



~~Official Use Only - Security-Related Information~~

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

MAY 19 2010

Rasiklal Ganatra, M.D.  
Radiation Safety Officer  
Union Hospital, Inc.  
1606 North Seventh Street  
Terre Haute, IN 47804-2780

Dear Dr. Ganatra:

Enclosed is Amendment No. 56 amending your NRC Material License No. 13-16457-01 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. If there are any errors or questions, please notify the U.S. Nuclear Regulatory Commission, Region III office at (630) 829-9887 so that we can provide appropriate corrections and answers.

Please note we have not removed the "old" Brachytherapy Source Store Room and have we not authorized the new rooms for brachytherapy procedures or radiopharmaceutical therapy because we need more information as described in the attached "Request for Additional Information". Please resubmit your request as additional information to Mail Control 318940.

NRC's Regulatory Issue Summary (RIS) 2005 31 provides criteria to identify security-related sensitive information and guidance for handling and marking of such documents. This ensures that potentially sensitive information is not made publicly available through ADAMS, the NRC's electronic document system. Pursuant to NRC's RIS 2005-31 and in accordance with 10 CFR 2.390, the enclosed license document is exempt from public disclosure because its disclosure to unauthorized individuals could present a security vulnerability. The RIS may be located on the NRC Web site at: <http://www.nrc.gov/reading-rm/doc-collections/gen-comm/reg-issues/2005/ri200531.pdf> and the link for frequently asked questions regarding protection of security related sensitive information may be located at: <http://www.nrc.gov/reading-rm/sensitive-info/faq.html>. A copy of this letter 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).

Sincerely,

A handwritten signature in black ink, appearing to read "William P. Reichhold".

William P. Reichhold  
Materials Licensing Branch

License No. 13-16457-01  
Docket No. 030-11072

Enclosure: Amendment No. 56  
Request for Additional Information

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The enclosed document contains sensitive security-related information.  
When separated from this cover letter this letter is uncontrolled.



## **REQUEST FOR ADDITIONAL INFORMATION**

**Telephone (630) 829-9839**

**FAX (630) 515-1078**

**To: Rasiklal Ganatra, M.D., Radiation Safety Officer**

**Location: Union Hospital, NRC License 13-16457-01**

**Date: May 17, 2010**

### **New Brachytherapy Patient Room**

1. You have multiple locations of use listed on your license. Please put the address of the facility on the facility diagram showing the new brachytherapy patient room.
2. Please provide shielding calculations for the new brachytherapy room to show that you will not exceed the limits specified in 10 CFR 20.1301(a), "Dose limits for individual members of the public".
3. Do you have the radiation survey results from a previous brachytherapy treatment (with the maximum activity) using the same shielding configuration you plan to use in the new brachytherapy patient room? If so, please submit a copy of your survey results.
4. Please confirm that you will have administrative procedures to control the configuration of portable shielding to maintain the radiation dose within the regulatory limits in 10 CFR 20.1301(a), "Dose limits for individual members of the public".
5. Please describe a description of the emergency response equipment you will have available in the new brachytherapy patient room.

### **New Radiopharmaceutical Therapy Administration Room**

1. You have multiple locations of use listed on your license. Please put the address of the facility on the facility diagram showing the new radiopharmaceutical therapy administration room.
2. Please specify the room number for the new radiopharmaceutical therapy administration room. OR If there is no room number please state so.
3. Please describe how you will work with volatile iodine-131. Please specify if you will have a fume hood in the new radiopharmaceutical therapy administration room and indicate the location on the facility diagram.

4. Please describe emergency response equipment (for example a spill kit) you will have in the new radiopharmaceutical therapy administration room.
5. Please specify the room numbers for the rooms that are adjacent to the new radiopharmaceutical therapy administration room. OR If there are no room numbers please state so.

### **New Brachytherapy Storage Room**

I was unable to find an amendment that authorized the new brachytherapy source storage room at Hux Cancer Center Building.

You will need to first receive authorization for the new brachytherapy source storage room at Hux Cancer Center Building.

We need following additional information to add a new brachytherapy source storage room:

1. You have multiple locations of use listed on your license. Please put the address of the facility on the facility diagram showing the new brachytherapy source storage room.
2. Please indicate the scale of the facility diagram such as one inch = one foot. OR Please specify the room dimensions such as 10 feet by 12 feet.
3. Please specify the room number of the new brachytherapy source storage room. OR If there is no room number, please state so.
4. Please identify the location of the new brachytherapy source storage room on the facility diagram. Please specify if this will be a restricted area and describe the security for the room (such as keypad locks, control of keys to the room, etc.).
5. Please identify the location, room numbers, and principal use of each adjacent room including the areas above and below the new brachytherapy source storage room.
6. Please submit any shielding calculations, provide a description of the shielding, and a description of equipment such as a brachytherapy storage safe, etc., for the new brachytherapy source storage room.
7. Please confirm that the rooms or areas adjacent to the new brachytherapy source storage room will not exceed the limits specified in 10 CFR 20.1301(a), "Dose limits for individual members of the public".

### **Close-out survey of the "old" Brachytherapy Storage Room**

Please submit a copy of the leak tests for the brachytherapy sources that were current when the close-out survey was performed on March 19, 2010.

Please provide your response to the above as additional information to **Control**  
**318940**.

Please call me at 630-829-9839 if you have any questions.

*From the desk of*

A handwritten signature in cursive script that reads "Bill Reichhold".

*Bill Reichhold*