

## Hammond, Michelle

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**From:** Hammond, Michelle  
**Sent:** Wednesday, May 23, 2012 1:19 PM  
**To:** 'frminuclear@aol.com'  
**Subject:** Re: REQUEST FOR ADDITIONAL INFORMATION  
**Attachments:** image001.png

License No.: 49-29310-01  
Docket No.: 030-37854  
Control No.: 577087

Dear Dr. Johnson:

This is in reference to your amendment application dated March 2, 2012 regarding Nuclear Regulatory Commission License No. 49-29310-01. In order to continue our review, we need the following additional information:

- 1) Please fill out the attached Change of Control Form. If name change only, please document and fill out the appropriate information and check the "name change only" section at the end of the form.
- 2) Please confirm if the mobile PET unit will remain at the TJS location overnight, or will it be transported to and from another location. Also what length of time is it anticipated to be at the proposed TJS.
- 3) Please state that the byproduct material used for your PET mobile unit will not be delivered from the manufacturer or the distributor to the client (Memorial Hospital of Sweetwater County). (pursuant to 10 CFR 35.80(b)).
- 4) Please describe your procedures to remain in compliance with 10 CFR 20.1301, regarding radiation levels outside of the PET mobile unit.
- 5) Please describe survey procedures to check for contamination in the mobile PET unit prior to leaving Memorial Hospital of Sweetwater County (pursuant to 10 CFR 35.80(a) (4)).

We will continue our review upon receipt of this information. Please reply to my attention at the Region IV Office and refer to Mail Control No. 577087. Please respond to this e-mail by **May 29, 2012**. You may reply via e-mail as long as the response is attached in a PDF format or by fax to 817-200-1188.

Please don't hesitate to contact me if you have any questions.

Thank You.

Best Regards,

Michelle M. Hammond, M.Sc.  
Health Physicist  
Region IV-Division of Nuclear Materials Safety, Branch B  
office) 817-200-1127  
fax) 817-200-1188

*\* Review confirmed proposed AU  
Mary Murphy has on  
Lic# 49-18230-01  
2008 ML# Amendment 21  
5/31/12 08238/265*

## Hammond, Michelle

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**From:** John Mastin [john.mastin@frmiinc.com]  
**Sent:** Thursday, May 24, 2012 12:54 PM  
**To:** Hammond, Michelle  
**Cc:** Lyle Johnson  
**Subject:** RE: Re: REQUEST FOR ADDITIONAL INFORMATION  
**Attachments:** image001.png; Response - Mail Control No 577087.doc.pdf; Completed - Change of Control and-or of Ownership Form.pdf; Area Survey & Wipe Procedures.doc

Dear Ms. Hammond,

We have addressed your request in the attached document titled "Response – Mail Control No 577087". We have also attached the Completed Change of Control and/or of Ownership Form. The third attachment is referenced in the response letter.

Thank you,

**John Mastin, CNMT, PET**  
Chief Operating Officer  
**Front Range Mobile Imaging**  
418 East College Drive  
Cheyenne, WY 82007  
[john.mastin@frmiinc.com](mailto:john.mastin@frmiinc.com)  
O: 307-638-6648  
M: 307-631-8973  
F: 307-637-4315  
1-800-839-0318

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**From:** Lyle Johnson [mailto:[frminuclear@aol.com](mailto:frminuclear@aol.com)]  
**Sent:** Thursday, May 24, 2012 9:35 AM  
**To:** 'John Mastin'  
**Subject:** FW: Re: REQUEST FOR ADDITIONAL INFORMATION

Here is the info request they want. I am going to send her a response stating I am out of town and that I will have you addressing these issues. Call me after you have had time to review and we will discuss.

Lyle Johnson  
President & CEO  
Front Range Mobile Imaging  
418 E.College Dr.  
Cheyenne, WY 82007  
Office: 307-638-6648  
Mobile: 307-630-7558  
[frminuclear@aol.com](mailto:frminuclear@aol.com)

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**From:** Hammond, Michelle [mailto:[Michelle.Hammond@nrc.gov](mailto:Michelle.Hammond@nrc.gov)]  
**Sent:** Wednesday, May 23, 2012 12:23 PM  
**To:** 'frminuclear@aol.com'  
**Subject:** FW: Re: REQUEST FOR ADDITIONAL INFORMATION

Here is the form.  
Give me a call if you have any questions.



