11/07 Authorized User: Richard Chung M.D. Dose Ordered: 100 mCi p.o. for: 10 date
	Re
Patients ID identified by: Initials	
Informed Consent: Initials R.	Informed consent obtained and instructions provided to patient/family on how to keep exposure to other individuals ALARA (as low as reasonably achievable) NRC reg. guide 8.39 Table 2
Patient not pregnant, based on: Initials	[] hysterectomy [] celibacy [] negative pregnancy test [] male [] normal menses < 2 weeks ago [X] past child bearing age
Patient Dose: Initials Pb	Dose measured and administered 98 1 mCi Time of administration 13/5
Room Prep Initials R-C	[A Trash bags set up K] Valuables removed [A Room 549 empty and labeled [A entire floor [A faucet handles [A bathroom floor [A toilet lid [A] TV remote [A telephone [A] table top [A] bed controls [A] pillow [A chair No Chair
THE PLAN OF	TREATMENT IS IN ACCORDANCE WITH THE WRITTEN DIRECTIVE
AUTHORIZED USER	CHUNG DATE: 10/15/07

Time/Date	[1] midline bedside	[2] midline 1 meter	[3] midline 3 meters	[4] doorway	[5] hallway	[6] Rm 549
1315 10/15/07	115 mR/m	39	1.4	0.07	0.03	0.05
1140 10/16/07	25,0	5.0	1,2	,06	102	,02
)

********EXPOSURE RATE (mR/hr)*******

	DATE	BKG READING	SURVEY METER#	CK SOURCE READING	TECH. INIT.
1	0-15	0.02 mg/h	242990	1.3 2/m	PMS
	10-16	,03 m4m	242990	1.3 MR/15-1	pnS.
i	0-17	.03 uZ/m	242990	1.3 mR/m	PMB
	16-17	,05 mp/m,	242990	1.3 ml/m.	PB.

ROOM #548		ROOM #549	
	BED	BED	
	(#1)	(#6)	
(#4) (#3)	(#2)		
·	TOILET	TOILET	
SINK	SHOWER	SHOWER	SINK

SURVEY BACKGROUND READING

OOUT MR/hr

WIPE BACKGROUND READING DPM

Location of survey/wipe	mR/hr	net DPM from well counter
Bed	0:06	传, 73
Chair if present	N//t	N/A
Sink and counter	2',0	146
Toilet	3,0	117
Hall door	0.05	Ei]
Telephone	0.07	87
Shower	0.4	44
Table top	0.08	37
TV controler	0.05	37

Patient release criteria:

Reading must be less than 7.0 mR/hr at 1 meter from

midline of patient. In accordance with NRC Reg. guide

8.39, Table 2, Column 1

Tech initials:

(#5)

Date. 7_1-1

23/0 Room released and ready for use:

Action Levels: Surveys 0.5 mR/hr

Wipes: 200 DPM/100 cm sq.

All contaminated linen and trash stored for decay to background level.

All surveys will be performed with probe as close to surface as possible without contaminating probe.

All wipes will be perfomed individually, and cover an area of 100 cm. sq.

NUCLEAR MEDICINE DEPARTMENT ALASKA REGIONAL HOSPITAL

CLEARING ROOM 548 POST THERAPY I-131 DOUBLE CHECKS

* MATTHESS 1,2 mg/fm TOP LEAT COINER. READING AT FROMT + TOP OF SIME, REOM CLUSSOS. WILL RE-CHECK. PILLOW 1,0 Mym - To Stowner IN TOILET (READING + T SEAT , 3 49 Remise 10-18-07 Location of high reading Trash removed DRAIN (Re-wipe if net/DMP needed 10-17-07 well counter 70,77 net DPM 24:31 2979 Wipe 38.46 112,3 2135 72.5 Date of monitoring Reading mR/hr 0 N 90 50 3.0 90 100 50 M Location of survey and wipe Sir, 3 Ø Sink and counter Chair if present TV controller Telephone Hall door Table to Shower Toilet

0830 / Ben ATS SuFACE , 7 mg/m, Survey meter check reading 1,3 mR/hr Background reading/well counter Date and time room released for use: 10/23/67 0845 Jeter A. Stormacon. CHIMI Background reading/survey meter 1 O Y mR/hr

F Sonftace - 03 meth 19/24/07 7 Physic Short CLOTH SHOOT

signature

printed name

ALASKA REGIONAL HOSPITAL INPATIENT I-131 THERAPY WRITTEN DIRECTIVE WORKHEET AND ROOM SURVEY

ST

Room #548	Date Ordered: 10/22/07 Authorized User: Richard Chung M.D Dose Ordered: 150 mCi p.o. for: 10/24/07 date
Patients ID identified by: Initials <u></u> 作し	[] states own name [] photo ID [] ID bracelet [] relative [] states own birthdate [] states own SSN
Informed Consent: Initials &	Informed consent obtained and instructions provided to patient/family on how to keep exposure to other individuals ALARA (as low as reasonably achievable) NRC reg. guide 8.39 Table 2
Patient not pregnant, based on: Initials	[] hysterectomy [] celibacy ['] negative pregnancy test [] male [] normal menses < 2 weeks ago [] past child bearing age
Patient Dose: Initials	Dose measured and administered 154.9 mCi Time of administration 150 pm
Room Prep Initials RC	Trash bags set up Valuables removed Room 549 empty and labeled Yentire floor Yaucet handles bathroom floor Toilet lid TV remote telephone table top bed controls pillow chair Many
THE PLAN OF	REATMENT IS IN ACCORDANCE WITH THE WRITTEN DIRECTIVE

AUTHORIZED USER:	(CHUNG)	DATE:	10/24/07
*****	***EXPOSURE RATE (mR/hr)*****	****	

Time/Date	[1] midline bedside	[2] midline 1 meter	[3] midline 3 meters	[4] doorway	[5] hallway	[6] Rm 549
1345 10-24-07	1200 R/m	30-R/m 4.8-R/n	0 4.0.A		0.45 mgn	
. 12 10 30 7	A B IN C IV	7,014	U 6 20 644 W	U. 19 allin	Uijl with	0.13 mR/h

	DATE	BKG READING	SURVEY METER #	CK SOURCE READING	TECH. INIT.
1	0-240	1 0.DZ	242990	01.3 mR/h	PMB
)[0	5-25-67	0.02	242996	01.3 nR/L	PMD
jĊ	5-26-07	0-02	242990	01.3 mR/m	2MA
10	2-29-67	0.62	242990	01.3 m2/m	PmB

ROOM #548		ROOM #549	
	BED ,	BED	
	(#1)	(#6)	
(#4) (#3)	(#2)		
	TOILET	TOILET	
SINK	SHOWER	SHOWER	SINK
SURVEY BACKGF	ROUND READING	WIPE BACKG	ROUND READING

Location of survey/wipe	mR/hr	net DPM from well counter
Bed	1.6	0
Chair if present	NA	NIA
Sink and counter	1.4	45
Toilet	2.5	69
Hall door	0.65	9
Telephone	0.06	8
Shower	0.9	34
Table top	0.05	8
TV controler	1.26	31

Patient release criteria:

D.02 mR/hr

Reading must be less than 7.0 mR/hr at 1 meter from

midline of patient. In accordance with NRC Reg. guide,

8.39, Table 2, Column 1

Tech initials:

Date: 10/31/07 Room released and ready for use:

Action Levels: Surveys 0.5 mR/hr

Wipes: 200 DPM/100 cm sq.

