





HENRY FORD MACOMB HOSPITALS

15855 Nineteen Mile Road  
Clinton Township, Michigan 48038  
(586) 263-2300

0300-2106

April 28, 2009

UNITED STATES NUCLEAR REGULATORY COMMISSION  
Region III, Materials Licensing Section  
2443 Warrenville Road  
Suite 210  
Lisle, IL 60532-4352

Re: License No. 21-11850-01

Please amend our license to add Khurram Rashid, M.D. as the Radiation Safety Officer for all materials under our license. Please find the enclosed NRC Form 313A (RSO) for your review.

Please remove Dr. Michael M. Joh as an Authorized User and Radiation Safety Officer.

Thank you for your cooperation with this matter. If you have any questions or require additional information please contact our physicist, Michelle L. Kritzman, at (734) 662-3197.

Sincerely,

Barbara W. Rossmann  
President & Chief Executive Officer

318144



## HENRY FORD MACOMB HOSPITALS

15855 Nineteen Mile Road  
Clinton Township, Michigan 48038  
(586) 263-2300

Khurram Rashid, M.D.  
Radiation Safety Officer  
Henry Ford Macomb Hospital  
15855 Nineteen Mile  
Clinton Township, MI 48038

Re: Radiation Safety Officer / Executive Management  
Letter of Understanding

Dear Khurram Rashid, M.D.:

You have been appointed the Radiation Safety Officer (RSO) of this facility for our United States Nuclear Regulatory Commission Materials License. This "Letter of Understanding" is prepared to comply with Title 10 Code of Federal Regulations (CFR) Part 35.24(b). This section of the regulations requires that you agree in writing to the following:

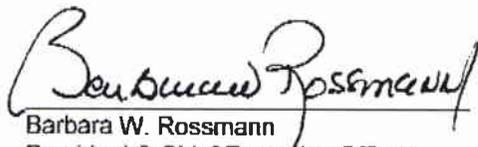
- Assume responsibility for implementing the Radiation Protection Program
- Ensure that radiation safety activities are being performed in accordance with our own approved procedures and all regulatory requirements.

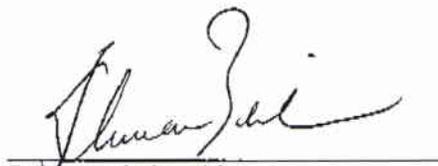
Furthermore, in compliance with 10 CFR 35.24(e),(g), the executive management of this facility agrees to provide you as RSO:

- Specific written notation of your authority, duties and responsibilities, see attached.
- Sufficient authority, organizational freedom, time, resources and management prerogative to:
  1. Identify radiation safety problems;
  2. Initiate, recommend, or provide corrective actions;
  3. Stop unsafe operations; and,
  4. Verify implementation of corrective actions.

Our signatures noted below will attest to the issues noted above. Please make a copy of this document for your files and return the original to my attention.

