

Atom Therapy Service

Division of ATCM MECHANICAL CO.
1650 East 361st Street, Bldg. F - Eastlake, Ohio 44094
Phone (216) 951-0062

December 26, 1989

Mr. Roy J. Caniano, Chief
Nuclear Materials Safety, Section 2
United States Regulatory Commission
Region II
799 Roosevelt Road
Glen Ellyn, IL 60137

RE: Our License 34-19854-01
Your letter dated November 30, 1989

Dear Mr. Caniano:

I am responding to your letter to Mr. Darwin Murray, since he is recently deceased. Unfortunately, I was not present during Ms. Matson's discussions with him, so that I had to review the situation from the beginning.

I conclude that there was no violation under the referenced license resulting from our servicing teletherapy units at Anderson Memorial Hospital, Anderson, South Carolina on May 19, 1989 or at St. Mary's Hospital, Saginaw, Michigan on June 15, 1989 since the servicing performed by this company on both occasions were performed for Neutron Products Inc., Dickerson, MD under their State of Maryland license MD-31-025-31, as required by the State of Maryland. Copies of their letter notifying the state of South Carolina that the service at Anderson was under Neutron's license and Form 241 notifying the NRC that the service at St. Mary's was also under Neutron's license are attached.

Further, Neutron Products has a program for evaluating and reporting deviations as required under Part 21. This program covered our servicing at these institutions.

Notwithstanding the above, based on my twenty years of experience in servicing Picker cobalt-60 teletherapy units, neither the failure of the source return spring at Anderson Memorial Hospital nor the failure of the microswitch at St. Mary's Hospital constitute a "defect" as defined in 10CFR21.3(d) since neither failure could reasonably be considered as creating a "substantial safety hazard". Failures of source return springs and microswitches have been occurring in these units for almost three decades, without, to the best of my knowledge, resulting in any injury. Therefore, these failures should not be considered as being capable of creating a "loss of safety function to the extent that there is a major reduction in the degree of protection to the public health and safety..." as required in the definition of a "substantial safety hazard" per 10CFR21.3(k).

9001290295 900117
REGS LIC30
34-19854-01 PDC

JAN - 5 1990

Therefore, neither failure would not have resulted in a report under Part 21.

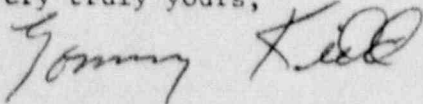
Reporting to the USNRC of failed parts or devices has been our past practice. Please refer to our letter dated April 27, 1987 to Mr. M.G. McCann which is enclosed.

We see the need for a well defined policy to meet these requirements. My directive is as follows and will be implemented immediately. When a situation occurs either during service or inspection and the criteria or intent of 10CFR21.21 is met and evaluated, a report will be filed with the Nuclear Materials Safety Division of the USNRC in a timely fashion. This report should reflect all accurate information known and any additional facts from the affected facility or license. In cases where we are contracted and are operating under another corporation's license and procedures, a report will be issued to them for their determination if notification is applicable.

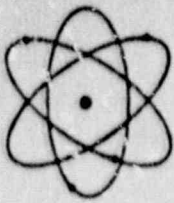
Thank you for calling this requirement to our attention. I have read and understand Part 21 and have added its requirement to the safety manual which is applicable to the referenced license. Responsibility of sustaining this policy will be added to the duties of designated safety officer.

If you have any questions or comments, please call me.

Very truly yours,



Tommy Kidd
Vice President
Atom Mechanical Company



Atom Therapy Service

Division of ATCM MECHANICAL CO.
1650 East 361st Street, Bldg. F - Eastlake, Ohio 44094
Phone (216) 951-0062

April 27, 1987

U.S. Nuclear Regulatory Commission
Region III
Attn: Mr. McCann
799 Roosevelt Road
Glen Ellyn, IL 60137

Dear Mr. McCann:

This is to confirm our telephone conversation of 4/20/87 advising you of a failure of one of our treatment timers.

The timer that failed was an Eagle Signal Model CT618-A6 installed at St. Catherines Hospital in Kenosha, Wisc.

There was no patient being treated at the time and the system worked as designed. The back-up timer terminated the exposure.

A copy of the report from the hospital and our operating instructions is enclosed for your reference.

The timer was sent to our distributor, Consolidated Controls, Cleveland, Ohio, for evaluation and we were informed that the main chip No. P1A-116 had failed.

We have installed Seven of our timer kits (list attached) and this is the only one that we know of that has failed.

Thank you for your co-operation and if there are any further questions please do not hesitate to contact me at any time.

Sincerely,

Darwin Murray
Darwin Murray
Radiation Safety Officer

~~8705190584~~ (lp)

For internal use only:

Project Number _____ Warranty: _____ Yes _____ No _____
Time: _____ hours on site _____ hours travel _____ hours pre and post

Other employees chargeable to job, if any: EXPENSES

Parts used and cost (if known): 1 - MICRO SWITCH

NEUTRON PRODUCTS, INC. 22301 Mt. Ephraim Rd., Box 68, Dickerson, MD 20842 301/349-5001

SERVICE REPORT

Date Requested _____ Date of Service 6/15/89

Customer St. Marys Hospital Engineer D. Murray

Address 830 S. Jefferson Avenue Type of Unit Picker C/9

Saginaw, Michigan 48601 Serial Number _____

Contact Mr. Barrance Dillon Telephone Number 517-776-8000

Authorization: Purchase Order Number 40422 Oral per _____

Was visit requested by customer: Yes X No _____ By whom? _____

Customer's complaint/work to be carried out:

TIMER & TOTALIZER DOES NOT COUNT

Engineer's report (symptoms, diagnosis, service performed, and recommendations):

REPLACED 142° STOP ARM SWITCH

Repairs carried out and unit working satisfactorily.

