



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

SEP 25 2009

David F. Hazuka, M.D.
Radiation Safety Officer
Cass Regional Medical Center
2800 Rock Haven Road
Harrisonville, MO 64701

Dear Dr. Hazuka:

Enclosed is Amendment No. 08 to your NRC Material License No. 24-20234-02 in accordance with your request. Please note that the changes made to your license are printed in bold font.

Please review the enclosed document carefully and be sure that you understand all conditions.

1. **Please note that, at this time I approved the addition of your new address and areas of use at 2800 Rock Haven Road. However, your letter dated August 8, 2009, was minimally adequate and did not contain some of the information we need to fully approve of the new address and areas of use.**

Within 30 days of the date of this letter, please resubmit your facility diagram, including the information in NUREG 1556, Vol. 9, Rev. 2, Item 8.15, Item 9 and Appendix C, Item 9, "Facility Diagram," limited to the elements that are appropriate for the proposed license. If the 30 day response time is insufficient, please contact me at 630-829-9841 to arrange an alternate response date.

A simple hand-drawn diagram(s) is best, indicating the direction of north, the functional identity of all areas immediately adjacent to the new space, the proposed layout of the space, the scale of the diagram or the actual dimensions of the rooms, shielding employed, etc.

Please submit the requested information, in writing, as "additional information to control no. 318471," and mark it to my attention.

Please do not submit blueprints or copies of blueprints. Here are links to the referenced sections on our webpage:

<http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/v9/r2/sr1556v9r2-final.pdf#08-15>

<http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/v9/r2/sr1556v9r2-final.pdf#app-c>

2. **Please note that this amendment authorizes both your old hospital and the new hospital locations so as to provide for continuity of care for your patients during the transition and move.**

After you have completed your move to the new hospital, you will need to perform a decommissioning and close out survey of the former hospital's licensed areas of use and submit an amendment request to us, before releasing the facility for unrestricted use (even by other members of your staff).

The final status survey must include a complete historical review of all actual licensed materials used, including sealed and unsealed sources, spills, and contamination. It should specify when and where the materials were used and how, when and by whom were the materials disposed of (shipped off-site, decayed - in-storage, sanitary sewer disposal, returned to vendors, etc.)

Please respond by stating exactly which licensed materials were used at this location historically. Please follow the procedure described above when submitting this information to us.

The final status survey should consist of exposure rate measurements to show that all sources of radioactive material have been removed, and contamination checks of areas where radioactive materials were used or stored. Average radiation levels associated with surface contamination and removable contamination should not exceed those specified in the NUREG 1757, Vol. 1, Rev. 1.

Please also refer to section 15.5.3 in NUREG 1757, Vol. 1, Rev. 1, available on our website, for additional assistance.

Please submit the following information with your close-out survey:

- a. **Diagrams of each facility/area of use, with exposure rate survey and wipe test results keyed to specific locations, as appropriate.**
- b. **The name of the person performing the survey.**
- c. **The date the survey was performed.**
- d. **The instrument(s) used for exposure rate measurements and for analysis of the wipes.**
- e. **Background readings and each instrument's efficiency or correction factor.**
- f. **The date(s) that the survey instruments were last calibrated.**

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- g. The action levels for both exposure rate measurements and wipe tests. Include the identity of areas exceeding these levels, corrective actions taken and results of corrective actions taken.

Also, please always include the telephone and fax number of at least one person who serves as a point of contact for licensing requests.

3. Please note that we have reformatted Subitem Nos. 7, 9 and Condition No. 12 at this time to remove all references to excluded authorizations, including but not limited to, authorizations such as generators, xenon-133, aerosols, cardiovascular clinical procedures, etc.

Please be reminded, however, that you are still bound by the restrictions imposed by the excluded authorizations contained in documents incorporated into your license in Condition No. 15 of your license.

4. Please note that I was unable to authorize Dr. Ira Cox for all materials in 10 CFR 35.300 because your license does not currently permit the authorization for sodium iodide iodine-131 for the treatment of thyroid carcinoma.
5. At this time I was unable to approve Christopher McKinney, M.D. as an Authorized User for the use of materials in 10 CFR 35.100, 35.200 and 35.300, because the information in your letter dated August 8, 2009, was insufficient to complete my review.

