STAFF REPORT AND EVALUATION

OF THE

NEW YORK STATE DEPARTMENT OF HEALTH

RADIATION CONTROL PROGRAM

FOR THE PERIOD

MARCH 16, 1984 TO APRIL 5, 1985

23rd REGULATORY PROGRAM REVIEW

June 3, 1985

David Axelrod, M.D., Commissioner
New York State Department of Health
Empire State Plaza
Tower Building
Albany, New York 12237

Dear Dr. Axelrod:

This is to confirm the discussion Mr. John McGrath, Region I State Agreements Office and Mr. Donald A. Nussbaumer, Assistant Director for State Agreements Program, Office of State Programs held with you and your staff on April 5, 1985 following our review and evaluation of the Department's radiation control program. This review covered the principal administrative and technical aspects of this program and included an examination of the program's legislation and regulations, organization, management and administration, personnel, licensing and compliance. The review also included field evaluations of inspectors in your Rochester and New Rochelle regional offices.

The review was performed in accordance with the NRC policy defined in the "Guidance for NRC Review of Agreement State Radiation Control Programs." These guidelines were published in the Federal Register on December 4, 1981, and define the 30 indicators that are used for evaluating Agreement State Programs. A description of how the indicators are used in reporting the results of program reviews to State management is enclosed (Enclosure 1).

As a result of our review of the Department's program and the routine exchange of information between the NRC and the Department, the staff believes that the Department's program for regulating agreement materials is adequate to protect the public health and safety. A finding of compatibility is again not being made due to the status of the Department's radiation control regulations.

During our two previous reviews, we commented on the need to update the Department's regulations. Although some effort has been made to prepare revised drafts of amendments, final action has not been completed. We recommend that the Department give this project priority consideration in 1985. Dr. Rimawi has indicated his staff will be providing a copy of the most recent draft to this office for review. Please be assured that we will expedite our review and provide you with our comments as soon as possible. If there are any other ways we can assist you in expediting the adoption of these regulations please let us know. Status of Regulations is a Category I indicator.

We were pleased to note improvement in the management of the inspection program. Coordination between Headquarters and the field offices is good and supervisory accompaniment of inspectors is being carried out. There has been a continued reduction in the inspection backlog and we believe that the remaining backlog can be eliminated by the end of the year. We would suggest that emphasis be placed on the five Priority I licenses that were overdue according to your priority system at the time of our review.

Clerical support in the New Rochelle regional office has improved over that noted during our last previous review. However, professional personnel are still required to do their own filing. We note that the New Rochelle office has the largest workload of any of the regional offices and currently has the largest inspection backlog. Additional effort to reduce the administrative burden on the professional staff should be made.

We would appreciate your review and response to our comments and recommendations. In addition, Enclosure 2 contains comments regarding the technical aspects of our review. We would appreciate Dr. Rimawi's review and response to these comments.

In accordance with NRC practice, I am enclosing a copy of this letter for placement in the State Public Document Room, or otherwise to be made available for public review.

I appreciate the courtesy and cooperation extended by you and your staff to our representatives during the review.

Sincerely,

Original signed by
Thomas E. Murley
Thomas E. Murley
Regional Administrator

Enclosures:
As Stated

cc: (w/Encl.)
L. Randolph, NYSH
W. Stasiuk NYSH
L. Hetling, NYSH
K. Rimawi, NYSH
D. Sencer, NYCH
L. Roberts, NYSL
H. Williams, NYDEC
G. W. Kerr, OSP
NRC Public Document Room
State Public Document Room

Distribution:
TMurley
JAllan
JMcGrath
DNussbaumer
SP01

RI:SAC	D:SP	EDO	DRA:RI	RA:RI
JMcGrath/mrf	GWKerr	WJDircks	JMAllan	TEMurley
5/9 /85	5/13/85	5/ /85	5/ /85	5/31/85

OFFICIAL RECORD COPY

Enclosure 1

Application of "Guidelines for NRC Review of Agreement State Radiation Control Programs"

The "Guidelines for NRC Review of Agreement State Radiation Control Programs," were published in the Federal Register on December 4, 1981 as an NRC Policy Statement. The Guide provides 30 Indicators for evaluating Agreement State program areas. Guidance as to their relative importance to an Agreement State program is provided by categorizing the Indicators into 2 categories.

