

Benjamin Quinones, MD  
P.O. Box 9138  
Humacao, PR 00792

January 14, 2015

US NRC  
Division of Nuclear Materials Safety  
Region I  
475 Allendale Road  
King of Prussia, PA 19406

*Bz. 1*

Dear Sir or Madam:

Please find enclosed the license renewal for our radioactive material license 52-23038-01. *1030-20203*

If you need further information, please contact me at (787) 852-4281 or 852-3114.

Sincerely,



Benjamin Quinones, MD

*585-977*  
DIVISION OF NUCLEAR MATERIALS-002

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| <p><b>NRC FORM 313</b><br/>(10-2005)<br/>10 CFR 30, 32, 33,<br/>34, 35, 36, 39, and 40</p> <p style="text-align: center;"><b>U.S. NUCLEAR REGULATORY COMMISSION</b></p> <p style="text-align: center; font-size: 1.2em;"><b>APPLICATION FOR MATERIAL LICENSE</b></p> | <p><b>APPROVED BY OMB: NO. 3150-0120</b>      <b>EXPIRES: 10/31/2008</b></p> <p>Estimated burden per response to comply with this mandatory collection request: 4.4 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NE0B-10202, (3150-0120), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.</p> |
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**INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.**

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| <p><b>APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:</b></p> <p>DIVISION OF INDUSTRIAL AND MEDICAL NUCLEAR SAFETY<br/>OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS<br/>U.S. NUCLEAR REGULATORY COMMISSION<br/>WASHINGTON, DC 20555-0001</p> <p><b>ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:</b></p> <p><b>IF YOU ARE LOCATED IN:</b></p> <p>ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, MISSISSIPPI, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO:</p> <p>LICENSING ASSISTANCE TEAM<br/>DIVISION OF NUCLEAR MATERIALS SAFETY<br/>U.S. NUCLEAR REGULATORY COMMISSION REGION I<br/>475 ALLENDALE ROAD<br/>KING OF PRUSSIA, PA 19406-1415</p> | <p><b>IF YOU ARE LOCATED IN:</b></p> <p>ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:</p> <p>MATERIALS LICENSING BRANCH<br/>U.S. NUCLEAR REGULATORY COMMISSION, REGION III<br/>2443 WARRENVILLE ROAD, SUITE 210<br/>LISLE, IL 60532-4352</p> <p>ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING, SEND APPLICATIONS TO:</p> <p>NUCLEAR MATERIALS LICENSING BRANCH<br/>U.S. NUCLEAR REGULATORY COMMISSION, REGION IV<br/>611 RYAN PLAZA DRIVE, SUITE 400<br/>ARLINGTON, TX 76011-4005</p> |
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**PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.**

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| <p>1. THIS IS AN APPLICATION FOR (Check appropriate item)</p> <p><input type="checkbox"/> A. NEW LICENSE</p> <p><input type="checkbox"/> B. AMENDMENT TO LICENSE NUMBER</p> <p><input checked="" type="checkbox"/> C. RENEWAL OF LICENSE NUMBER      52-23038-01</p> | <p>2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code)</p> <p>Benjamin Quinones, M.D.<br/>P.O. Box 9138<br/>Humacao, PR 00792</p>    |
| <p>3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED</p> <p>Aparto 9138<br/>Font Martelo Num 111<br/>Humacao, PR 00792</p>  | <p>4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION</p> <p>Benjamin Quinones, M.D.</p> <p>TELEPHONE NUMBER</p> <p>(787) 852-4281</p> |

**SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.**

|  |   |                 |                         |
|--|---|-----------------|-------------------------|
| <p>5. RADIOACTIVE MATERIAL</p> <p>a. Element and mass number; b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time.</p> | <p>6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.</p>  |                 |                         |
| <p>7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE.</p>  | <p>8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.</p>  |                 |                         |
| <p>9. FACILITIES AND EQUIPMENT.</p>  | <p>10. RADIATION SAFETY PROGRAM.</p>  |                 |                         |
| <p>11. WASTE MANAGEMENT.</p>   | <p>12. LICENSE FEES (See 10 CFR 170 and Section 170.31)</p> <table style="width:100%;"> <tr> <td style="width:70%;">FEE CATEGORY 7C</td> <td style="width:30%;">AMOUNT ENCLOSED \$ 0.00</td> </tr> </table> | FEE CATEGORY 7C | AMOUNT ENCLOSED \$ 0.00 |
| FEE CATEGORY 7C  | AMOUNT ENCLOSED \$ 0.00   |                 |                         |