418 East College Drive  
Cheyenne, WY 82007  
Tel: 307.638.6648  
Fax: 307.637.4315  
frminuclear@aol.com

**Attention: Michelle M. Hammond, M.Sc.  
Health Physicist  
Region IV-Division of Nuclear Materials Safety, Branch B**

**Subject: Mail Control No. 577087**

Dear Ms. Hammond,

This letter is supplied to address additional information requested in your email titled "REQUEST FOR ADDITIONAL INFORMATION", dated May 23, 2012.

1. Please reference attached document titled "Completed Change of Control From".
2. The mobile PET unit will remain at the TJS overnight. It will arrive at the TJS in the late afternoon or early evening the day prior to use. It will depart from the TJS either the late afternoon or evening of the day of use, or sometime within the following two days.
3. The byproduct material used for our PET mobile unit will not be delivered from the manufacturer or the distributor to the client (Memorial Hospital of Sweetwater County).
4. Surveys will be done from the exterior of the coach on the next scheduled day of service at this TJS. Any areas indicating an exposure rate of 2.0 mR/hr or higher will be barricaded from public access and posted "Caution Radiation Area". The barricade and posting will extend to and slightly beyond a distance sufficient to yield a reading lower than 2.0 mR/hr. Public exposure rates multiplied by occupancy factors will be determined at that time and necessary adjustments will be made to ensure no member of the public is exposed to greater than 100 mrem annually from our licensed use of byproduct material.
5. Please reference the attached document titled "Area Survey & Wipe Procedures".

If you have any question, comments, or concerns, please contact me directly at (307) 630-7558 and/or frminuclear@aol.com.

Sincerely,

A handwritten signature in black ink that reads "Lyle R. Johnson". The signature is written in a cursive style with a large, stylized initial "L".

Lyle R Johnson, R.T. (R) (N) (ARRT)  
Radiation Safety Officer  
President & CEO  
Front Range Mobile Imaging  
Mile High Mobile PET

Information Required for Change of Control and/or Change of Ownership  
(to include a name change)  
Source: NUREG-1556, Volume 15

Please provide the following information concerning changes of control (transferor and/or transferee, as appropriate). If any items are not applicable, so state.

1. Provide a complete description of the transaction (i.e., transfer of stocks or assets, or merger). Indicate whether the name has changed and include the new name. Include the name and telephone number of a licensee contact who NRC may contact if more information is needed.

A. Description of the transaction: Name Change

B.  No name change

New name of licensed organization: Front Range Mobile Imaging Inc.

C.  No change in contact

New contact: John L. Mastin

New telephone number: 307-638-6648

2. Describe any changes in personnel or duties that relate to the licensed program. Include training and experience for new personnel.

A.  No changes in personnel having control over licensed activities.

Changes in personnel having control over licensed activities (e.g. officers of a corporation):

B.  No changes in personnel named in the license.

Changes in personnel named in the license (e.g. RSO, AUs) - include training, experience and responsibilities: Please AU additions listed on our letter dated 3/2/2012.

3. Describe, in detail, any changes in the organization, location, facilities, equipment or procedures that relate to the licensed program.

Organization:

Equipment:

Location:

Procedures:

Facility: Reference 3/2/12 letter  Not applicable

4. Describe the status of the surveillance program (i.e., surveys, wipe tests, quality control) at the present time and the expected status at the time that control is to be transferred.

A. Description of the status of all surveillance program: Please reference the attached letter.

B. Surveillance Items & Records: calibrations, leak tests, surveys, inventories, and accountability requirements will be current at the time of transfer

Yes  No (explain) No transfer is being made.

5. Confirm that all records concerning the safe and effective decommissioning of the facility will be transferred to the transferee or to NRC, as appropriate. These records include documentation of surveys of ambient radiation levels and fixed and/or removable contamination, including methods and sensitivity.

