From:

Tripp, Lester

Sent:

Wednesday, August 16, 2017 11:27 AM

To:

R1LAT RESOURCE

Subject:

Temporary RSO

Attachments:

NRC 313A (RSO).pdf

Licensee Name:

Hartford Hospital

License No.:

06-00253-04

Docket No.:

03001239

Control No.:

600144

Dear Jennifer:

Please have Peter Mas complete Section 3.c. of the attached form (description of training in radiation safety, regulatory issues and emergency procedures) for 10 CFR 35.1000 medical use (Y-90 microspheres, and I-125 RSL).

If you have any questions, please contact me.

Lester Tripp, Health Physicist U.S. NRC Region 1

(610) 337- 5358 lester.tripp@nrc.gov

U.S. NUCLEAR REGULATORY COMMISSION NRC FORM 313A (RSO) RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE APPROVED BY OMB: NO. 3150-0120 EXPIRES: (05/31/2015) AND PRECEPTOR ATTESTATION [10 CFR 35.50] Name of Proposed Radiation Safety Officer Requested Authorization(s) The license authorizes the following medical uses (check all that apply): 35.600 (remote afterloader) 35.500 35.400 35.300 35.200 35.100 35.600 (gamma stereotactic radiosurgery) 35.1000 (35.600 (teletherapy) PART I -- TRAINING AND EXPERIENCE (Select one of the four methods below) *Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above. 1. Board Certification a. Provide a copy of the board certification. b. Use Table 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license. c. Skip to and complete Part II Preceptor Attestation. OR 2. Current Radiation Safety Officer Seeking Authorization to Be Recognized as a Radiation Safety Officer for the Additional Medical Uses Checked Above a. Use the table in section 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for the additional types of medical use for which recognition as RSO is sought. b. Skip to and complete Part II Preceptor Attestation. OR 3. Structured Educational Program for Proposed Radiation Safety Officer a. Classroom and Laboratory Training Clock Dates of Location of Training Description of Training Training* Hours Radiation physics and instrumentation Radiation protection Mathematics pertaining to the use and measurement of

Total Hours of Training:

radioactivity

Radiation biology

Radiation dosimetry

(05-2012)

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Structured Educational Program for Proposed Radiation Safety Officer (continued)

b. Supervised Radiation Safety Experience (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

| Description of Experience | Location of Training/ License or Permit Number of Facility | Dates of Training* |
|---|---|-----------------------|
| Shipping, receiving, and performing related radiation surveys | | |
| Using and performing checks for proper operation of instruments used to determine the activity of dosages, survey meters, and instruments used to measure radionuclides | | |
| Securing and controlling byproduct material | · | |
| Using administrative controls to avoid mistakes in administration of byproduct material | | |
| Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures | , | |
| Using emergency procedures to control byproduct material | | |
| Disposing of byproduct material | | |
| Licensed Material Used (e.g., 35.100, 35.200, etc.)+ | | |
| | | - |

⁺ Choose all applicable sections of 10 CFR Part 35 to describe radioisotopes and quantities used: 35.100, 35.200, 35.300, 35.400, 35.500, 35.600 remote afterloader units, 35.600 teletherapy units, 35.600 gamma stereotactic radiosurgery units, emerging technologies (provide list of devices).