13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

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|--|---------------|--------------------|
| CERTIFYING OFFICER - TYPED/PRINTED NAME AND TITLE<br>Benjamin Quinones, M.D. | SIGNATURE<br> | DATE<br>01/14/2015 |
|--|---------------|--------------------|

| FOR NRC USE ONLY |         |              |                 |              |          |
|------------------|---------|--------------|-----------------|--------------|----------|
| TYPE OF FEE      | FEE LOG | FEE CATEGORY | AMOUNT RECEIVED | CHECK NUMBER | COMMENTS |
|                  |         |              | \$              |              |          |
| APPROVED BY      |         |              | DATE            |              |          |

## Item 1

Name and street address of applicant.

|                          | Mailing address          | Main office address |
|--------------------------|--------------------------|---------------------|
| Name                     | Benjamin Quinones, MD    |                     |
| Facility's Name          |                          |                     |
| Address 1                | P.O. Box 9138            |                     |
| Address 2                |                          |                     |
| Address 3                |                          |                     |
| City, State and zip code | Humacao, PR              | 00792               |
| Phone number             | (787) 852-4281, 852-3114 |                     |
| Fax Number               | (787) 285-5642           |                     |

|                          | Physical location 1      | Physical location 2 |
|--------------------------|--------------------------|---------------------|
| Name                     |                          |                     |
| Facility's Name          |                          |                     |
| Address 1                | Aparto 9138              |                     |
| Address 2                | Font Martelo Num 111     |                     |
| Address 3                |                          |                     |
| City, State and zip code | Humacao, PR              | 00792               |
| Phone number             | (787) 852-4281, 852-3114 |                     |
| Fax Number               | (787) 285-5642           |                     |

The following is based on Medical Use Licenses, NUREG 1556 Vol 9, October 2002, Appendix C

## Item 5 and 6: Materials to be Possessed and Proposed Uses

| YES | Radionuclide | Form or Manufacturer  | Maximum Quantity                     | Purpose of Use  |
|-----|--------------|---|--------------------------------------|---|
| X   | Strontium 90 | Sealed source or device Manufacturer<br>Nuclear Associates<br>Model No. 67-851<br>(NEN Model NB-01) | 99 millicuries<br><br>April 17, 1985 | Treatment of superficial eye conditions using an applicator distributed pursuant to 10 CFR 32.74 and permitted by 10 CFR 400. |

