NRC FORM 699 (03-2013)

U.S. NUCLEAR REGULATORY COMMISSION

CONVERSATION RECORD

DATE OF SIGNATURE: 04/10/2018

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU	DATE OF CONTACT	TYPE OF CONVERSATION
David H. Roehrs, M.D.	04/10/2018	☐ E-MAIL ☑ TELEPHONE
E-MAIL ADDRESS: jmsharp@brhc.org	TELEPHONE NUMBER: (660) 827-9536	☐ INCOMING ☑ OUTGOING

ORGANIZATION	DOCKET NUMBER(S)
Bothwell Regional Health Center	030-10715
LICENSE NUMBER(S)	**CONTROL NUMBER(S)**
24-16275-01	602306

SUBJECT

Additional Information Needed for License Amendment Request

SUMMARY

During our review of you amendment request to add a high dose rate remote afterloading device to your license dated January 16, 2018, we noted several items that were not included in your request:

1. In your request, you did not provide documentation that the RSO has obtained the requisite training in the radiation safety, regulatory issues and emergency procedures for the 10 CFR 35.600 uses you have requested. Please provide a preceptor attestation documenting that the RSO has received the required training.

2. Please confirm that the high dose rate remote afterloading device will be the only radiation producing device located in the room where it will be used and stored.

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ACTION REQUIRED (IF ANY)

Please submit your response by April 20, 2018, and reference it to my attention as "additional information to control number 602306" to facilitate proper handling in our office. Your response must be currently dated and signed . If you have any questions or require clarification of any of the information stated above, please do not hesitate to contact me at 630-829-9607

In accordance with 10 CFR 2.390 of the NRC's "Rules of Practice," a copy of this letter and its enclosure will be available electronically for public inspection in the NRC Public Document Room or from the NRC's Agencywide Documents Access and Management System (ADAMS), accessible from the NRC Web site at http://www.nrc.gov/reading-rm/adams.html.

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NAME OF PERSON DOCUMENTING CONVERSATION

Jennifer L. Bishop

SIGNATURE

CONVERSATION RECORD (continued)

SUMMARY: (Continued from page 1)

3. In your request, you provided a description of the safety procedures as required by 10 CFR 35.610, however your response did not provide a commitment prevent dual operation of more than one radiation producing device and the requirement to maintain copies of the procedures. Please provide the following commitments in writing:

a. "Prevent dual operation of more than one radiation producing device in a treatment room, if applicable"

b. "A licensee shall retain a copy of the procedures required by §§ 35.610(a)(4) and (d)(2) in accordance with § 35.2610."

4. In your request, you provided a description of the safety precautions as required be 10 CFR 35.615, however, your response did not include a requirement to ensure radiation levels have returned to ambient levels and to to ensure sources can be expeditiously removed from a patient. Please provide the following commitments:

a. "A licensee shall require any individual entering the treatment room to assure, through the use of appropriate radiation monitors, that radiation levels have returned to ambient levels."

b. "For licensed activities where sources are placed within the patient's or human research subject's body, a licensee shall only conduct treatments which allow for expeditious removal of a decoupled or jammed source."

5. In your request you provided procedures on how spot checks will be completed in accordance with 10 CFR 35.643, however you procedure did not include verification of the radiation monitors used to indicate source position. Please confirm in writing that your procedures for conducting spot checks will include verification of the proper operation of radiation monitors used to indicate the source position.

6. In your request, you have provided shielding calculations for the area where the source will be used and stored. Some of the assumptions used in your calculations are not clear. Please provide the following information:

a. Please clarify the maximum source activity at the time of use.
b. In your request, you state the maximum treatment time per patient is 200 minutes, but the calculations state 200 minutes total. Please clarify the treat times.
c. Please clarify the material the door to the room is constructed of.
d. Please clarify what area is considered the vault entrance.
e. Please clarify what area the control panel will be located.

7. For your request to add Dr. Jabi for 10 CFR 35.100, 35.200, and 35.300, limited to the oral administration of I-131, uses, please provide the following information:

a. The Board certificate that was provided was cut off and missing some information. Please resubmit the board certificate so that the entire certificate can be seen.
b. The board certificate that was provided is not listed on the NRC web page as acceptable for uses under 10 CFR 35.300. You will need to either provide an acceptable board certificate or provide a revised NRC Form 313A(AUT) completed using the training and experience pathway.