ON SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

| Structured Educational Program for Proposed Ra | adiation Safety Officer (continued) | | | |
|---|--|------------------------|--|--|
| b. Supervised Radiation Safety Experience (continu | | | | |
| (If more than one supervising individual is necess copies of this section.) | sary to document supervised work experie | ence, provide multiple | | |
| Supervising Individual | License/Permit Number listing supervising individual as a Radiation Safety Officer | | | |
| This license authorizes the following medical uses: | i | | | |
| 35.100 35.200 35.300 | <u> </u> | | | |
| 35.500 35.600 (remote afterloader) | 35.600 (teletherapy) | | | |
| 35.600 (gamma stereotactic radiosurgery) | 35.1000 () |) | | |
| Describe training in radiation safety, regulatory is use on the license. | ssues, and emergency procedures for all t | ypes of medical | | |
| Description of Training | Training Provided By | Dates of Training* | | |
| Radiation safety, regulatory issues, and emergency procedures for 35.100, 35.200, and 35.500 uses | | | | |
| Radiation safety, regulatory issues, and emergency procedures for 35.300 uses | | | | |
| Radiation safety, regulatory issues, and emergency procedures for 35.400 uses | | | | |
| Radiation safety, regulatory issues, and emergency procedures for 35.600 - teletherapy uses | | | | |
| Radiation safety, regulatory issues, and emergency procedures for 35.600 - remote afterloader uses | · | | | |
| Radiation safety, regulatory issues, and emergency procedures for 35.600 - gamma stereotactic radiosurgery uses | | | | |
| Radiation safety, regulatory issues, and emergency procedures for 35.1000, specify use(s): | | | | |

| NRC FORM 313A (RSO) (05-2012) | U.S. NUCLEAR REGULATORY COMMISSION U.S. NUCLEAR REGULATORY COMMISSION (Confined) | | | | | | |
|---|--|--|--|--|--|--|--|
| | FETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued) | | | | | | |
| Preceptor Attestati | | | | | | | |
| First Section (cont Check one of the fo | | | | | | | |
| 3. Additional Authorization as Radiation Safety Officer | | | | | | | |
| l attest that | is an | | | | | | |
| | Name of Proposed Radiation Safety Officer | | | | | | |
| Authorized User Authorized Nuclear Pharmacist | | | | | | | |
| Auth | norized Medical Physicist | | | | | | |
| aspects | d on the Licensees license and has experience with the radiation safety of similar type of use of byproduct material for which the individual has on Safety Officer responsibilities | | | | | | |
| 원보 1956 1959 1969 1979 1934 1932 1934 1933 1933 1933 1 | AND | | | | | | |
| Second Section Complete for all (c | heck all that apply): | | | | | | |
| I attest that | has training in the radiation safety, regulatory issues, and | | | | | | |
| Lawrend | Name of Proposed Radiation Safety Officer | | | | | | |
| | ocedures for the following types of use: | | | | | | |
| 35.100 | | | | | | | |
| 35.200 | | | | | | | |
| 35.300 | oral administration of less than or equal to 33 millicuries of sodium iodide I-131, for which a written directive is required | | | | | | |
| 35.300 | oral administration of greater than 33 millicuries of sodium iodide I-131 | | | | | | |
| 35.300 | parenteral administration of any beta-emitter, or a photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required | | | | | | |
| 35.300 | parenteral administration of any other radionuclide for which a written directive is required | | | | | | |
| 35.400 | | | | | | | |
| 35.500 | | | | | | | |
| 35.600 | remote afterloader units | | | | | | |
| 35.600 | teletherapy units | | | | | | |
| 35.600 | gamma stereotactic radiosurgery units | | | | | | |
| 35.1000 | emerging technologies, including: | | | | | | |
| | | | | | | | |

| NRC FORM 313A (RSO) (05-2012) | | | | | | | | |
|--------------------------------------|--|----------------------|--------------------|-------------|--|--|--|--|
| RADIATION SAFETY OFFICER | TRAINING AND EXPE | RIENCE AND PREC | CEPTOR ATTESTATION | (continued) | | | | |
| AND | | | | | | | | |
| Third Section Complete for ALL | | | | | | | | |
| I attest that Name of Proposed F | has achieved a level of radiation safety knowledge | | | | | | | |
| sufficient to function independer | ntly as a Radiation Safe | ty Officer for a med | ical use licensee. | | | | | |
| Fourth Section | per COT 100 200 DE COT 100 NO 100 NO 100 NO | | | | | | | |
| Complete the following for Precep | tor Attestation and sig | gnature | | | | | | |
| I am the Radiation Safety Officer fo | or | Name of Fa | ncility | · | | | | |
| License/Permit Number: | | | wives | | | | | |
| | | • | | | | | | |
| • | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Name of Preceptor | Signature | | Telephone Number | Date | | | | |
| | | | | | | | | |