Records transferred to:

New licensee  NRC for license termination  Not applicable

6. Confirm that the transferee will abide by all constraints, conditions, requirements and commitments of the transferor or that the transferee will submit a complete description of the proposed licensed program.

\_\_\_\_\_ will abide by all constraints, conditions,  
(transferee company)  
requirements and commitments of \_\_\_\_\_  
(transferor company)

\_\_\_\_\_  
Signature/Title  
Transferee Official

\_\_\_\_\_  
Signature/Title  
Transferor Official

\_\_\_\_\_  
date

\_\_\_\_\_  
date

OR

Description of proposed licensed program from transferee attached (with signature)

OR

Not applicable (name change only)

  
Certifying Officer - Signature

5/24/12  
Date

John L Mastin, COO  
Certifying Officer - Typed name and title

## Area Survey & Wipe Procedures

### Ambient Dose Rate Surveys:

1. **Survey areas:**
  - a. In radiopharmaceutical preparation and administration areas, survey these areas at the end of each day of use with a radiation detection survey meter for the following:  
Before leaving each client's facility or at the end of the day, whichever one is more frequent.
  - b. In radiopharmaceutical storage and radiopharmaceutical waste storage areas, survey at least weekly with a radiation detection survey meter.
  - c. In sealed source and storage areas; survey quarterly with a radiation measurement survey meter.
  
2. **Survey Procedures:**
  - a. First put on necessary PPE to prevent personal contamination.
  - b. Take the Survey Meter to an area of suspected low activity to collect a background reading.
  - c. Turn the dial on the meter all the way to right. Wait several seconds for the meter to average. Record the highest point on the reading. It is typically 0.03 -0.05 mR/hr.
  - d. Locate the "Daily Book". Find the section labeled "Surveys". Record your finding for background in the next available line.
  - e. Continue to measure and record readings for all areas listed on the "Survey" sheet.  
*Area Survey Action Levels = 0.2 mR/hr in uncontrolled areas (non-storage areas) & 1.0 mR/hr in restricted areas.*
  
3. **Immediately notify the RSO if unexpectedly high or low levels are found.**

### Removable Contamination Surveys (wipe tests):

1. **Wipe areas:**
  - a. In radiopharmaceutical preparation and administration areas, wipe for the following:  
Before leaving each client's facility or at the end of the day, whichever one is more frequent.
  - b. In radiopharmaceutical storage and radiopharmaceutical waste storage areas, survey weekly for removable contamination.
  
2. **Wipe Procedures:**
  - a. Locate the well counter and dose calibrator.
  - b. Select the button labeled "Well" on the dose calibrator. Then select the background button. Finally select the count button. This will take 10 – 60 seconds depending on your facilities requirements.
  - c. Once you receive you background reading, record it in the section labeled "Wipes" in the "Daily Book" in the next line available.
  - d. If your background is above the action level the dose calibrator will notify you. If so, you must locate the source of elevated activity and isolate it.



- e. Proceed to individually collect 300 cm<sup>2</sup> wipe areas of the areas listed on the "Wipes" sheet. Use cotton, gauze, or an alcohol pad to do so. Hold the absorbent material with either tweezers or calipers.
- f. Place the absorbent material in individual test vials.
- g. Proceed to count and record your findings by placing the vials into the well counter individually and selecting the "wipe" then "count" buttons. You will need to record your readings in dpm. Select the "display" button to do so.

*Action Level = 6,600 dpm/300cm<sup>2</sup> (Entries recorded in dpm/100 cm<sup>2</sup>)*

**3. Immediately notify the RSO if unexpectedly high levels are found.**

**Records:**

**Keep a record of dose rate and contamination survey results. It must include the following information:**

- a. The date, area surveyed, and equipment used.
- b. The name or initials of the person who made the survey.
- c. A drawing of the areas surveyed with contamination and dose rate action levels as established by the RSO.
- d. Measured dose rates in mR/hr or contamination levels in dpm/100 cm squared, as appropriate.
- e. Actions taken in the case of excessive dose rates or contamination and follow-up survey information.

The RSO will review and initial the record.