Sincerely,

  
Barbara W. Rossmann  
President & Chief Executive Officer

  
Radiation Safety Officer

NRC FORM 313A (R90) (8-2008)	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB; NO. 3150-0129 EXPIRES: 10/1/2012																													
<b>RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION</b> [16 CFR 35.50]																															
Name of Proposed Radiation Safety Officer <b>Khairan Rashid, M.D.</b>																															
Requested Authorization(s) The license authorizes the following medical uses (check all that apply): <input checked="" type="checkbox"/> 35.100 <input checked="" type="checkbox"/> 35.200 <input checked="" type="checkbox"/> 35.300 <input checked="" type="checkbox"/> 35.400 <input checked="" type="checkbox"/> 35.500 <input checked="" type="checkbox"/> 35.600 (remote afterloader) <input type="checkbox"/> 35.800 (teletherapy) <input type="checkbox"/> 35.600 (gamma stereotactic radiosurgery) <input type="checkbox"/> 35.1000 ( _____ )																															
<b>PART I - TRAINING AND EXPERIENCE</b> (Select one of the four methods below)																															
*Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.																															
<input type="checkbox"/> 1. <b>Board Certification</b> a. Provide a copy of the board certification. b. Use Table 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license. c. Skip to and complete Part II Preceptor Attestation.																															
OR																															
<input type="checkbox"/> 2. <b>Current Radiation Safety Officer Seeking Authorization to Be Recognized as a Radiation Safety Officer for the Additional Medical Uses Checked Above</b> a. Use the table in section 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for the additional types of medical use for which recognition as RSO is sought. b. Skip to and complete Part II Preceptor Attestation.																															
OR																															
<input type="checkbox"/> 3. <b>Structured Educational Program for Proposed Radiation Safety Officer</b> a. Classroom and Laboratory Training																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Description of Training</th> <th style="width: 35%;">Location of Training</th> <th style="width: 10%;">Clock Hours</th> <th style="width: 20%;">Dates of Training*</th> </tr> </thead> <tbody> <tr> <td>Radiation physics and instrumentation</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Radiation protection</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Mathematics pertaining to the use and measurement of radioactivity</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Radiation biology</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Radiation dosimetry</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>Total Hours of Training:</b></td> </tr> </tbody> </table>				Description of Training	Location of Training	Clock Hours	Dates of Training*	Radiation physics and instrumentation				Radiation protection				Mathematics pertaining to the use and measurement of radioactivity				Radiation biology				Radiation dosimetry				<b>Total Hours of Training:</b>			
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RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

2. Structured Educational Program For Proposed Radiation Safety Officer (continued)

b. Supervised Radiation Safety Experience

(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Location of Training/ Licensee or Permit Number of Facility	Dates of Training*
Shipping, receiving, and performing related radiation surveys		
Using and performing checks for proper operation of instruments used to determine the activity of dosages, survey meters, and instruments used to measure radionuclides		
Securing and controlling byproduct material		
Using administrative controls to avoid mistakes in administration of byproduct material		
Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures		
Using emergency procedures to control byproduct material		
Disposing of byproduct material		
Licensed Material Used (e.g., 35.100, 35.200, etc.)*		

\* Choose all applicable sections of 10 CFR Part 35 to describe radionuclides and quantities used: 35.100, 35.200, 35.300, 35.400, 35.500, 35.500 remote afterloader units, 35.600 teletherapy units, 35.600 gamma stereotactic radiosurgery units, emerging technologies (provide list of devices).

**NRC FORM 312A (RSC)**  
(2-2009) **U.S. NUCLEAR REGULATORY COMMISSION**

**RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**3. Structured Educational Program for Proposed Radiation Safety Officer (continued)**

**b. Supervised Radiation Safety Experience (continued)**

*(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)*

Supervising Individual  <i>MICHAEL M. JOMAS</i>	License/Permit Number listing supervising individual as a Radiation Safety Officer  <i>21-1850-01</i>
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This license authorizes the following medical uses:

- |   |   |   |  |
|---|---|---|--|
| <input checked="" type="checkbox"/> 35.100                        | <input checked="" type="checkbox"/> 35.200                      | <input checked="" type="checkbox"/> 35.300    | <input checked="" type="checkbox"/> 35.400 |
| <input checked="" type="checkbox"/> 35.500                        | <input checked="" type="checkbox"/> 35.600 (remote afterloader) | <input type="checkbox"/> 35.600 (teletherapy) |  |
| <input type="checkbox"/> 35.600 (gamma stereotactic radiosurgery) | <input type="checkbox"/> 35.1000 ( _____ )                      |   |  |

**c. Describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.**

Description of Training	Training Provided By	Dates of Training*
Radiation safety, regulatory issues, and emergency procedures for 35.100, 35.200, and 35.500 uses		
Radiation safety, regulatory issues, and emergency procedures for 35.300 uses		
Radiation safety, regulatory issues, and emergency procedures for 35.400 uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - teletherapy uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - remote afterloader uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - gamma stereotactic radiosurgery uses		
Radiation safety, regulatory issues, and emergency procedures for 35.1000, specify use(s):		

**RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**2. Structured Educational Program for Proposed Radiation Safety Officer (continued)**

c. Training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the licensee (continued)

