

From: [Gabriel, Sandra](#)
To: [carmelo.perez](#)
Subject: Additional information for license renewal request, mail control 577239
Date: Monday, July 02, 2012 2:36:00 PM
Attachments: [NUREG 1556 Vol 15 Appendix F.PDF](#)

Licensee: St. Luke's Episcopal Hospital
License Number: 52-16061-01
Docket Number: 03010302
Mail Control: 577239

To: Carmelo Perez, Radiation Safety Officer

This is in reference to the renewal application for this license. In order to continue our review, we need the additional information listed below.

Please send a return e-mail to confirm that you received this message.

- 1) The current license authorizes two locations of use in Ponce: St. Luke's Episcopal Hospital, Calle Guadalupe Final and St. Luke's Memorial Hospital, Machuelo Road 14. The renewal application includes only the Machuelo Road address. Please provide the status of activities at the Calle Guadalupe Final address and facility drawings (if applicable). If you have permanently discontinued licensed activities at this address, it is necessary to submit closeout radiation surveys and receive a license amendment releasing the facility for unrestricted use.
- 2) The renewal application shows the licensee name as "San Luke's Episcopal Hospital." The name in item 1 of the current license is "St. Luke's Episcopal Hospital." As noted above, the name on the current license for the Machuelo Road facility is "St. Luke's Memorial Hospital." Please clarify the correct licensee name. If a transfer of control has occurred, please provide the information listed in Appendix F of NUREG-1556, Vol. 15 (copy attached).
- 3) Please confirm that the hospital wishes to reduce the possession limit for materials permitted by 10 CFR 35.300 from 1.5 curies to 0.6 curies, and that 35.300 procedures will be limited to those for which the patient can be released under the provisions of 10 CFR 35.75.
- 4) Please confirm that the hospital wishes to remove the current authorizations for 10 CFR 35.400 and 10 CFR 31.11 and that you have never used in vitro test kits permitted by 31.11.
- 5) Please note that there is no need for your license to list accelerator produced sources that are covered under 10 CFR 35.200, or 10 CFR 35.65; therefore Ga-67, In-111, Tl-201, and Co-57 will not be listed individually. Please confirm that the hospital does not provide PET services under this license. Also provide the manufacturer and model number of any sealed sources that do not fall under 10 CFR 35.65.
- 6) Please confirm that the hospital wishes to remove Drs. Vidal, Morales, and

Remedios as authorized users.

- 7) Please update the facility diagram in Attachment 1 to show the scale of the drawing, describe what is located above and below Nuclear Medicine, and describe any shielding inside the hot lab (for example: L-block shield for radiopharmaceutical preparation, lead cave for storage of radiopharmaceuticals, lead-shielded waste storage containers).
- 8) Please provide a description of the radiation monitoring instrument(s) used to perform radiation level detection, measurement, and removable contamination surveys. The hospital may also make the following statement: "We reserve the right to upgrade our survey instruments as long as they are adequate to measure the type and level of radiation for which they are used."
- 9) Please confirm that "equipment used to measure dosages will be calibrated in accordance with nationally recognized standards or the manufacturer's instructions."
- 10) Please confirm that the hospital has "developed and will implement 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."
- 11) Recent NRC inspections identified violations of the requirements to survey incoming packages and maintain survey records, as required by 10 CFR 20.1906(b)(1) and 10 CFR 20.2103(a). Please confirm that the hospital has corrected these violations.
- 12) Please provide your business telephone number, fax number, and e-mail address, and also provide this information for Pedro Barez, hospital administrator.

Please provide a written response to these items within 30 days under signature of hospital senior management. This may be provided to my attention by letter or fax (610-337-5269), referencing mail control 577239.

If you respond by letter, the new mailing address for NRC Region I is 2100 Renaissance Blvd., Suite 100, King of Prussia, PA 19406-2713.

Please contact me by telephone or e-mail with any questions. Thank you.

Sandy Gabriel
Senior Health Physicist
Medical Branch
NRC Region I
610-337-5182 (voice)
610-337-5269 (fax)