_303_DPM C+5/min

All contaminated linen and trash stored for decay to background level.

All surveys will be performed with probe as close to surface as possible without contaminating probe.

All wipes will be perfored individually, and cover an area of 100 cm. sq.

______Date__10/24/07 Patient Name Pg. 2

Doson 1924/0Precension 10/25/0CLEARING RO

ALASKA REGIONAL HOSPITAL NUCLEAR MEDICINE DEPARTMENT

I-131 DOUBLE CHECKS CLEARING ROOM 548 POST THERAPY

Date of monitoring /0/30/07

Kowas Wirth By.

RIMO LEVEL SIRK FRONCE Location of high reading Trash removed Down Jo Jungth CLEANUS AND L SEATFWAT DAMIA Re-wipe if net/DMP needed Well counter 29.23 33.85 23,08 net DPM 1.58 Wipe 26.62 12,31 Reading 63 てつ 0 0 Location of survey and wipe Sink and counter Chair if present TV controller Telephone Hall door Table tp Shower Toilet

Background reading/survey meter

, 03 mR/hr

Background reading/well counter

302 DPM

1.3 mR/hr

Survey meter check reading

Date and time room released for use: 10/30/67 /200

Heren A. Stokingen

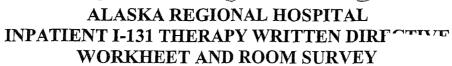
extent com

MATTINESS REMODERSOND, AMD
CONSOLTATION & D. CLUZ
CONSOLTATION & D. CLUZ
ROOST SIME + TOILER ROMOINES

signs

printed name

signature



	Room #	548	Date C	Ordered: 10131	07 Authoriz	zed User: Rid	rend Chung P	<u>1.D</u>
					Dose Ordered	:100	rad Chung P _mCip.o.for:\	1/1/07 date
	ID identified R (by:	[] sta [] rel	ites own name [ative [\forall] states of] photo ID MI	D bracelet	own SSN	
Informed Initials	Consent:		expos				to patient/family on nably achievable) N	
Patient not pregnant, based on: Initials			[y] hys	sterectomy [] c	elibacy [] negat weeks ago [] pa	tive pregnancy st child bearing	test [] male g age	
Patient D Initials			Dose :	measured and ad	ministered 103	mCi T	ime of administrat	ion 17 pm
Room Pre	RC.		[] Tra [] ent [] tele	ash bags set up ire floor [] fauc phone [] table	[] Valuables rem cet handles [] b top [] bed cont	noved [-] Room athroom floor crols [-] pillow	n 549 empty and lal [Ytoilet lid M T chair No Chair	oeled 'V remote
	THE P	LAN O	F TREATI	MENT IS IN AC	CORDANCE WI	TH THE WRI	TTEN DIRECTIVI	<u>E</u>
	AUTHORIZ	ED US	ER:	R	>		DATE:	7
			*****	***EXPOSUI	RE RATE (mR	!/hr)******	***	
	e/Date		midline edside	[2] midline 1 meter	[3] midline 3 meters	[4] doorway	[5] hallway	[6] Rm 549
		0,0	12.0 3.0	1.0	1.0 .6		108	
DATE	BKG READII			URVEY IETER #	CK SO READ	1	TEC	
11-1-67	105		24	12990	1.3 mg/m		NS	
11:2-07	,04		242	2990	1.3	und/m	B	

ROOM #548		ROOM #549			
	BED	BED			
<u> </u>	(#1)	(#6)			
(#4) (#3)	(#2)				
	TOILET	TOILET			
SINK	SHOWER	SHOWER		SINK	
Location of survey/w	mR/hr	- R∕hr	272 net DPM f	ND READING DPM rom well counter	11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.2-07 11.
Chair if present		1	10		- " hre"
Sink and counter	r <i>0.1</i>		2		コンパ
Toilet	0.3		71 14		- CASH - (0)
Hall door Telephone	, as			0	- 11 L
Shower	,06		∠BK k=		(Nor No
Table top	,05		17]0'\9" \\h\
TV controler	:05		2	E	
Patient release criteri Tech initials:			nce with NR	C Reg. guide	8.
Action Lev	vels: Surveys 0.5 mR	/hr Wip	es: 200 DP	M/100 cm sq.	
All co	ntaminated linen and tra	sh stored for deca	y to backgrou	nd level.	
	rformed with probe as cl				robe.
	es will be perfomed indiv				
Patient Nam			11-1-0		

NUCLEAR MEDICINE DEPARTMENT ALASKA REGIONAL HOSPITAL

CLEARING ROOM 548 POST THERAPY I-131 DOUBLE CHECKS

Date of monitoring 11.2.07

Location of high reading											Trash removed	NO FORTIONAL	, , , , , , , , , , , , , , , , , , , ,
Re-wipe if needed										\			
Wipe net DPM well counter	7	5/2	28	24	1.7	/0/	121	77	27	2 7			
Reading mR/hr	,00	N/B	2′	د ،	So	70	40,	77.	(0)	101			
Location of survey and wipe	Bed	Chair if present	Sink and counter	TOTICE	Hall door	Telephone	Shower	Table tp	TV controller				

Background reading/survey meter

Background reading/well counter

203 DPM

Survey meter check reading

Date and time room released for use: 1/2-67

1200

printed name

signature

ALASKA REGIONAL HOSPITAL INPATIENT I-131 THERAPY WRITTEN DIRECTIVE WORKHEET AND ROOM SURVEY

	Room #548	Date Ordered: 11/2/67 Authorized User: Richard Chung M.V. Dose Ordered: 100 mCi p.o. for: 11/7/07 date
	Patients ID identified by: Initials	
-1	Informed Consent: Initials	Informed consent obtained and instructions provided to patient/family on how to keep exposure to other individuals ALARA (as low as reasonably achievable) NRC reg. guide 8.39 Table 2
	Patient not pregnant, based on: Initials RC Patient Dose:	[] hysterectomy [/celibacy [] negative pregnancy test [] male [] normal menses < 2 weeks ago [] past child bearing age
	Initials (Dose measured and administered 1035 mCi Time of administration 1730
	Room Prep Tollinitials	Trash bags set up [] Valuables removed [{Room 549 empty and labeled entire floor faucet handles bathroom floor [{toilet lid [{TV remote telephone table top bed controls [{pillow chair No chair
	THE PLAN OF T	REATMENT IS IN ACCORDANCE WITH THE WRITTEN DIRECTIVE