If you wish to pursue this request, please provide a written response to the information below, addressed to my attention as "additional information to Control No. 318471."

We will then continue our review.

Dr. McKinney could not be approved for the use of materials in 10 CFR 35.100, 35.200 and 35.300 because several sections of his Forms NRC 313 (AUS) and (AUT) were incompletely filled out, incorrectly filled out or left blank.

Please submit complete and appropriate information in support of Dr. McKinney's request that demonstrates he meets the training and experience requirements in 10 CFR 35.57, 35.190, 35.290 and 10 CFR 35.390 (excluding sodium iodide iodine-131 for treatment of thyroid carcinoma) and 35.59, as appropriate.

Dr. McKinney's forms indicate he is certified by a specialty board but no proof of specialty board certification was provided. If Dr. McKinney has been certified by one or more medical specialty boards that we recognize in support of his application, please provide appropriate documentation of his certification.

In addition, his forms show that his documented training and experience for authorization for 10 CFR 35.390 (excluding sodium iodide iodine-131 for treatment of thyroid carcinoma) does not meet the 700 hours required. Only 136 hours of classroom and laboratory training hours are documented for this modality and 200 hours, of the 700 total hours, are required.

Further, Dr. McKinney's forms were prepared by two different preceptors at two different medical institutions located in the Agreement State of Illinois. We do not have access to Agreement State licenses in order to verify that Dr. McKinney's preceptors were Authorized Users for the modalities they supervised and/or preceptored him in, during the timeframes specified on his forms.

Please provide complete, signed and dated copies of the licenses for both hospitals where Dr. McKinney was trained in Illinois that clearly demonstrate that his supervising Authorized Users were named to these licenses for the modalities that they were supervising and/or preceptoring him in.

Please contact me if you have further questions regarding these matters and the notes I made on the copy of Dr. McKinney's forms 313a (AUS) and (AUT).

I have enclosed a copy of Dr. McKinney's 313a (AUS) and (AUT) forms and I have marked them in the areas that are incomplete/blank.

You may refer to the above sections in 10 CFR 35 and NUREG 1556, Vol. 9, Rev. 2, Section 8.11, Item 7, and Appendices B, D and E for assistance.

Please do not submit resumes, CV's, or personal, proprietary information that we must protect, in accordance with 10 CFR 2.390, such as social security numbers, dates of birth, home addresses or phone numbers, patient records, college transcripts, etc.

Please also be reminded of the provisions in 10 CFR 30.9(a), "Completeness and accuracy of information,"..."(a) Information provided to the Commission by an applicant for a license or by a licensee or information required by statute or by the Commission's regulations, orders, or license conditions to be maintained by the applicant or the licensee shall be complete and accurate in all material respects."

In accordance with 10 CFR 2.390 of the NRC's "Rules of Practice," a copy of this letter and its enclosures will be available electronically for public inspection in the NRC Public Document Room or from the Publicly Available Records (PARS) component of NRC's document system (ADAMS). The NRC's document system is accessible from the NRC Web site at <http://www.nrc.gov/reading-rm/adams.html> (the Public Electronic Reading Room).

You will be periodically inspected by NRC. Failure to conduct your program in accordance with NRC regulations, license conditions, and representations made in your license application and supplemental correspondence with NRC will result in enforcement action against you. This could include issuance of a notice of violation, or imposition of a civil penalty, or an order suspending, modifying or revoking your license as specified in the General Statement of Policy and Procedure for NRC Enforcement Actions.

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Since serious consequences to employees and the public can result from failure to comply with NRC requirements, prompt and vigorous enforcement action will be taken when dealing with licensees who do not achieve the necessary meticulous attention to detail and the high standard of compliance which NRC expects of its licensees.

Sincerely,

A handwritten signature in cursive script that reads "Colleen Carol Casey".

Colleen Carol Casey
Materials Licensing Branch

License No. 24-20234-02
Docket No. 030-29723

Enclosures:

1. Amendment No. 08
2. Marked up copy of
Dr. McKinney's 313a
forms