| Item No. and Title   | Response   |
|--|--|
| <p>7. Radiation Safety Officer.<br/>No Change</p> <p>Name:<br/>Benjamin Quinones, M.D.</p>   | <p><input checked="" type="checkbox"/> Previous license number: NRC 52-23038-01<br/>or</p> <p><input type="checkbox"/> Copy of the certification(s) for the board(s) recognized by the NRC and as applicable to the types of use for which he or she has RSO responsibilities.<br/>or</p> <p><input type="checkbox"/> Description of the training and experience specified in 10 CFR 35.900(b).<br/>or</p> <p><input type="checkbox"/> Description of the training and experience specified in 10 CFR 35.50(b) demonstrating that the proposed RSO is qualified by training and experience as applicable to the types of use for which he or she has RSO responsibilities.<br/>and</p> <p><input type="checkbox"/> Written certification, signed by a preceptor RSO, that the above training and experience has been satisfactorily completed and that a level of radiation safety knowledge sufficient to function independently as an RSO for a medical use license has been achieved.<br/>and</p> <p><input type="checkbox"/> If applicable, description of recent related continuing education and experience as required by 10 CFR 35.59<br/>and</p> <p><input type="checkbox"/> RSO Signature: _____ Date: _____</p> |
| <p>8a. Authorized Users Names and Requested Uses for Each Individual.</p> <p>Name:<br/>Medical Use<br/>Benjamin Quinones, M.D.</p> | <p><input checked="" type="checkbox"/> Previous license number: <u>NRC 52-23038-01</u>.<br/>or</p> <p><input type="checkbox"/> Copy of the certification(s) for the board(s) recognized by the NRC under 10 CFR Part 35, Subparts D, E, F, G, H, and as applicable to the use requested.<br/>or</p> <p><input type="checkbox"/> Description of the training and experience specified in 10 CFR 35.900(b).<br/>or</p> <p><input type="checkbox"/> Description of the training and experience specified in 10 CFR Part 35 Subpart J demonstrating that the proposed AU is qualified by training and experience for the use requested.<br/>or</p> <p><input type="checkbox"/> A description of the training and experience identified in 10 CFR Part 35 Subparts D, E, F, G, and H demonstrating that the proposed AU is qualified by training and experience for the use requested;<br/>and</p> <p><input type="checkbox"/> Written certification, signed by a preceptor physician AU, that the above training and experience has been satisfactorily</p>  |

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|   | <p>completed and that a level of competency to function independently as an AU for a medical uses authorized has been achieved.</p> <p style="text-align: center;">and</p> <p><input type="checkbox"/> If applicable, description of recent related continuing education and experience as required by 10 CFR 35.59</p>  |
| <p><b>8b. Authorized Medical Physicist.</b></p> <p>Name:<br/>David Rhoe</p> | <p><input checked="" type="checkbox"/> Medical Physicist (limited duties): Currently authorized on other NRC licenses. To calculate decay activity and treatment times. Previous license number: NRC 52-11897-01.</p> <p style="text-align: center;">or</p> <p><input type="checkbox"/> Copy of the certification(s) for the board(s) recognized by the NRC under 10 CFR Part 35.51, or 10 CFR 35.961 (a) or (b)</p> <p style="text-align: center;">or</p> <p><input type="checkbox"/> Description of the training and experience demonstrating that the proposed AMP is qualified by training and experience identified in 10 CFR 35.961(c) for units requested.</p> <p style="text-align: center;">or</p> <p><input type="checkbox"/> Description of the training and experience demonstrating that the proposed AMP is qualified by training and experience identified in 10 CFR 35.961(b) for units requested.</p> <p style="text-align: center;">and</p> <p><input type="checkbox"/> Written certification, signed by a preceptor AMP, that the above training and experience has been satisfactorily completed and that a level of competency to function independently as an AMP has been achieved.</p> <p style="text-align: center;">and</p> <p><input type="checkbox"/> If applicable, description of recent related continuing education and experience as required by 10 CFR 35.59</p> |
| <p><b>9. Facility Diagram.</b></p>  | <p><input checked="" type="checkbox"/> A diagram is enclosed that describes the facilities and identifies activities conducted in all contiguous areas surrounding the area(s) of use.</p> <p>The following information is included:</p> <p><input type="checkbox"/> Drawing should be to scale, and indicate the scale used.</p> <p><input type="checkbox"/> Location, room numbers, and principal use of each room or area where byproduct material is prepared, used or stored, as provided above the heading "Discussion";</p> <p><input type="checkbox"/> 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; indicate whether the room is restricted or unrestricted area as defined in 10 CFR 20.1003; and</p> <p><input type="checkbox"/> Provide shielding calculations and include information about the type, thickness, and density of any necessary shielding to enable independent verification of the 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</p>  |

