

From: [Seeley, Shawn](#)
To: [Mas, Peter](#)
Cc: [Lanzisera, Penny](#); [Gallagher, Robert](#)
Subject: Request for Additional Information MC594517
Date: Thursday, June 08, 2017 1:45:00 PM

Mr. Mas,

After our conversation yesterday regarding the amendments you have submitted, I came upon the following information that hasn't been received. This is information that should have been submitted last August in support of your renewal. Therefore, upon closer review of your license conditions as we transition into our Web-Based Licensing system, please submit the following information.

Please provide the additional information in a letter signed by senior management:

1. Please have senior management concur with the statements and representations provided in the letters dated November 30, 2015, December 22, 2015, and February 29, 2016.
2. Currently, you are listed as the Radiation Safety Officer on the following NRC licenses:
 - a. Hartford Hospital with 5 locations of use (06-00253-04);
 - b. Hartford Cardiology Group with 2 locations of use (06-31314-02);
 - c. Northeast Regional Oncology Network with 1 location of use (06-31409-01);
 - d. Connecticut Heart Group, P.C. with 2 locations of use (06-30080-01); and
 - e. Eastern Connecticut Cardiology Associates with 1 location of use (06-30417-01).

In addition, you have been requested to be named as the RSO for the Hospital of Central Connecticut with 4 locations of use (06-02388-01). Please indicate the number of hours that Mr. Mas will have per week to conduct Radiation Safety duties at Hartford Hospital. In addition, please describe the availability of Mr. Mas during the week when not present at Hartford Hospital. Finally, please document that you acknowledge Mr. Mas' involvement with these 6 NRC licenses and confirm that the time commitments for activities conducted at Hartford Hospital will be documented in the delegation of authority prepared for Mr. Mas.

3. Please provide diagrams for the following areas and a description of the equipment available at each location:

- (a) 100 Simsbury Road (alternatively you may confirm that Diagrams 9a-4d and 9a-4e from the application dated November 4, 2004 represent the current area of use and equipment);
- (b) 703 Hebron Avenue (alternatively you may confirm that the diagram provided in the letter dated September 18, 2011 represents the current area of use and equipment);
- (c) 100 Retreat Avenue (alternatively you may confirm that the Diagrams 9a-4h and 9a-4i from the application dated November 4, 2004 represent the current area of use and equipment);
- (d) your two receiving areas;
- (e) nuclear medicine hot lab details and shielding for your main hospital; and
- (f) storage locations at Children's Medical Center (alternatively you may confirm that

floors GL and MS-5 are not used for storage).

4. Please clarify the “not occupied” designations for the areas located above and below the HDR. For instance, is this unfinished space where access is not possible (e.g., locked area). If not, please describe shielding installed in the floor and the ceiling of the HDR room to ensure that public dose limits are met.

5. Please indicate if the source storage room located in radiation oncology that is described in Diagram 9a-2c of your application dated November 4, 2004, continues to be used. If not, please provide the surveys conducted of this area to support release for unrestricted use. If you continue to use this area and it is different from the storage area located within the HDR vault, please describe the shielding of this room.

6. Please indicate if the Nuclear Medicine scan rooms described in Diagram 9a-3a of your application dated November 4, 2004 continue to be used. If not, please provide the surveys conducted of these rooms to support release for unrestricted use. Also, please confirm if you continue to use a shielded L-block in your Nuclear Medicine hot lab for drawing and storing dosages.

7. Please confirm if the PET areas and equipment continue to meet the descriptions provided in the January 29 and May 3, 2010, letters. If not, please provide equivalent information. In addition, please indicate the location and the shielding used for your patient quiet rooms.

8. Please indicate if you would like to retain the temporary storage and use location for the HDR that was described in your letters dated June 7 and August 5, 2010.

9. In your response to questions on shielding available in patient rooms used for iodine therapy located both at Children’s Medical Center and Hartford Hospital, you indicate that no shielding is present. Please provide either a shielding evaluation or surveys of all contiguous areas for a patient treated with the highest dose administered for each treatment room and describe how public dose limits were met. Alternatively you may confirm that you will restrict your treatments to outpatients only until the required data is collected.

10. In your request, you requested iridium-192 sources for manual brachytherapy use. Please describe the location where these sources will be stored and shielding installed in this location. In addition, please provide a diagram and shielding for patient treatment rooms. If you no longer require these sources, please provide the last day of receipt and documentation of disposal of these sources.

11. Your procedures provided to support your microsphere program did not include commitments for waste disposal or training for individuals other than the authorized users involved with the program. Please provide. For instance, training should be provided to all personnel involved in Y-90 microsphere uses, commensurate with the individual’s duties to be performed to include all individuals preparing, measuring, performing dosimetry calculations, or administering Y-90 microspheres. In addition, please confirm if you wish the ability to adopt future changes to the microsphere guidance, including the February 12, 2016 revision. Finally, note that currently you have committed to following the

manufacturer's instructions for calculating and documenting doses.
If you wish to develop "suitable alternative methods", you must submit them for approval.

12. Please confirm the address for Blue Back Square – e.g. 65 Memorial Road – and whether this address is unique to Building C and does not include other buildings on the property.

You may submit the additional information to my attention as a signed pdf file via email or via facsimile to 610-337-5269. Please respond within 20 days. Thank you for your assistance,

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