AUTHORIZED USER:		DATE:	7/07				
*********EXPOSURE RATE (mR/hr)*******							

Time/Date	[1] midline bedside	[2] midline 1 meter	[3] midline 3 meters	[4] doorway	[5] hallway	[6] Rm 549
1730 (11-7-07	115	25	1.8	0.34	0.29	0.16
1530/ 11-8-68	21	4.1	0.35	0.2	0.18	0.09
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		\$			

DATE	BKG READING	SURVEY METER #	CK SOURCE READING	TECH. INIT.
11-7	0.03	242990	81.3	7B
11-8	0.62	242990	1.3	PB
11-10	0.03	242990	1.3	2PS
11-11	5.07	242990	1.3	PAS

ROOM #548		ROOM #549			
	BED	BED			
L	(#1)	(#6)			
(#4) (#3)	(#2)				
	TOILET	TOILET			
SINK	SHOWER	SHOWER	SINK		
SURVEY BAC	KGROUND READING mR/hr	WIPE BACKO	GROUND READING		

Location of survey/wipe	mR/hr	net DPM from well counter
Bed	1.2	50
Chair if present	NIT	NIA
Sink and counter	0.6	51
Toilet	0.9	53
Hall door	0.04	68
Telephone	0.03	94
Shower	0:3-	62
Table top	0.08	72
TV controler	0-06	85

Patient release criteria:

Reading must be less than 7.0 mR/hr at 1 meter from midline of patient. In accordance with NRC Reg. guide

8.39, Table 2, Column 1

Tech initials: 200 Date: 11-10-67 Room released and ready for use: 11-11-67

Action Levels: Surveys 0.5 mR/hr

Wipes: 200 DPM/100 cm sq.

All contaminated linen and trash stored for decay to background level.

All surveys will be performed with probe as close to surface as possible without contaminating probe.

All wipes will be perfomed individually, and cover an area of 100 cm. sq.

Patient Name

_____ Date_//-7-07

NUCLEAR MEDICINE DEPARTMENT ALASKA REGIONAL HOSPITAL

CLEARING ROOM 548 POST THERAPY I-131 DOUBLE CHECKS

Date of monitoring

11-11-07

Location of high reading)		Robischissis Country	150 51#C CO358 B G G C				Trash removed	Carpie Word From	1
Re-wipe if needed	nevDMF			(
Wipe net DPM well counter	7.1	4/2	101	73	7 6	340	2			
Reading mR/hr	077	5 0 0 v	.3	20,00	20	30,	90,			
Location of survey and wipe	Chair if present	Sink and counter	Ioilet Hall door	Telephone	Shower	TV controller				

Background reading/survey meter

OC mR/hr

Background reading/well counter

211 DPM 0800

Survey meter check reading

Date and time room released for use:

signature

ATIGHT

printed name

The la





	Pa	Room#	548	Date C	Ordered: 12/17/	O Authoriz Dose Ordered	ed User: <u> </u>	herd Chung _mCip.o.for:	m,D 12/13/107 date
		ID identified b	<u>oy</u> :	[-] sta [] rel	ates own name [] photo ID [] I	D bracelet	own SSN	
Initials <u>β</u> C Informed Consent: Initials <u>β</u> C Informed consent obtained and instructions provided to patient exposure to other individuals ALARA (as low as reasonably 8.39 Table 2									how to keep VRC reg. guide
	Patient not pregnant, based on: Initials N.C								
								lime of administrat	
	Room Prep Initials PC [V Trash bags set up [V Valuables removed [V Room 549 empty and labeled [V entire floor [V faucet handles [V bathroom floor [V toilet lid [M TV remote [V telephone [M table top [V bed controls [V pillow [V chair M Chan]]]								
		THE P	LAN OF T	REAT	MENT IS IN AC	CORDANCE WI	TH THE WRI	TTEN DIRECTIV	E
		AUTHORIZ						DATE:	107
			**	****	****EXPOSUI	RE RATE (mR	!/hr)*****	***	
		ne/Date	[1] mid bedsi		[2] midline 1 meter,	[3] midline 3 meters	[4] doorway	[5] hallway)
-	12/18/		68 m/C	JM	4.0	1.3	0.6 mg/h	15 15	0.17 mgh
				<u> </u>					
	DATE	BKG READIN	NG /		SURVEY METER #	CK SO REAL	1	TEC INI	
	12/18/07 .03 milly		7.47	990	1.3	Ally	PMS	1.	
	12/1907	,04	Hu	242	990	1.3	mu/An.	B	

ROOM #548		ROOM #549	
	BED	BED	
	(#1)	(#6)	
(#4) (#3)	(#2)		
	TOILET	TOILET	
SINK SHOWER		SHOWER	SINK

SURVEY BACKGROUND READING

WIPE BACKGROUND READING

247 DPM

Location of survey/wipe	mR/hr	net DPM from well counter
Bed	0.04	17
Chair if present		T and the second second
Sink and counter	0.2 rP/n	23
Toilet	0.4 . RIL	47
Hall door	0.03	28
Telephone	0.04	36
Shower	hardle - O. 4 mff	14
Table top	0.05	15
TV controler	0.64	6

Patient release criteria:

Reading must be less than 7.0 mR/hr at 1 meter from midline of patient. In accordance with NRC Reg. guide

8.39, Table 2, Column 1

Tech initials:

Date: /2/20/0-

Room released and ready for use:

Action Levels: Surveys 0.5 mR/hr

Wipes: 200 DPM/100 cm sq.

All contaminated linen and trash stored for decay to background level.

All surveys will be performed with probe as close to surface as possible without contaminating probe.

All wipes will be perfored individually, and cover an area of 100 cm. sq.

Patient Name_ ____ Date__/2-

Date 12-18-67

ALASKA REGIONAL HOSPITAL NUCLEAR MEDICINE DEPARTMENT

F-131 DOUBLE CHECKS CLEARING ROOM 548 POST THERAPY

Date of monitoring 12/20/07

Background reading/survey meter

0 4 mR/hr

Date and time and released for use:

Background reading/well counter

276 DPM 12/20/07

1,3 mR/h

Survey meter check reading

signature

printed name

ALASKA REGIONAL HOSPITAL INPATIENT I-131 THERAPY WRITTEN DIRECTIVE WORKHEET AND ROOM SURVEY

Room #548	Date Ordered: 17103 Authorized User: Richard Change M.D. Dose Ordered: 100 mCi p.o. for: 113103 date
Patients ID identified by: Initials \[\begin{align*} align	[Vstates own name [Vphoto ID [] ID bracelet [] relative [] states own birthdate [] states own SSN
Informed Consent: Initials RC	Informed consent obtained and instructions provided to patient/family on how to keep exposure to other individuals ALARA (as low as reasonably achievable) NRC reg. guide 8.39 Table 2
Patient not pregnant, based on: Initials & & C	[] hysterectomy [] celibacy [] negative pregnancy test [] male [] normal menses < 2 weeks ago [] past child bearing age
Patient Dose: Initials	Dose measured and administered 102.5 mCi Time of administration 525
Room Prep Initials	[A Trash bags set up Valuables removed Room 549 empty and labeled entire floor faucet handles bathroom floor toilet lid TV remote telephone table top bed controls pillow ehair No Change
THE PLAN OF	TREATMENT IS IN ACCORDANCE WITH THE WRITTEN DIRECTIVE