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|  | <p>safe, etc.)</p> <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>   |
| <p>9. Radiation Monitoring Instrument.</p> <p>Not Applicable<br/>Available<br/>Ludlum 14C<br/>0-2000 mR/hr<br/>End window or pan probe</p> | <p><input checked="" type="checkbox"/> A person qualified to perform survey meter calibrations will calibrate radiation-monitoring instruments.</p> <p>and/or</p> <p><input type="checkbox"/> 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>and</p> <p><input type="checkbox"/> A description of the instrument (e.g., gamma counter, solid state detector, portable or stationary count rate meter, portable or stationary dose rate or exposure rate meter, single or multi-channel analyzer, LSC, proportional counter) that will be used to perform required surveys is indicated in the left column.</p> <p>and</p> <p><input checked="" type="checkbox"/> We reserve the right to upgrade our survey instrument as necessary as long as they are adequate to measure the type and level of radiation for which they are used.</p> |
| <p>9. Dose Calibrator and Other Dosage Measuring Equipment.</p> <p>NA</p>  | <p><input type="checkbox"/> Equipment used to measure dosages will be calibrated in accordance with nationally recognized standards or the manufacturer's instructions.</p> <p>or</p> <p><input type="checkbox"/> We will use the manufacturer dose calculation and use the decay calculation method to correct for the dose, if applicable.</p>   |
| <p>9. Therapy Unit – Calibration and use</p> <p>NA</p>   | <p><input type="checkbox"/> We are providing the procedures required by 10 CFR 35.642, 10 CFR 35.643, and 10 CFR 35.645, if applicable to the license application.</p>   |
| <p>10. Additional Equipment and Facilities.</p>  | <p>For manual brachytherapy facilities, we are providing a description of the emergency response equipment:</p> <p><input checked="" type="checkbox"/> Tweezers</p> <p><input checked="" type="checkbox"/> Lead container</p> <p><input checked="" type="checkbox"/> Survey meter – available in case of an emergency.</p>   |

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| 10. Occupational Dose.                                  | <p>x Either we will perform a prospective evaluation demonstrating that unmonitored individuals are not likely to receive, in one 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, "Consolidated Guidance About Materials License: Program-Specific Guidance About Medical Use Licensees," dated October 2002.</p> <p style="text-align: center;">or</p> <p>□ A description of an alternative method for demonstrating compliance with the referenced regulations.</p> |
| 10. Areas Surveys.                                      | <p>x 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.</p>   |
| 10. Safe Use of Unsealed Licensed Material.             | <p>x 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 1301.</p>   |
| 10. Spill Procedures and Minimization of Contamination. | <p>x 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.</p>   |
| 11. Waste Management.                                   | <p>x We have developed and will implement and maintain written waste disposal procedures for licensed material in accordance with 10 CFR 20.1101, that also meet the requirements of the applicable section of Subpart K to 10 CFR Part 20 and 10 CFR Part 35.92.</p>   |

**Additional Information:**

1. The Medical Physicist will provide a radiation survey meter in case of an emergency. Driving time to the facility is approximately 45 minutes. The survey meter is a Ludlum 14C or a 2401EW GM detector.
2. This is to confirm that a qualified person will calibrate the radiation survey meters once a year.
3. The Medical Physicist will visit the facility twice a year to perform a review of the program and a leak-test of the radiation source.
4. This is to confirm that we will dispose the radiation source to an authorized recipient.
5. The safety equipment used for storage to minimize exposure to employees and members of the public is the original storage/shipping container. The source is always stored inside the shipping container. In case of an emergency, tweezers/forceps are available to pick-up the source in case it becomes detached.
6. Business email address: [ivette-777@hotmail.com](mailto:ivette-777@hotmail.com)
7. In reference to the facility diagram and application:
  - a. The source is stored in its original storage/shipping container.
  - b. The source is stored in a locked safe, located within an office/examination room.
  - c. When the AU is not present, the safe is locked.
  - d. This is to confirm that public dose limits will be met.
  - e. The source is verified to be secure immediately following a procedure by visual verification that the source is still attached to the applicator.

This is to acknowledge the receipt of your letter/application dated

01/14/2015, and to inform you that the initial processing which includes an administrative review has been performed.

There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

Please provide to this office within 30 days of your receipt of this card

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A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned Mail Control Number 585977.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (RI)  
(6-96)

Sincerely,  
Licensing Assistance Team Leader.