Category I indicators address program functions which directly relate to the State's ability to protect the public health and safety. If significant problems exist in several Category I indicator areas, then the need for improvements may be critical.

Category II indicators address program functions which provide essential technical and administrative support for the primary program functions. Good performance in meeting the guidelines for these indicators is essential in order to avoid the development of problems in one or more of the principal program areas, i.e. those that fall under Category I indicators. Category II indicators frequently can be used to identify underlying problems that are causing, or contributing to, difficulties in Category I indicators.

It is the NRC's intention to use these categories in the following manner. In reporting findings to State management, the NRC will indicate the category of each comment made. If no significant Category I comments are provided, this will indicate that the program is adequate to protect the public health and safety. If at least one significant Category I comment is provided, the State will be notified that the program deficiency may seriously affect the State's ability to protect the public health and safety and should be addressed on a priority basis. When more than one significant Category I comment is provided, the State will be notified that the need of improvement in the particular program areas is critical. The NRC would request an immediate response, and may perform a follow-up review of the program within six months. If the State program has not improved or if additional deficiencies have developed, the NRC may institute proceedings to suspend or revoke all or part of the Agreement. Category II comments would concern functions and activities which support the State program and therefore would not be critical to the State's ability to protect the public. The State will be asked to respond to these comments and the State's actions will be evaluated during the next regular program review.

ENCLOSURE 2

TECHNICAL COMMENTS AND RECOMMENDATIONS ON THE NEW YORK STATE DEPARTMENT OF HEALTH RADIATION CONTROL PROGRAM

I. Technical Quality of Licensing Actions

Technical Quality of Licensing Action is a Category I indicator. The following is of minor significance

Comment

Licensing actions were for the most part adequately supported. Some minor deficiencies were noted however, such as missing standard conditions and inadequate supporting documentation in the following areas: facility descriptions, dose calibrator procedures, and brachytherapy procedures. One particular license application for a brachytherapy license was deficient in the lack of a number of important safety procedures.

Recommendation

We recommend that additional care be taken in the review of license applications to assure that all necessary supporting documentation is submitted prior to issuance of a license. We believe that the referenced brachytherapy licensee should be requested to submit the required procedures.

II. Enforcement Procedures

Enforcement procedures is a Category I indicator. The following comments are of minor significance.

Comment

The review of a number of enforcement letters revealed that in some cases violations of regulations or license conditions were addressed as recommendations rather than cited as violations.

Recommendation

We believe that all violations of the code and specific license conditions should be referred to as such in enforcement correspondence.

Comment

In the review of enforcement actions, two cases were noted where the State could have taken stronger enforcement action. In the first case, involving a type C broad academic license in the Buffalo area, the

licensee has had a poor compliance record for 10 years, with continuous repeat violations. The second case involved a medical licensee in the New Rochelle region where numerous violations, some of which were addressed as recommendations rather than items of noncompliance, were contested by the licensee. Although the State plans escalated enforcement action in this case, the delay in taking such action may have weakened the State's case.

Recommendation

We recommend that in cases where repeat or uncorrected violations from the last previous inspection indicate a licensee's continued poor compliance record, escalated enforcement action should be instituted. All enforcement actions should be taken on a timely basis.

III Inspection Reports

Inspection reports is a Category II indicator.

Comment

In Agreement States where inspection activities are conducted from regional offices, we believe that it is important for management to review inspection reports on a timely basis to assure that enforcement actions are consistent with State policy. Our review noted that in the past, inspection reports did not always receive attention in Albany on a timely basis.

Recommendation

Although recent inspection reports have shown definite improvement in this area, the Department should monitor these reviews to assure that they continue to be conducted on a timely basis.

Comment

Inspection reports do not always provide adequate documentation to support items of noncompliance, e.g., some reports contained statements to the effect that records were "incomplete."

Recommendation

Inspection reports should provide sufficiently detailed information to support enforcement actions. Supervisory review of reports should include an examination of this aspect of inspection documentation.

Comment

The State has, on occasion, cited licensees for failure to keep exposures as low as reasonably achievable (ALARA), however, inspection reports do not always indicate the status of the licensee's ALARA program.

Recommendation

We suggest that a section be added to your inspection form for inspectors to document the status of the licensee's ALARA program.