AUTHORIZED USER:		6	DATE:	1/8/08			
*********EXPOSURE RATE (mR/hr)*******							

Time/Date	[1] midline bedside	[2] midline 1 meter	[3] midline 3 meters	[4] doorway	[5] hallway	[6] Rm 549
1540 1/8/08	70.0	21.0	3-9	2.1	0.41	0.37
1400 1/9/02	35.0	5.5	1,8	• 2	- /	-15
0430 1/11/08						

DATE	BKG READING	SURVEY METER #	CK SOURCE READING	TECH. INIT.
1/8/8	0.01	242990	12 63 in R Hu	PMB
1/9/08	, 03	242990	1,3 mr/m	PS.
1/11/08	.02	242990	1.3 in 2/2	PMB

ROOM #548		ROOM #549					
	BE	D ,	BEL)			
	(#	1)	(#6)				
(#4) (#3)							
TOILET			TOILET				
SINK SHOWER			SHOWEI	2	SINK		
SURVEY BACKGROUND READING () E 3 mR/hr			WIPE I	BACKGF	ROUND READING DPM		
Location of survey/w	ipe	mR	/hr	net DP	M from well counter		
Bed		0.45		6	٥,٥		
Chair if present		N/A		A			
Sink and counter Toilet		0.3	101/				
Hall door		0,4 0,53	104				
Telephone		0.03			76-9		
Shower		0.12			9.2		
Table top		8.03			1.7		
TV controler		0.06		84	1.0		
Patient release criteria: Reading must be less than 7.0 mR/hr at 1 meter from midline of patient. In accordance with NRC Reg. guide 8.39, Table 2, Column 1 Tech initials: Date: 1-11-08 Room released and ready for use:							
Action Levels: Surveys 0.5 mR/hr Wipes: 200 DPM/100 cm sq.							
All con	taminated	d linen and tras	sh stored for deca	y to backs	ground level.		
All surveys will be per	formed w	ith probe as clo	ose to surface as r	ossible wi	thout contaminating prob		
			idually, and cove	-			
Patient Name_			Dat	e_1 8	Pg Pg		

ALASKA REGIONAL HOSPITAL NUCLEAR MEDICINE DEPARTMENT

I-131 DOUBLE CHECKS CLEARING ROOM 548 POST THERAPY

Date of monitoring /-

1-1/-08

Bed well counter net/DMP Chair if present N/P 17 Sink and counter 3 23 Toilet 25 48 Hall door 09 9 Telephone 09 9 Shower 12 00 Table tp 00 21 TV controller 00 13	Location of survey and wipe	Reading mR/hr	Wipe net DPM	Re-wipe if needed	Location of high reading	
Chair if present W/M Image: Chair of the point of th	Bed	ħŲ	well counter	net/DMP		
Sink and counter 3 23 23 Toilet 25 4% Hall door 12 4% Telephone 04 4 Shower 06 21 Table tp 04 13 TV controller 04 18	Chair if present	_		1		ГТ
Toilet . 25 48 Hall door .09 9 Telephone .09 9 Shower .09 21 Table tp .09 13 TV controller .04 18	Sink and counter	_	73			
12 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21 50, 21	Toilet	.75	700		してもはしていることの	- 1
Telephone 04 6 Shower 06 21 Table tp 04 13 TV controller 04 18		701	10		OH KIM/SOATOOUT	2/
oller ,0\$6 21 004 13 13 016 18		, O.C.	10			 -T
oller , 04 13	Shower	20.	١, ٢			
81 70'	Table tp	40'	12			
Trash removed NO Avolfiona	TV controller	70,	20			
No Apolitona C					Trash removed	
NO Applitora C						
					NO Applicated	

Background reading/survey meter

Background reading/well counter 207

Survey meter check reading

, O mR/hr

Date and time room released for use:

FTV HS TOKIHGON, printed name

Standare Signature

ALASKA REGIONAL HOSPITAL **INPATIENT I-131 THERAPY WRITTEN DIRECTIVE** WORKHEET AND ROOM SURVEY



			[2 pages]			•	
Room #5	48 Date O	rdered: 11110	另 Authorized:	ed User: <u>Richa</u>	nCi p.o. for:	M.D 14108_ date	
Patients ID identified b Initials	_ M∕sta	tes own name [ative [/ states o] photo ID [] II wn birthdate	D bracelet [] states ow	n SSN		
Informed Consent: Initials	Informed consent obtained and instructions provided to patient/family on how to keep exposure to other individuals ALARA (as low as reasonably achievable) NRC reg. guide 8.39 Table 2						
Patient not pregnant, be							
Initials R <							
Initials R	Room Prep Trash bags set up Valuables removed Room 549 empty and labeled Lyentire floor faucet handles bathroom floor toilet lid TV remote telephone table top bed controls pillow thank						
THE P	LAN OF TREAT	MENT IS IN AC	CORDANCE WI	TH THE WRIT	TEN DIRECTIVI	<u>E</u>	
AUTHORIZ	ED USER:	R	>>>	DA	ATE: <u>/-/4</u>	-08	
	*****	***EXPOSUI	RE RATE (mR	(/hr)******	**		
Time/Date	[1] midline bedside	[2] midline 1 meter	[3] midline 3 meters	[4] doorway	[5] hallway	[6] Rm 549	
1450 1-14-08	70.0 35.0	12.0	,5	13	1.3	1.2	
1500 1-23-08	EMPTHR	som simu	+ Cosula.	, 2 Russon	6 0		

DATE	BKG READING	SURVEY METER #	CK SOURCE READING /	TECH. INÆ
1-14-08	,04	242990	1,3 mg/tn.	RZ
1-15-0	a 0 Y	242996	1.3 m/m	PMB
1-23-08	,04	242440	1.3 ~4 ,	8.

ROOM #548		ROOM #549	
	BED /	BED	
	(#1)	(#6)	
(#4) (#3)	(#2)		
	TOILET	TOILET	
SINK	SHOWER	SHOWER	SINK

104.2

SURVEY BACKGRO	UND	READING
	mR/h	ır

WIPE BACKGROUND READING DPM

Location of survey/wipe	mR/hr	net DPM from well counter
Bed	1 = 3	138
Chair if present	N/A-	N/A
Sink and counter	3.0	35
Toilet	0.8	71
Hall door	0.04	100
Telephone	0.11	74
Shower	1.1	86
Table top	0.05	138
TV controler	0.08	88

Patient release criteria:

Reading must be less than 7.0 mR/hr at 1 meter from midline of patient. In accordance with NRC Reg. guide 8.39, Table 2, Column 1

Tech initials:

Date: 1/23/05

Room released and ready for use: 6

Action Levels: Surveys 0.5 mR/hr

Wipes: 200 DPM/100 cm sq.

All contaminated linen and trash stored for decay to background level.

All surveys will be performed with probe as close to surface as possible without contaminating probe.

All wipes will be perfored individually, and cover an area of 100 cm. sq.

