

20-13916-02



BON SECOURS HOSPITAL

September 16, 1988

030-13728

Nuclear Regulatory Commission  
Region One  
475 Allendale Road  
King of Prussia, Pennsylvania 19406

Dear Sir or Madam,

Please be advised that effective October 1, 1988 Bon Secours Hospital will be renamed Holy Family Hospital and Medical Center. The hospital's ownership, mission, and direction are unaffected by this name change.

Our need for a new name was necessitated solely due to the fact that the Sisters of Bon Secours have announced their intention to withdraw their presence from this hospital and in so doing, have asked that their trademarked name and logo no longer be used here. Hospital Trustees have voted to change the hospital's name in keeping with that request.

Thank you for your understanding and please be assured that regardless of our business name, we're still the same hospital we've always been and with the same leadership and support staff with whom you've undoubtedly become familiar.

Yours truly,

William L. Lane  
President/Chief Executive Officer

WLL/CS

Log	Oct 10
Remitter	
Check No.	551902 (362)
Amount	120 See 7A also
Fee Category	7C
Type of Fee	A MD
Date Check Rec'd.	11/16/88
Date Completed	11/16/88
By:	J. Kumbulig

108950  
~~109590~~

OFFICIAL RECORD COPY ML 10

19 SEP 1988

9002120162 890125  
REG1 LIC30  
20-13916-02 PDR

(FOR LFMS USE)  
INFORMATION FROM LTS  
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BETWEEN:

LICENSE FEE MANAGEMENT BRANCH, ARM  
AND  
REGIONAL LICENSING SECTIONS

PROGRAM CODE: 02120  
STATUS CODE: 2  
FEE CATEGORY: 7C  
EXP. DATE: 19880630  
FEE COMMENTS: -----  
.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

APPLICANT/LICENSEE: BON SECOURS HOSPITAL  
RECEIVED DATE: 880524  
DOCKET NO: 3013728  
CONTROL NO.: 108950  
LICENSE NO.: 20-13916-02  
ACTION TYPE: RENEWAL

2. FEE ATTACHED

AMOUNT: 580.00  
CHECK NO.: 535261

3. COMMENTS

SIG: 3P  
DATE: 6/2/88

B. LICENSE FEE MANAGEMENT BRANCH CHECK WHEN MILESTONE 03 IS ENTERED ✓

1. FEE CATEGORY AND AMOUNT: 7 \$ 580

2. CORRECT FEE PAID. APPLICATION MAY BE PROCESSED FOR:

AMENDMENT -----  
RENEWAL -----  
LICENSE -----

3. OTHER -----  
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SIGNED S. Kimberley  
DATE 6/9/88



UNITED STATES  
NUCLEAR REGULATORY COMMISSION  
REGION I  
475 ALLENDALE ROAD  
KING OF PRUSSIA, PENNSYLVANIA 19406

15 JUN 1988

Bon Secours Hospital  
ATTN: William L. Lane, Pres., CEO  
Department of Nuclear Medicine  
70 East Street  
Methuen, MA 01844

Docket No. 030-13728  
License No. 20-13916-02  
Control No. 108950

SUBJECT: LICENSE RENEWAL APPLICATION

Gentlemen:

This is to acknowledge receipt of your application for renewal of the material(s) license identified above. Your application is deemed timely filed, and accordingly, the license will not expire until final action has been taken by this office.

Any correspondence regarding the renewal application should reference the control number specified and your license number.

Sincerely,

Original Signed By:

~~Doris J. Foster~~

Doris J. Foster, Chief  
Licensing Assistant Section D  
Division of Radiation Safety  
and Safeguards

"OFFICIAL RECORD COPY" **ML10**



X



BON SECOURS HOSPITAL

May 12, 1988

Dr. John Glenn  
USNRC  
475 Allendale Road  
King of Prussia, Pennsylvania 19406

Dear Doctor Glenn:

This letter is to request renewal of NRC License No. 20-13916-02 issued to Bon Secours Hospital, Methuen, Massachusetts.

In addition, we request the following:

1. Remove Barbara M. Maxwell as an authorized user, as she is no longer associated with the hospital.
2. No changes have been made in our use of 133Xe since NRC approval.

If you require any additional data, it will be sent to you immediately.

Sincerely,

William L. Lane  
President/Chief Executive Officer

kmt

License Fee Information  
on application.

1988 MAY 24 PM 3:45

RECEIVED-REGION 1

108950

Member hospital, Caritas Christi, a Catholic health care system

70 East Street, Methuen, Massachusetts 01844 617/687-0151

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5-24-88

16 SEP 1988

License No. 20-13916-02  
Docket No. 30-13728  
Control No. 108950

Bon Secours Hospital  
ATTN: Robert J. Cross, M.D.  
Department of Nuclear Medicine  
70 East Street  
Methuen, Massachusetts 01844

Gentlemen:

This is in reference to your application dated May 10, 1988, to renew License No. 20-13916-02. In order to continue our review, we need the following additional information:

1. Please provide a copy of the Radiation Safety Officer delegation of authority as required by 10 CFR 35.23(b). You may wish to use the "Model Radiation Safety Officer Delegation of Authority" on page F-3 of the enclosed regulatory guide.
2. A licensee authorized to use byproduct material for imaging and localization is required by 10 CFR 35.220 (enclosed) to have a portable radiation detection survey instrument capable of detecting dose rates over the range of 0.1 millirem per hour to 100 millirem per hour, and a portable radiation measurement survey instrument capable of measuring dose rates over the range 1 millirem per hour to 1000 millirem per hour. Please provide the manufacturers and model numbers of the instruments you will use to meet these requirements for a measurement survey instrument and a detection survey instrument.
3. With regard to the calibration of survey instruments, please provide the following:

10 CFR 35.51 requires, that at the time of survey meter calibration, the apparent exposure rate from a built-in or owner-supplied check source be determined and recorded and that each survey instrument be checked with the dedicated check source each day of use. Please confirm that your procedures will include these requirements.

- 4. 10 CFR 35.70(h) details what the records for area surveys must include and what units must be used for detected dose rate and removable contamination levels. Please confirm that your records of surveys will include these requirements. Please specify your trigger or action levels for removable contamination and radiation levels.
- 5. 10 CFR 35.205(c) and (d) require that licensees determine the spilled gas clearance time before receiving, using, or storing a radioactive gas, that the calculations be retained for the duration of use of the area and that the required clearance time be posted at the area of use. Please submit your procedure for calculating spilled gas clearance time. Appendix 0.4 of the enclosed guide contains a procedure acceptable to the NRC or you may develop your own procedure and submit for review.
- 6. Please confirm that xenon-133 gas will be administered in rooms that are at negative pressure compared to surrounding rooms.
- 7. Please confirm that all bed linens will be checked with a radiation survey meter before being removed from the patient's room to ensure that no dislodged sources are inadvertently removed.

We will continue our review upon receipt of this information. Please reply in duplicate to my attention at the Region I office and refer to Mail Control No. 108950.

In order to continue prompt review of your application, we request that you submit your response to this letter within 30 calendar days from the date of this letter.

Sincerely,

Original Signed By:  
John E. Glenn

John E. Glenn, Ph.D., Chief  
Nuclear Materials Safety Section A  
Division of Radiation Safety  
and Safeguards

Enclosures:  
10 CFR Part 35

RI:DRSS  
Tripp/pmb

RI:DRSS  
Glenn

9/12/88

9/14/88

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09/08/88

ML 10