RADIATION CONTROL PROGRAM: New York State Department of Health
REVIEW MEETING NUMBER: 23rd
DATES OF REVIEW: April 2-5, 1985
PERIOD OF REVIEW: March 6, 1984 - April 5, 1985
NRC REPRESENTATIVE: John R. McGrath
RADIATION CONTROL PROGRAM REPRESENTATIVES: Karim Rimawi, Director, Bureau of Environmental Radiation Protection;
Diane Dreikorn, Chief, Radioactive Materials Licensing Section

CONCLUSIONS

The New York State Department of Health program for control of agreement materials is, in the staff's opinion, adequate to protect the public health and safety. A finding of compatibility is again being deferred until the Department completes action to update its regulations.

SUMMARY MEETING WITH MANAGEMENT

A summary meeting to present the results of the regulatory program review was held with Dr. David Axelrod, Commissioner of Health on April 5, 1985. Also present were Dr. Randolph, Director, Office of Public Health, Dr. Staziuk, Director, Center for Environmental Health; Dr. Hetling, Director, Division of Environmental Protection; and Dr. Rimawi, Director, Bureau of Environmental Radiation Protection. The reviewer discussed progress made by the program since the previous review. This includes the development of draft regulations, the further reduction in the inspection backlog, some improvement in the clerical situation in New Rochelle, and better coordination with the regions. With regard to the present status of the program, the reviewer noted that the NRC would again defer a finding of compatibility until the Department formally adopts the amendments to its regulations. With regard to licensing actions the reviewer stated that for the most part such actions were adequately supported. Some minor deficiencies were noted however, such as missing standard conditions and inadequate supporting documentation in the following areas: facility descriptions, dose calibrator procedures, and brachytherapy procedures. In the compliance area, the reviewer indicated that the program could be improved in a number of areas. Some enforcement letters addressed violations of regulations or license conditions in terms of recommendations rather than citing them as violations. In some cases citations were unclear. There were at least two other cases where the State could have taken stronger enforcement action. The reviewer also noted that the State needs to improve documentation which supports items of noncompliance.

Dr. Axelrod, as he has done during previous reviews, expressed his view that the State should withdraw from the Agreement State program. Since his efforts in this area have met with some resistance in the past, Dr. Axelrod indicated that the State will endeavor to maintain an adequate program.

PROGRAM CHANGES RELATED TO PREVIOUS NRC COMMENTS AND RECOMMENDATIONS

1. Comment and Recommendations

Status of Regulations, a Category I indicator, specifies that an Agreement State must have regulations that are essentially identical to 10 CFR Parts 19 and 20 and must have a high degree of uniformity with other NRC regulations. The Department's current radiation control regulations pertaining to radioactive materials have not been updated in their entirety since 1979. However, during this same time period numerous changes have been made to NRC regulations to reflect changing technology, increased knowledge, recent recommendations of technical advisory groups, and improved regulatory programs. It should be noted that we made a similar comment following our October 1982 review of your program. Since that time, your Radiation Control Program staff has prepared preliminary revisions to the radioactive materials regulations.

We examined these preliminary revisions during our review. We urge that staff plans to submit these revisions for adoption by mid June be completed. We would however, appreciate an opportunity to review the final draft of this revision prior to their being submitted for adoption. We understand the adoption process will taken about 4 to 5 months. When the regulations become effective, we will then be able to make a finding regarding compatibility of the Department's program.

State Response

The Department is continuing efforts to complete the revision of 10 NYCRR 16 to achieve compatibility with 10 CFR Parts 19 and 20, in addition to other recently revised NRC regulations applicable to our program. It is anticipated that completion of the revision in entirety of 10 NYCRR 16 will be accomplished in 1984. A final draft will be provided to the NRC Regional Representative for review prior to final adoption of these regulations.

Current Status

Although the State has taken some action in redrafting proposed amendments to 10 NYCRR 16, the formal adoption process has not yet been completed.

2. Comment and Recommendation

As discussed during the meeting we found significant improvement in the compliance part of the program and in the working relationship between central and regional office staff. In the past this had been a continuing difficulty faced by the program. We believe the attention and support given to the program by you and your staff and the additional emphasis at time being devoted to radioactive materials compliance activities in th

regional offices have directly contributed to these improvements. In particular, during this review we noted the number of overdue inspections has decreased from 176 to 76. We also noted that an improved working relationship between central and regional office staff has been established including annual and periodic meetings between central and regional office management and technical staff to review work requirements, program status and any difficulties affecting program performance. We urge that these and other information exchange and communication activities continue. Comment I and II.1 of Enclosure 2 contain some specific suggestions we discussed with both central and regional office staff which we believe can help ensure your program continues to operate effectively.