) Date 1-14-08

Patient Name

Pg. 2

NUCLEAR MEDICINE DEPARTMENT ALASKA REGIONAL HOSPITAL

CLEARING ROOM 548 POST THERAPY I-131 DOUBLE CHECKS

1-23-08
Date of monitoring

igh reading			Down To 5 my the 1-23-08	R	5			noved	
Location of high reading		Ana	Down To					Trash removed	
Re-wipe if needed net/DMP									
Wipe net DPM well counter	e	401	pb	200	280	18	(a.1)		
Reading mR/hr	0,00	3,0	123,3	20,	, 64	,60'	702		
Location of survey and wipe	Chair if present	Sink and counter	Hall door	Telephone	Shower	TV controller			

Background reading/survey meter 201

Background reading/well counter

DPM

3 mR/hr

Survey meter check reading

Date ೭-ಗ time room released ೯೯೭ se:

mR/hr

1500 1.23.08

signature

printed name

L



ALASKA REGIONAL HOSPITAL INPATIENT I-131 THERAPY WRITTEN DIRECTIVE WORKHEET AND ROOM SURVEY

	Date Ordered: 1/22/38 Authorized User:
Patients ID identified by: Initials	[] states own name [] photo ID [VID bracelet [] relative V states own birthdate [] states own SSN
Informed Consent: Initials	Informed consent obtained and instructions provided to patient/family on how to keep exposure to other individuals ALARA (as low as reasonably achievable) NRC reg. guide 8.39 Table 2 [] hysterectomy [Ycelibacy [] negative pregnancy test [] male [Y normal menses < 2 weeks ago [] past child bearing age how had vasettomy Dose measured and administered Property and labeled Property and l
THE PLAN OF T	TREATMENT IS IN ACCORDANCE WITH THE WRITTEN DIRECTIVE DATE: 1/2 4/2 8

AUTHORIZED USER:	R		DATE: 1/2 Ψοδ
*****	*EXPOSUR	E RATE (mR/hr)	******

Time/Date	[1] midline	[2] midline	[3] midline	[4]	[5] hallway	[6] Rm 549
	bedside	1 meter	3 meters	doorway	-	
1325 1-24-08	60.0	8, O	2.0	, 8	, 6	,4
1305 1-25-08	18.0	.3.5	1.0	. 1	-1	30,
•						

İ	DATE	BKG READING	SURVEY METER#	CK SOURCE READING	TECH.
	1-/24/08	,06	242990	1.3 me/m	1/20
المرشد	1/25/08	, 06	242990	1.3 ma/y	CS.
	1/20/08	, 06	242990	1.3 may Ha	

ROOM #548			ROOM #549			
	F	BED	ВЕІ)		
		(#1)	(#6)		_	
(#4) (#3)	(#2)					
		TOILET	TOILET			
SINK	Sì	HOWER	SHOWE	3	SINK	
SURVEY BACKGRO	OUND F mR/hr	READING	WIPE I	BACKGROU 217	JND READING DPM	
Location of survey/v	wipe		Vhr .	net DPM f	rom well counter	
Bed		, 0	/		16	3 BAG= TRASH 1-28-01
Chair if present Sink and counte		, 2	<u> </u>		24	TRASH
Toilet	; <u>I</u>	, 3		7	<u>- /</u> フ	1-28-0
Hall door	1.1.1.1.1	, 00		3	4	
Telephone		,0		7	Ź	
Shower		,08		/	2	
Table top		, 00			?	
TV controler		,04	<u> </u>	3,	/	
Patient release criteria: Reading must be less than 7.0 mR/hr at 1 meter from midline of patient. In accordance with NRC Reg. guide 8.39, Table 2, Column 1						
Tech initials: Date: Date:						
Action Levels: Surveys 0.5 mR/hr Wipes: 200 DPM/100 cm sq.						
All surveys will be performed with probe as close to surface as possible without contaminating probe						
All surveys will be performed with probe as close to surface as possible without contaminating probe. All wipes will be performed individually, and cover an area of 100 cm. sq.						
An wij	ses WIII D	e perionica maiv	idually, and cove	i ali alta ul I	oo ciii. sq.	
Patient Name_			Dat	e 1-240	8	Pg. 2
						ST

ALASKA REGIONAL HOSPITAL INPATIENT I-131 THERAPY WRITTEN DIRECTIVE WORKHEET AND ROOM SURVEY

Room # 548 Date Ordered: 1/16/03 Authorized User: Richard Chung M.O.								
Pa			46.00		Dose Ordered	: 100	_mCi p.o. for:	date 1/29/0
	ID identified b	У:	[√] sta [] rel	tes own name [ative [\/states o] photo ID [] I own birthdate	D bracelet	own SSN	
Informed Consent: Initials 9 C Informed consent obtained and instructions provided to patient/family on how to keep exposure to other individuals ALARA (as low as reasonably achievable) NRC reg. guide 8.39 Table 2								
Patient not pregnant, based on:								
Patient Dose: Initials Dose measured and administered 107.5 mCi Time of administration 1400								
Room Prep Initials								
THE PLAN OF TREATMENT IS IN ACCORDANCE WITH THE WRITTEN DIRECTIVE								
)	AUTHORIZI	ED USE	R:	R		> 1	DATE:(/z	1/68
*******EXPOSURE RATE (mR/hr)*******								
Tin	ne/Date	1	nidline Iside	[2] midline 1 meter	,			[6] Rm 549
1400	1/24/08	55		17	3.5	0.4	0.2	0.16
1300	1/39/08	30		4.4	0.4	0.15	0.1	0.05
					<u>*</u>			
DATE	TE BKG		S	URVEY	CK SO		TEC	
1 01	READIN			REAL	JING /	INI	T.	
1/29/08	0.02	. 4		-990		nK/h	PMB	
1/30/08	0.03ml	21m	242	2990	1.3,	nR/m	PMA	
						•		

ROOM #548		ROOM #549	
	BED	BED	
	(#1)	(#6)	
(44) (42)	(# 3)		
(#4) (#3)	(#2)		
	TOILET	TOILET	
SINK	SHOWER	SHOWER	SINK

SURVEY BACKGROUND READING

<u>(), 06</u> mR/hr

WIPE BACKGROUND READING 303 DPM

Location of survey/wipe	mR/hr	net DPM from well counter
Bed	0,6	351
Leadir if present	NIA	NA
Z Sink and counter	0.5	30.4
7 Toilet	Ů, S	9 _
પ Hall door	0.07	78
Telephone	0.06	76
Shower	0.7	66
Table top	0.09	15
TV controler	0.08	77

n			1		• ,	•
ν	oti	ent	re	lease	crite	rıa.
	atı	UIII	10	ıcasc		

Reading must be less than 7.0 mR/hr at 1 meter from midline of patient. In accordance with NRC Reg. guide

8.39, Table 2, Column 1

Action Levels: Surveys 0.5 mR/hr

Tech initials:

Date: 1-31-68 Room released and ready for use: 6

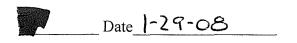
Wipes: 200 DPM/100 cm sq.