Customer's Signature _____ Position _____

Date _____

Sales Department

U.S. NUCLEAR REGULATORY COMMISSION

REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES

(Please read the instructions on the cover sheet before completing this form.)

1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) Neutron Products, Inc.	2. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) 22301 Mt. Ephraim Road Dickerson, MD 20842
3. NAME OF PERSON AUTHORIZED BY LICENSEE TO PERFORM ACTIVITY Darwin Murray	

4. DESCRIPTION OF ACTIVITIES TO BE CONDUCTED IN NON-AGREEMENT STATES UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20

Service-Having a problem with main treatment timer and elapsed timer.

5. LOCATIONS AT WHICH THESE ACTIVITIES WILL BE CONDUCTED AND DATES SCHEDULED.

STREET AND NUMBER OR OTHER LOCATION (Give as complete an address as possible)	CITY AND STATE	DATES SCHEDULED		NO. OF DAYS
		FROM	TO	
St. Mary's Hospital 830 South Tufferann Avenue	Saginaw, Michigan	6/15/89	6/16/89	2

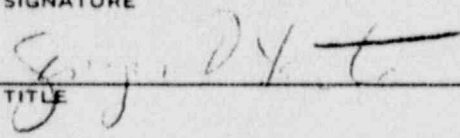
6. LIST SEALED SOURCES, OR DEVICES CONTAINING SEALED SOURCES, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED OR TESTED IN NON-AGREEMENT STATES. (Include description of type and quantity of radioactive material contained in each sealed source or device.)

Cobalt-60 teletherapy unit and its contained cobalt-60 source.

7. NUMBER OF SPECIFIC LICENSE AND NAME OF STATE ISSUING SUCH SPECIFIC LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, AS THOSE SPECIFIED IN ITEM 4 ABOVE. (Four copies of the specific license must accompany this report.)

MD-31-025-03

CERTIFICATE

8. I, THE UNDERSIGNED, HEREBY CERTIFY THAT: a. All information in this report is true and complete. b. I have read and understand the provisions of the general license 10 CFR 150.20 reprinted on the cover sheet of this form set; and I understand that I am required to comply with these provisions as to all byproduct, source, or special nuclear material which I possess and use in non-Agreement States under the general license for which this report is filed with the U.S. Nuclear Regulatory Commission. c. I understand that activities, including storage, conducted in non-Agreements under general license 10 CFR 150.20 are limited to a total of 180 days in any calendar year.	DATE June 15, 1989
	LICENSEE'S NAME (TYPE OR PRINT) Neutron Products, Inc.
	CERTIFYING OFFICIAL SIGNATURE 
	TITLE Administrative Assistant

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.

For internal use only:

Project Number _____

Time: _____ hours on site 8 Warranty: _____ Yes No _____
hours travel 9 hours pre and post _____

Other employees chargeable to job, if any: _____

Parts used and cost (if known): Power Return Spring

NEUTRON PRODUCTS, INC. 22301 Mt. Ephraim Rd., Box 68, Dickerson, MD 20842 301/349-5001

SERVICE REPORT

Date Requested 5/18/89 Date of Service 5/19/89

Customer Anderson Memorial Hospital Engineer T. Kidd

Address 800 North East Street Type of Unit Picker C/9

Anderson, SC 29621 Serial Number _____

Contact Mr. Carness Hale Telephone Number 803-261-1401

Authorization: Purchase Order Number 93592-M Oral per _____

Was visit requested by customer: Yes No _____ By whom? Cooper Farrer

Customer's complaint/work to be carried out:

Sticking Source

Engineer's report (symptoms, diagnosis, service performed, and recommendations):

Replaced broken Power return Spring.
and tested source operation, OK.

Repairs carried out and unit working satisfactorily.

Customer's Signature Carness Hale Position Jack Dir:

Date 5-19-89

Sales Department

May 18, 1989

Mr. Virgil Autry
Bureau of Radiological Health
S.C. Department of Health
and Environmental Control
2600 Bull Street
Columbia, South Carolina 29201

Dear Mr. Autry:

Per my conversation of today's date with Ms. Arlene Curtis, this is to confirm that Neutron Products, Inc. will be servicing a cobalt-60 source in a teletherapy unit on Friday, May 19, 1989 approximately around 12:00-1:00 p.m. which is located at the Anderson Memorial Hospital, 800 North Fant Street, Anderson, South Carolina 29621.

The work will be under the direct supervision of Mr. Tom Kidd in accordance with our license number MD-31-025-03.

If there are any changes in the proposed work, we will notify you promptly. If any additional information or action on our part is required, please advise.

Very truly yours,

NEUTRON PRODUCTS, INC.

Ginger DeSanto
Administrative Assistant

/gd