State Response

The Department plans to continue to place radioactive material inspections as a high priority item for 1984. It is anticipated that the existing backlog of 56 radioactive material inspections, as of April 30, 1984, will be eliminated or considerably reduced by the end of 1984.

Current Status

The inspection backlog has been further reduced to 57 from the 76 noted during the previous review. It should be noted that many of these would not be considered overdue under the NRC inspection priority system. Annual and periodic meetings with the regional inspectors continue to be held.

3. Comment and Recommendations

One difficulty noted at the New Rochelle Regional Office was the lack of assigned clerical support to the radioactive materials program. Action being taken by the regional office to provide such support should be promptly completed to relieve the technical staff from having to routinely perform clerical duties. The provision of adequate clerical support is a Category II indicator.

State Response

The New Rochelle Regional Office has approval to fill the existing clerical staff vacancy and will continue efforts to fill the position. Once a suitable candidate is found, efforts to eliminate the need for the technical staff to perform clerical duties will be made.

Current Status

The New Rochelle staff reported that the clerical situation has improved somewhat with regard to typing, but the professional staff still have to do their own filing.

4. Comment

The Department has prepared administrative procedure RAD 324 "Inspection of Radioactive Materials Installations." Regional office inspectors, however, did not have copies readily available. In some cases, the procedure was not being consistently following (e.g., licensee replies to enforcement letters were not acknowledged in all cases). Also, specific technical inspection procedures setting out guidance on the conduct of inspections were not available. Such procedures are valuable when preparing for inspections, in ensuring consistency in the inspections conducted and in training new staff.

Recommendation

We recommend that all personnel conducting inspections have copies of both RAD 324 and specific inspection procedures on the conduct of inspections available for use. As a part of the annual or periodic meetings with each regional office, such procedures should be discussed with inspectors including any problems they may be experiencing in their use. In lieu of diverting resources to prepare specific inspection procedures at this time, we suggest the Department use existing NRC inspection guides prepared by or made available by NRC Office of State Programs.

State Response

All Regional/Area offices maintain an Environmental Health manual containing RAD 324 in addition to other program related policies and procedures. A handbook for Regional/Area Office Radiological Health Specialists containing Environmental Health Manual items specific for the Bureau and pertinent guides relating to licensing and inspection of radioactive materials has been prepared and was distributed during the week of May 7, 1984. It is anticipated that this handbook will serve as an excellent resource for Regional Radiological Health Specialists and help achieve program uniformity statewide.

Current Status

Regional staff now have copies of the appropriate procedures.

5. Comment

Central and regional office management and staff meet at the beginning of each year and periodically throughout the year to review workload requirements, program status, and to discuss current items of interest. However, no formal supervisory review or audit of regional office activities, takes place as a part of these meetings.

Recommendation

As part of the overall management of the radiation control program, an audit of each regional office should be performed by central office staff, including accompaniment of inspectors during the conduct of inspections. Such an audit could easily be carried out yearly as a part of the annual meeting with each regional office.

State Response

The Bureau plans to develop an audit program for review of regional office program activities. The development and implementation of this audit program is targeted for 1984 or early 1985. NRC criteria for evaluation of Agreement Materials Programs will be used as a guide in the development of this program.

Current Status

The annual office visits have been expanded. Annual field evaluations of inspectors are now being performed.

6. Comment

A number of inspection reports and letters requiring supervisory review at your central office are beginning to accumulate and no formal comments on these reports and letters are being provided to inspectors based on the reviews. In addition, detailed information on the status of the compliance program is being maintained and used by central office radiation control program staff to periodically assess the status of the compliance program. This information, however, is not being fully used by program management and supervisory staff as a tool to ensure that all inspection reports, enforcement correspondence, supervisory reviews and comments to inspectors are completed for each inspection conducted.

Recommendation

A structured process for supervisory review and comment on inspection reports and letters should be started to make sure a backlog in reports and letters requiring review does not develop. This process should include a periodic assessment and feedback to inspectors on the results of the review and status of their activities based on information received by the central office.