All contaminated linen and trash stored for decay to background level.

All surveys will be performed with probe as close to surface as possible without contaminating probe.

All wipes will be perfored individually, and cover an area of 100 cm. sq.

Patient Name



Pg. 2 €

NUCLEAR MEDICINE DEPARTMENT ALASKA REGIONAL HOSPITAL

CLEARING ROOM 548 POST THERAPY I-131 DOUBLE CHECKS

Date of monitoring

?

**

1-31-08

	Location of survey and wipe	Keading mR/hr	Wipe net DPM	Re-wipe if needed	Location of high reading
L	Bed	\ \ \ \	Well counter	net/DMP	
Ь	Choir if	80,	175.4		C TONS SULLEY
	Cital II present	1/W			CERTAIN STATE REMODER
	Sink and counter	N O.3	1021		
	Toilet		1,001	(
<u></u>	Hall door	2.0	5:101		J. Company C.
Т.	Hall doul	00.	D. P.//		NE TISK ORTHER DOWL.
	Telephone	14	10/		
	Shower	00,00	1 ' 7//		
<u>, </u>	Toble to	, 00	5,001	1	
	Table ID	00	1007		
	TV controller	2/0	000		
		9	78.5		
L					Trash removed
1					(1) PES FIRE LAND +
<u></u>					T. C.
_					2017-07-07-07-07-07-07-07-07-07-07-07-07-07
					このよくしてものに

Background reading/survey meter

/ 06 mR/hr

Background reading/well counter

240 DPM

080

1-51-08

Survey meter check reading

Date and time room released for use:

signature

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ALASKA REGIONAL HOSPITAL 2801 DEBARR RD. ANCHORAGE, AK 99508	DEPARTMENT: NUCLEAR MEDICINE SECTION
POLICY TITLE: I-131 THERAPEUTIC PROCEDURE	EFFECTIVE DATE: OCTOBER 2005
	SUPERSEDES: JULY 1996
POLICY NUMBER: 310.10	AUTHORIZED BY:

- 1. For all I-131 Therapies (in-patient or out-patient) a radiologist must consult with the referring physician before scheduling the exam. The radiologist will then inform Nuclear Medicine personnel when to scheldule the patient and the amount of I-131 to be ordered. (The authorized user(s) in Radiation Therapy may order exams without consulting with a Radiologist.)
- 2. A Written Directive from the authorized user must be obtained prior to ordering the radiopharmaceutical. There are separate forms located in the Nuclear Medicine department for in-patient and out-patient procedures. See policies #310.30 and 310.40 respectively.
- 3. All I-131 therapy patients must be fasting for at least 2 hours prior to the administration of the dose. They should be off any thyroid medicine(s) for up to 6 weeks (a reference sheet is located in Nuclear Medicine) and should not have had any iodinated contrast material (CT,IVP,etc.) for at least 1 month prior to appointment date. For in-patient therapies, a serum TSH level should be above 40. All this to be determined by ordering physician.
- 4. The 5th floor Nursing Supervisor and Ward Clerk should be notified when an in-patient therapy is scheduled. They will ensure the necessary room preparations are taken care of. The patient must be placed in **room 548**, which is a private room with private bath.
- 5. Scheduling personnel will schedule the appropriate procedure and block off the appropriate time slot for the Nuclear/Rad. room. This is to give the radiologist time to consult with the patient if needed.
- 6. The following forms must be completed:
 - -Out-Patient Therapy Written Directive
 - -In-Patient Written Directive and Worksheet
 - -Patient consent form
 - -Patient to receive verbal instructions and handout about I-131 precautions
- 7. In addition to the above forms, the following items must be posted on the door of the in-patient room (in accordance with 10 CFR 20.203):
 - -Radioactive Materials sign (can be found in adjacent Safe Room)
 - -In-Patient Written Directive and Worksheet
 - -Instructions to visitors and nurses
 - -Nurse log in sheet
- 8. Immediately following therapeutic dosing of in-patient, surveys of the patient will be conducted by Nuclear Medicine personnel. Surveys will be performed at patient side, 1 meter from umbilicus,

I-131 THERAPEUTIC PROCEDURE, CONT. POLICY #310.10 PAGE 2

- 3 meters from umbilicus, doorway to room, hallway, and in adjoining room 549 with meter adjacent to wall at head of bed. Survey and record these readings daily on the written directive. The patient cannot be released until the measured dose rate from the patient is less than 7.0 mR/Hr at a distance of 1 meter or the activity in the patient is less than 30.0mCi (10 CFR 35.75).
- 9. **Room 549 should remain empty.** Post a "Radioactive Area" sign on the door to room 549. Place tape across the door in an X formation to ensure no entry to the room.
- 10. Patients will utilize only disposable items while confined to room 548 and will be instructed to place waste (with the exception of liquids) in specially labeled containers/bags. 3 bags are to be used; 1] linen, 2] paper trash, 3] food/garbage. Unused liquids will be disposed of into the toilet followed by 3 or more flushes.
- 11. All items will be considered contaminated until checked with a survey meter and if not distinguishable from background will be placed in normal trash and/or linen. Items requiring radioactive disposal will be placed in the Radioactive Decay-in-Storage area for no less than 10 half-lives.
- 12. Before the therapy room can be released for future patient care, area surveys and wipe tests must be performed to ensure no removable contamination exists. Surveys and wipe areas are: patient bed, telephone, bedside table, door to bathroom, toilet, sink, shower, and chair if there is one. The room must not be reassigned until removable contamination is less than 200 dpm/100 square cm (10CFR35.315).
- 13. The thyroid burden of each individual who helped prepare or administer the dosage of I-131 must be made with-in 3 days after administering the dosage (10CFR35.315). See policy #310.10A. This applies only to I-131 supplied in solution. As of 7-2005 all I-131 is being supplied in capsule form.
- 14. The Radiation Safety Officer must be notified immediately if the patient dies or has a medical emergency (extension 1247 or 1290).

THIS PROCDURE IS BEING KEPT IN THE MANUAL INCASE
THE RADIOPHARMACY IS UNABLE TO PROVIDE I-131 IN CAPSULE FORM
AND WOULD HAVE TO RESORT TO SOLUTION FORM.

ALASKA REGIONAL HOSPITAL	DEPARTMENT: NUCLEAR MEDICINE
2801 DEBARR ROAD	CATEGORY:
ANCHORAGE, ALASKA 99508	SECTION:
POLICY TITLE: QUALITY	EFFECTIVE DATE: OCTOBER 2005
MANAGEMENT PROGRAM	SUPERSEDES: OCTOBER 1994
POLICY NUMBER: 310.20	AUTHORIZED BY:

1. An Authorized User must sign and date a Written Directive specifying the dosage and rout of administration of the radiopharmaceutical, for any dose of I-131 in excess of 30 microCuries (uCi). Such Written Directive will be made prior to ordering the dose and prior to the administration of the dose except in the uncommon situation when an Oral Directive or Oral Revision is made.