Supervising individual if training was provided by supervising RSO, AU, AMP, or ANP. (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)	License/Permit Number listing supervising individual:
Michael M. Joh, M.D.	21-11854-61

License/Permit lists supervising individual as:

- Radiation Safety Officer   
 Authorized User   
 Authorized Nuclear Pharmacist  
 Authorized Medical Physicist

Authorized as RSO, AU, ANP, or AMP for the following medical uses:

- 35.100   
 35.200   
 35.300   
 35.400  
 35.500   
 35.600 (remote afterloader)   
 35.600 (teletherapy)  
 35.800 (gamma stereotactic radiosurgery)   
 35.1000 ( )

d. Skip to and complete Part II Preceptor Attestation.

OR

**4. Authorized User, Authorized Medical Physicist, or Authorized Nuclear Pharmacist identified on the licensee's license**

- a. Provide license number.  
b. Use the table in section 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.  
c. Skip to and complete Part II Preceptor Attestation.

**PART II - PRECEPTOR ATTESTATION**

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

First Section

Check one of the following:

**1. Board Certification**

I attest that Khuman Rashid has satisfactorily completed the requirements in

Name of Proposed Radiation Safety Officer

10 CFR 35.50(a)(1)(i) and (a)(1)(ii); or 35.50 (a)(2)(i) and (a)(2)(ii); or 35.60(c)(1).

OR

**2. Structured Educational Program for Proposed Radiation Safety Officers**

I attest that \_\_\_\_\_ has satisfactorily completed a structural educational

Name of Proposed Radiation Safety Officer

program consisting of both 200 hours of classroom and laboratory training and one year of full-time radiation safety experience as required by 10 CFR 35.60(b)(1).

OR

NRC FORM 318A (R50)  
(2-2002) U.S. NUCLEAR REGULATORY COMMISSION  
**RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**Preceptor Attestation (continued)**

**First Section (continued)**  
Check one of the following:

**3. Additional Authorization as Radiation Safety Officer**

I attest that Kharran Rashid, M.D. is an  
Name of Proposed Radiation Safety Officer

Authorized User  Authorized Nuclear Pharmacist  
 Authorized Medical Physicist

identified on the Licensee's license and has experience with the radiation safety aspects of similar type of use of byproduct material for which the individual has Radiation Safety Officer responsibilities

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**AND**

**Second Section**  
Complete for all (check all that apply):

I attest that Kharran Rashid, M.D. has training in the radiation safety, regulatory issues, and  
Name of Proposed Radiation Safety Officer

emergency procedures for the following types of use:

- 35.100
- 35.200
- 35.300 oral administration of less than or equal to 33 millicuries of sodium iodide I-131, for which a written directive is required
- 35.300 oral administration of greater than 33 millicuries of sodium iodide I-131
- 35.300 parenteral administration of any beta-emitter, or a photon-emitting radionuclide with a photon energy less than 160 keV for which a written directive is required
- 35.300 parenteral administration of any other radionuclide for which a written directive is required
- 35.400
- 35.500
- 35.800 remote afterloader units
- 35.600 teletherapy units
- 35.600 gamma stereotactic radiosurgery units
- 35.1000 emerging technologies, including:  
\_\_\_\_\_  
\_\_\_\_\_

NRC FORM 513A (R20)  
3/2003 U.S. NUCLEAR REGULATORY COMMISSION

**RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**AND**

**Third Section**  
Complete for ALL

I attest that Khozam Rashid, M.D. has achieved a level of radiation safety knowledge  
Name of Proposed Radiation Safety Officer  
sufficient to function independently as a Radiation Safety Officer for a medical use licensee.

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**Fourth Section**  
Complete the following for Preceptor Attestation and signature

I am the Radiation Safety Officer for Henry Ford Macomb Hospital  
Name of Facility

License/Permit Number: 21-11859-01

Name of Preceptor	Signature	Telephone Number	Date
MICHAEL LOM	<i>[Signature]</i>	(313) 343-2566	4/20/09

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