State Response

None

Current Sta us

Although recent inspection reports have shown some improvement in this area, program management needs to monitor supervisory reviews of reports to assure that they continue to be conducted on a timely basis.

7. Comment

Our review of selected license files showed there is a need for more attention to detail in the review of applications, drafting of licenses and final editorial review of licensing actions prior to signature and dispatch. Specific examples were discussed with staff during the meeting including several applications and licenses which did not specify the manufacturer's name and model number for all sealed sources and devices authorized in the license.

Recommendation

We recommend that staff devote greater attention to detail in the review of license applications and drafting of licenses. In particular, we suggest a final editorial review of the license and a check of the license against the application prior to signature and dispatch.

State Response

The radioactive materials licensing section is continuing efforts to pay attention to specific detail during radioactive material license application review. Editorial reviews and "double" checks are being coordinated with staff reviewing license applications.

Current Status

Some minor deficiencies are still evident in the licensing program, such as missing conditions and inadequate supporting documentation. Details can be found in the "Licensing" section of this report.

EVALUATION OF AGREEMENT STATE RADIATION CONTROL PROGRAM
STATE REVIEW GUIDELINES, QUESTIONS AND ASSESSMENTS
Name of State Program: New York State Department of Health
Date of NRC Review (Month Year): April 1985

I. LEGISLATION AND REGULATIONS

A. Legal Authority (Category I)

NRC Guidelines: Clear statutory authority should exist, designating a state radiation control agency and providing for promulgation of regulations, licensing, inspection and enforcement. States regulating uranium or thorium recovery and associated wastes pursuant to the Uranium Mill Tailings Radiation Control Act of 1978 (UMTRCA) must have statutes enacted to establish clear authority for the State to carry out the requirements of UMTRCA. Where regulatory responsibilities are divided between State agencies, clear understandings should exist as to division of responsibilities and requirements for coordination.

Questions:

1. Please list all currently effective legislation that impacts the State's radiation control program.

   The statutory authority to regulate agreement materials is contained in Public Health Law 225.

2. What changes have been made to the statutory authority of the Radiation Control Program (RCP) to license, inspect, and otherwise regulate agreement materials since the last review?

   None.

3. If your State regulates uranium or thorium recovery operations and associated wastes pursuant to an amended agreement and UMTRCA, explain any changes to the statutory authority for these functions.

   N/A.

4. Are copies of the current enabling act and other statutes (e.g., Administrative Procedures Act, Sunshine Act., etc.) which govern the conduct of the agreement materials program on file in the RCP office and with the NRC? If revisions have occurred since the last review, the changes should be included.

   Yes.

5. If the State's regulatory authorities are divided between agencies, what procedures and memoranda are in effect to provide clear understanding of the divisions of responsibilities and requirements for coordination?

   Regulatory responsibilities are divided between several State agencies. The New York State Department of Health (NYSDOH) is responsible for all medical and academic uses of radioactive materials throughout New York State, excluding New York City. The New York City Department of Health has similar responsibility as NYSDOH within the New York City limits. As of October 1, 1982, the NYSDOH is also responsible for the environmental radiation surveillance program in New York State. The New York State Department of Environmental Conservation maintains a permit program for installations that discharge radioactive materials to the environment. The New York State Department of Labor is responsible for all commercial and industrial uses of radioactive materials throughout New York State.

   Coordination is the responsibility of the New York State Energy Office by statute.

   In addition, a recently formed "coordination committee" composed of program directors from the various agencies was developed to improve coordination efforts of the radiation program within New York State.

6. Does the State have the authority to:

   a. apply civil penalties? If so, cite legislation.

      Yes, Title IO, Chapter II, Administrative Rules and Regulations, Part 76.

   b. collect fees? If so, cite legislation.

      Yes. However fees are being collected only from X-ray registrants, not radioactive materials licensees.

   c. require surety or long-term care funds? If so, cite legislation.

      No.

   d. require performance bonds or sureties for decommissioning licensed facilities? If so, cite legislation.

      No.

   e. require performance bonds or sureties for clean-up of licensed facilities after a contamination accident? If so, cite legislation.

      No.

f. require long-term care funds for uranium mill or low-level waste facilities? If so cite legislation.