Oral Directive or an Oral Revision to a previously Written Directive is acceptable if, because of the patient's condition, it is judged that a delay to provide a Written Directive or Written Revision would jeopardize the patient's health. In such a case a Written Directive or Written Revision should be made and documented in the patient's record within 24 hours of the therapeutic administration or the issuance of the Oral Directive or Oral Revision.

The preferred form for the Written Directive for I-131 is either the Inpatient or Outpatient worksheet/written directive. A medical prescription, or a written doctors order for an inpatient is also acceptable. The Written Directive, whatever its form, will be kept on record for three years.

- 2. An I-131 Written Directive worksheet is to be completed in all cases. (see attachments) The identification, dosage, and consent verifications are to be completed prior to administering the dose.
- 3. Before the administration of the radiopharmaceutical, the user or qualified worker will verify the patients identity by asking certain questions as noted on Written Directive worksheets, and document on worksheets.
- 4. Before the administration of the radiopharmaceutical, the user or qualified worker will verify the details of the Written Directive (or Oral Directive/Revision) and that the details of the administration at hand are in agreement. This includes measuring the dose of I-131 in a dose calibrator and the results compared with the prescribed dose.
- 5. Before administering the radiopharmaceutical, the risks and benefits of the procedure are to be explained to the patient who must then sign an Informed Consent. Furthermore, the precautions by which the patient may reduce the likelihood of, or limit contamination of his/her environment must be explained and a set of instructions issued. Issuance of these instructions is to be documented on the I-131 Worksheet by the counseling User or Worker.
- 6. The licensed user will strongly encourage all workers to seek guidance if they do not understand the details of the Directive or how to carry them out. Any questions or problems are to be voiced and resolved prior to proceeding with the administration.

QUALITY MANAGEMENT PROGRAM (cont.) POLICY # 310.20 PAGE 2

- 7. An Authorized User, after administering the dose will sign the worksheet documenting the administered dose.
- 8. For patients treated as inpatients, the lower portion of the Inpatient I-131 worksheet is completed at the end of the patient's hospitalization.
- 9. The record of an I-131 therapy will consist of the Written Directive, the appropriate I-131 worksheet, the nurse instruction/sign in sheet and the dictated procedure note. Each case record will be kept on file for 3 years (or more at the discretion of the facility) from the date of the administration of the dose.
- 10. Any deviation, recordable event, misadministration or other problem identified after the administration of the dose is to be brought to the attention of an Authorized User and/or Radiation Safety Officer as soon as possible after it is identified. Such events, depending on their gravity may be discussed at the Radiation Safety Committee meeting. Even if not discussed at the RSC meeting, the deviation or other problem, and the response or solution to it, will be documented on the record of the case (which, as mentioned above, is kept for three years or more). Such response will occur within thirty days of the discovery of the recordable event or misadministration.
- 11. Annual review of the I-131 Therapy QM Program will be performed and will include review of a representative number of randomly selected cases, if not all cases, from the preceding 12 months since the previous review. The number of cases to be reviewed, if not all, will be based on the statistical sampling principles and acceptance tables of 10CFR32.100 based on a 10% lot tolerance defect rate. (see attachment #2) If misadministration or recordable events are discovered, the number of cases to be reviewed will be expanded to include all cases. Each case selected will be examined for the presence of a complete, signed Written Directive and compliance with the Written Directive in regards to the verification of the identity of the patient, the administered dosage and route, the documentation of the consent and instructions for the patient. The QM Program review will be discussed at the following RSC meeting, distributed to relevant managers and departments, and filed for review by NRC inspectors, and kept on file for three years.
- 12. Any revisions to the QMP are to be submitted to the NRC for review and comment within 30 days after the revisions are finalized.
- 13. Recordable events: Within 30 days of a recordable event, all relevant facts must be assembled identifying corrective action taken to prevent a recurrence. Records must be retained for a period of three years. A recordable event is if an administered dose is, greater or lesser than 10% of the prescribed dose, dosed without a written directive, or the dosage is not recorded on the daily logs/written directive.

QUALITY MANAGEMENT PROGRAM (cont.) POLICY # 310.20 PAGE 3

Misadministration: The NRC Operators Center (301) 951-00550 must be 14. notified within one calendar day after a misadministration. Within 15 days of the discovery, a written report must be sent to Region IV. This report must include the licensee's name, prescribing physician's name, a description of the event, why it occurred. Also to include any effect on the patient, and improvements needed in the QM Program to halt reoccurrences. Include what information was presented to the patient. Do not include any information on the patient. The licensee must inform the patient and the referring physician within 24 hours of the discovery of a misadministration. The referring physician can determine, based on medical judgment, that the patient should not be informed. If the patient can not be notified within 24 hours, they should be notifies as soon as possible. Appropriate medical care for the patient not be delayed. The patient will also be informed in writing within 15 days of the discovery. This may include either a copy of the report sent to the NRC or a description of the event and the consequences as they may affect the patient. The patient must also be informed that they may obtain a copy of the NRC report if desired. Records of misadministration must be kept for 5 year and include names of all individuals involved including the patient, patients social security number or ID number, a description of the misadministration, why and how it occurred, affect on the patient, and improvements needed/made to prevent recurrences.

A misadministration is an administered dose, to the wrong patient, wrong radiopharmaceutical, or the dose differs from the prescribed dose by more than 10%, plus or minus.

APPROVED:	
Radiation Safety Officer	Date

The number of patient cases to be sampled will be based on the principles of statistical acceptance using acceptance sampling tables of 10CFR32.110, assuming an error rate (lot tolerance percent defective) of 10 percent. (See table) For each patient case, a comparison will be made, prior to implantation between what was administered versus what was prescribed in the written directive relative to the radioisotope, number of sources and source strengths; and after implantation but prior to completion of the procedure: the radioisotope, treatment site and total source strength and exposure time (or, equivalently, total dose). Program reviews will be documented and distributed to all appropriate management and departments.

Lot Tolerance Percent Defective 10.0 Percent:

Lot Size	Sample Size	Acceptance Number	
1 to 20	All 0		
21 to 50	17	0	
51 to 100	20	0	
101 to 200	22	0	
201 to 800	23	0	
801 to 100,000	39	1	

Lot Tolerance Percent Defective 5 Percent:

Lot Size	Sample Size	Acceptance Number	
1 to 30	All	0	
31 to 50	30	0	
51 to 100	37	0	
101 to 200	40	0	
201 to 300	43	0	
301 to 400	44	0	
401 to 2,000	45	0	
2001 to 100,000	75	1	

Should either a misadministration or a recordable event be uncovered during a review of the QMP, the number of cases sampled will be increased to those indicated by using the acceptance sampling table of 10CFR32.110 for a Lot Tolerance Percent Defective rate of 5%.

