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Fax Cover Sheet

Send to: Roberto Torres	From: Jerric Long CVI
Attention:	Office Location: Post Falls Idaho
Office Location: Texas	Date: 10-20-09
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APPENDIX C

Table C.3 Items 7 through 11 on NRC Form 313: Training & Experience, Facilities & Equipment, Radiation Protection Program, and Waste Disposal <i>(Check all applicable rows and fill in details and attach a copy of the checklist to the application or provide information separately.)</i>		
Item Number and Title	Suggested Response	Check box to indicate material included in application
	<ul style="list-style-type: none"> Location, room numbers, and principal use of each room or area where byproduct material is prepared, used or stored, location of direct transfer delivery tubes from a PET radionuclide/radioactive drug production facility or production area of PET radioactive drugs under 10 CFR 30.32(j), and areas where higher energy gamma-emitting radionuclides (e.g., PET radionuclides) are used; Location, room numbers, and principal use of each adjacent room (e.g., office, file, toilet, closet, hallway), including areas above, beside, and below therapy treatment rooms, indicating whether the room is a restricted or unrestricted area as defined in 10 CFR 20.1003; and Provide shielding calculations and include information about the type, thickness, and density of any necessary shielding to enable independent verification of shielding calculations, including a description of any portable shields used (e.g., shielding of proposed patient rooms used for implant therapy, including the dimensions of any portable shield, if one is used; source storage safe). <p>In addition to the above, for teletherapy and GSR facilities, applicants should provide the directions of primary beam usage for teletherapy units and, in the case of an isocentric unit, the plane of beam rotation.</p>	<input type="checkbox"/> <input type="checkbox"/>
Item 9: Radiation Monitoring Instruments	<p>A statement that: "Radiation monitoring instruments will be calibrated by a person qualified to perform survey meter calibrations."</p> <p style="text-align: center;">AND/OR</p>	<input type="checkbox"/>
	<p>A statement that: "We have developed and will implement and maintain written survey meter calibration procedures in accordance with the requirements in 10 CFR 20.1501 and that meet the requirements of 10 CFR 35.61."</p> <p style="text-align: center;">AND</p>	<input type="checkbox"/>
	<p>A description of the instrumentation (e.g., gamma counter, solid state detector, portable or stationary count rate meter, portable or stationary dose rate or exposure rate meter, single or multichannel analyzer, liquid scintillation counter, proportional counter) that will be used to perform required surveys.</p> <p style="text-align: center;">AND</p>	<input checked="" type="checkbox"/>
	<p>A statement that: "We reserve the right to upgrade our survey instruments as necessary as long as they are adequate to measure the type and level of radiation for which they are used."</p>	<input checked="" type="checkbox"/>
Item 9: Dose Calibrator and Other Dosage Measuring Equipment	<p>A statement that: "Equipment used to measure dosages will be calibrated in accordance with nationally recognized standards or the manufacturer's instructions."</p>	<input checked="" type="checkbox"/>

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APPENDIX C

Table C.3 Items 7 through 11 on NRC Form 313: Training & Experience, Facilities & Equipment, Radiation Protection Program, and Waste Disposal <i>(Check all applicable rows and fill in details and attach a copy of the checklist to the application or provide information separately.)</i>		
Item Number and Title	Suggested Response	Check box to indicate material included in application
Item 10: Safety Procedures and Instructions	Attached are procedures required by 10 CFR 35.610.	<input type="checkbox"/>
	Guidance in Section 5.2 was reviewed and security-related sensitive information provided is marked accordingly.	<input type="checkbox"/>
Item 10: Occupational Dose	A statement that: "Either we will perform a prospective evaluation demonstrating that unmonitored individuals are not likely to receive, in 1 year, a radiation dose in excess of 10% of the allowable limits in 10 CFR Part 20 or we will provide dosimetry that meets the requirements listed under 'Criteria' in NUREG-1556, Vol. 9, Rev. 1, 'Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Medical Use Licenses.' "	<input checked="" type="checkbox"/>
	OR	
	A description of an alternative method for demonstrating compliance with the referenced regulations.	<input type="checkbox"/>
Item 10: Area Surveys	A statement that: "We have developed and will implement and maintain written procedures for area surveys in accordance with 10 CFR 20.1101 that meet the requirements of 10 CFR 20.1501 and 10 CFR 35.70."	<input type="checkbox"/>
Item 10: Safe Use of Unsealed Licensed Material	A statement that: "We have developed and will implement and maintain procedures for safe use of unsealed byproduct material that meet the requirements of 10 CFR 20.1101 and 10 CFR 20.1301."	<input type="checkbox"/>
Item 10: Spill/Contamination Procedures	A statement that: "We have developed and will implement and maintain written procedures for safe response to spills of licensed material in accordance with 10 CFR 20.1101."	<input type="checkbox"/>
Item 10: Installation, Maintenance, Adjustment, Repair, and Inspection of Therapy Devices Containing Sealed Sources	Name of the proposed employee and types of activities requested: _____	<input type="checkbox"/>
	AND	
	Description of the training and experience demonstrating that the proposed employee is qualified by training and experience for the use requested.	<input type="checkbox"/>
	AND	
	Copy of the manufacturer's training certification and an outline of the training in procedures to be followed.	<input type="checkbox"/>
Item 10: Minimization of Contamination	A response is not required under the following condition: the NRC will consider that the above criteria have been met if the information provided in applicant's responses satisfy the criteria in Sections 8.15, 8.16, 8.21, 8.25, 8.27, and 8.29, on the topics: facilities and equipment, facility diagram, Radiation Protection Program, safety program, and waste management.	N/A

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BHP ENTERPRISES
 22351 Lansing Lane
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INSTRUMENT CALIBRATION REPORT

Owner: Insight Diagnostic Imaging
 Nuclear Medicine Department
 750 Syringa Drive, Suite 102
 Post Falls, ID 83854

Manufacturer: Ludlum **Model:** 14C **Serial No:** 152424

Calibration Date: 02/02/09 **Due Date:** 02/02/10

Dose Rate (mR/hr)	Meter Reading (mR/hr)
1500 (X1000)	Not Calibrated
1000	1000
500	500
150 (X100)	150
70	70
20	20
15 (X10)	15
10	10
5	5
1.5 (X1)	1.5
1.0	1.0
0.5	0.5
0.15 (X0.1)	0.15
0.10	0.10
0.05	0.06

Notes: Model 44-9 pancake G-M. detector calibrated through the face of the detector. Internal detector on the X1000 scale. Check source reading:

150K CPM (4.5 mR/hr)

These calibration readings were made at measured distances from a 44.6 mCi N.I.S.T. traceable Cs-137 source producing 100 mR/hr at 38.3 cm.


 Bruce H. Peterson, Health Physicist

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