ALASKA REGIONAL HOSPITAL NURSING INSTRUCTION SUMMARY I-131 RADIOTHERAPY RADIATION PRECAUTIONS

1. 2.	Read and/or review the Nursing P & P on the care of inpatients given radio-iodine treatment. Verify with Nuclear Medicine at ext. 1290 that Room 548 is properly prepared and that Room					
	549 is empty, closed and posted with a radiation sign. Order Radiation/Isolation cart from central supply.					
3.	Notify:	Housekeeping to suspend completion of the therapy Admissions to make sure Lab to get any required be iodine. Labs drawn after "radioactive".	Room 549 is closed for admission of any patient. lood-work drawn prior to administration of the radio-administration of the dose are to be labeled e patient's admission procedure is complete and is			
4.	PCA's, unit badges are i	(non-pregnant) will care secretaries, student nurses	for the patient. Once the dose is administered, LPN's, and other hospital employees not wearing dosimetry Al RN's caring for the patient during the treatment			
5.	<u>Visitation is restricted</u> to non-pregnant adults and subject to time and distance limits set by the RSO. No visitors in the room. Patient is to remain in bed behind shields while visitors are at the door to the room.					
6.		ation precautions when ca waste bag, and wash your h	aring for the patient. Leave gloves in the radioactive			
7.	Review the	written instructions for con	ntamination prevention/limitation with the patient			
8.	Spillage:	If the patient vomits with dose, consider the vomite All urine and feces are rathese merits a call to the If you or your clothing be notify the RSO/Nuclear I parts, go to the edge of the	246, if there is any radioactive spillage. in the first 24 hours after the administration of the as radioactive. dioactive, particularly the urine. Spillage of either of			
9.	Medicine.	ase the room to admitting	or housekeeping until it is cleared by the RSO/Nuclear			
ALL N	URSES CAF	RING FOR THIS PATIE	NT MUST SIGN THE NURSING LISE BELOW			
1			2			
3			4			
5			6			
This	s sheet must	be permanently maintain	ed in the patients inpatient chart after discharge.			
Authori	zed User Sigi	nature	Date			
			Nuclear Medicine Technologist ext. 1290			

Patient Name______ Date In_____ Date Out____

NUCLEAR MEDICINE DEPARTMENT INFORMED CONSENT FOR ADMINISTRATION OF I-131 IODINE

Patient name			Date			
Time of a	dministrati	ion				
1.	I herby a	uthorize Dr	to perform the			
	following	g procedure known as	upon			
	myself or	r (patients name)	·			
2.	of the usi I acknow or cure th	The nature of the procedure has been explained to me. I have been informed of the usual risks/complications and benefits, as well as alternative treatment. I acknowledge that no guarantee or assurance has been made, as to the result or cure that may be obtained from this procedure. I understand and accept the possibility of the risks and complications.				
3.	I hereby authorize and direct the above named physician to provide such additional services for me, as he/she deem necessary and reasonable.					
4.	I recognize that during the course of the procedure, unforeseen conditions mecessitate additional or different procedures than those set forth in paragraph. I therefore further authorize and request that the above named physician perform such procedures as are in his/her professional judgment, necessary and desirable. The authority granted under the paragraph shall extend to remedying conditions that are not known at the time of the beginning of the procedure.					
5.	I have been informed that some experts and scientific panels recommend cessation of breastfeeding for a minimum of 45 days after administration of radioactive iodine, because of the perceived risk of secretion of the radioiodine into breast milk, and the potential for low level irradiation of the baby's thyroid gland. For similar reasons, it is recommended that conception/pregnancy should be avoided for 45 days after the administration of radioactive iodine.					
Patient sig	gnature					
[] Mino	r Patient	Relatives signatureRelation to patient				
Witness S	Signature_					
Authorize			_			
PATIFNT	NAME		#			

I-131 OUTPATIENT WRITTEN DIRECTIVE AND WORKSHEET POLICY # 310.37

Date dose ordered	Dose ordered	mCi			
Date of therapy					
Patient Name		Date			
PRIOR	TO ADMINISTE	RING DOSE			
Patient Identification ver	rified by at least two	o of the following;			
[] Patient states name	[] Patient sta	ates date of birth			
[] Patient states social	security number				
[] Positive photo ID	[] Positive II	D band			
[] Positive ID by relati	ve				
Informed Consent obtain	ned				
Patient is not pregnant b	ased on;				
[] Hysterectomy	[] Celibacy	[] Male			
[] Negative serum HC	G [] Negative pregnancy urine test				
[] Past child bearing ag	ge				
Dose measured and adm	inistered:	mCi Sodium Iodine I-131			
		Time of administration			
PAT	IENT RELEASE (CRITERIA			
[] Patient dose adminis	stered is less than 30) mCi of I-131			
	-	xposure to other individuals ALARA Reg. Guide 8.39, table 2.			
Reviewed by:Au	/1 . ' . 177	Date			
Au	ithorized User				

ALASKA REGIONAL HOSPITAL I-131 (INPATIENT) THERAPY WORKSHEET WRITTEN DIRECTIVE AND ROOM SURVEY

Room #		Date dose ordered			Physician name	:		
Patient name:		Dose administered:				Ci Date:		
Patients ID verified with:		[] states own name		[] st	[] states own birthdate		racelet	
	'g	[] photo ID		[] st	ates own SSN	[] rela	[] relative	
Informed Consen	t:	Informed consother individu	Informed consent obtained and instructions provided to patient/family on how to keep exposure to other individuals ALARA (as low as reasonably achievable) NRC Reg. Guide 8.39 Table 2.					
Patient is not pregnant based on:		[] hysterectomy		[] c	[] celibacy		[] male	
		[] negative pregnancy test		[] pa	[] past child bearing age		[] normal menses less than 2 weeks ago.	
Administered Dose:		Dose measured	Pose measured and administered:mCi Time:					
Room preparation:		[] trash bags	[] trash bags set up		[] valuables removed			
Plastic covering:		[] entire floor	r	[] faucet handles		[] toile	t li d	
- Andrews		[] TV remote	[] TV remote [] t		[] bed controller		[] table top	
		[] telephone		[] chair if present		[] door	[] door knobs	
7	THE PLAN O	F TREATMENT	IS IN ACCOR	RDANCE V	WITH THE WRIT	TTEN DIRECTIVI	C.	
	Authorized Use							
		***	**EYPASIDE	DATE (mi)/hr****			
Time/Date	[1] bedsid midline		ter [3] 3	SURE RATE (mR/hr)***** [3] 3 meters [4] doorway midline		[5] hallway	[6] Rm 549	
SURVEY METER	R USED:				TECHNOLOG	SIST:		
					1 .			
				r at 1 mete	r midline of pátiei	nt. [NRC Reg Guid	e 8.39 Column 1]	
Location BED	mR/hr	Wipe dpm	Wipe bkg.					
CHAIR						oms48 Ro	xxx 549	
SINK					G			
TOILET								
DOOR					T I	_(1)	· ·	
					4 3 (2 6		
TELEPHONE					+ 4,0	3) (9)		
SHOWER						<u>්</u> මැල)	
TABLE TOP								
BACKGROUND				St) # #			
Technologist Initi	als:	Date:	Room releas	sed and read	ly for use:		R	
A -+: 11 O 5	mP/hr 200	dnm/100cm sa			RSO	/representative		