N/A.

g. enter into low-level waste compacts? If so, cite legislation.

No.

h. establish, license and/or operate a low-level waste site?

No. However, draft legislation addressing this issue has been prepared. A copy is available in Region I files.

7. If any responses to the above question are negative, explain any plans the State may have regarding those issues.

In addition to the low-level waste legislation discussed in question 6.h. above, the State plans to propose legislation requiring bonds or sureties for decontamination and decommissioning of licensed facilities. The development of such legislation will be coordinated with the other New York licensing agencies.

I. Reviewer Assessment:

A. The Department meets all indicator guidelines. In addition to the legislation discussed above, there are a number of bills currently before the legislature that would have some impact on radioactive materials. Senate Bill 4348 would require state police escorts for all "high level radioactive materials" shipped over public highways. Senate Bill 4355 concerns emergency preparedness and would require periodic evaluation of communication resources in the State. Senate Bill 4356 would require inspections of motor carriers of high-level radioactive waste. Senate Bill 4357 has the most far-reaching potential impact on the agreement program. The bill would create a new State Office for Radiological Safety which would consolidate the function of the agencies currently involved in the materials program and would include NYSERDA and radiation functions of the Division of Military and Naval Affairs, State Police, and the Departments of Transportation and Environmental Conservation. Copies of these bills are available in Region I files. Comments on the bills have been provided to the State.

B. Status of Regulations (Category I)

NRC Guidelines: The State should have regulations essentially identical to 10 CFR Part 19, Part 20 (radiation dose standards and effluent limits), and those required by UMTRCA, as implemented by Part 40. The State should adopt other regulations to maintain a high degree of uniformity with NRC regulations.

Questions:

1. When did the RCP last amend regulations in order to maintain compatibility and when did the revisions become effective?

   July 13, 1979.

2. Referring to the enclosed NRC chronology of amendments (Attachment A) note the effective date of the NRC changes last adopted by the RCP.

   See the NRC Chronology attached as Appendix A.

3.a. Were there any compatibility items that were not adopted by the RCP?

   Yes.

   b. If so, please identify and explain why they were not adopted.

   See Appendix A.

B. Reviewer Assessment

There are a number of changes to NRC regulations which have not yet been incorporated into the State Sanitary Code, Chapter 1, Part 16. For this reason a finding of compatibility could not be made at this time. The Department has prepared proposed revisions to Part 16 and they will provide a copy to NRC for review shortly. As noted in Appendix A, the revision should cover all of the necessary provisions not currently in Part 16.

C. Updating of Regulations (Category II)

NRC Guidelines: The RCP should establish procedures for effecting appropriate amendments to State regulations in a timely manner, normally within 3 years of adoption by NRC. For those regulations deemed a matter of compatibility by NRC, State regulations should be amended as soon as practicable but no later than 3 years. Opportunity should be provided for the public to comment on proposed regulation changes. (Required by UMTRCA for uranium mill regulation.) Pursuant to the terms of the Agreement, opportunity should be provided for the NRC to comment on draft changes in State regulations.

1. Does the RCP have a schedule or program for revising and adopting changes to regulations within three years of adoption by the NRC?

   Yes.

2. Has the RCP adopted all regulations deemed a matter of compatibility by NRC within three years? (Refer to NRC chronology).

   No. See Appendix A.

3. What are the RCP's procedures for adopting new regulations? Briefly describe each step in the procedure.

   The Department's procedures for adopting new regulations are contained in Item No. 71 "Processing Revisions to the NYCRR (New York Codes, Rules and Regulations)" of the Department's Administrative Policy and Procedures Manual dated September 1, 1981. A copy of this procedure is available in Region I files.

4. How is the public involved in the process?

   The above referenced procedures provide for the publication of agency actions by the Department of State in the State Register. A 30 day comment period is normally required.

5. a. Does the NRC have the opportunity to comment on draft changes to RCP regulations?

      Yes.

   b. If so, does the RCP respond to the comments?

      Yes.

C. Reviewer Assessment

Although the Department tries to amend its regulations at three year intervals, staff turnover and unexpected problems such as the EAD case have resulted in delays in completing the task. Now that the program is fully staffed and there are no urgent problem areas, the staff should be able to put the necessary effort into finalizing the regulations.

II ORGANIZATION

A. Location of the Radiation Control Program Within the State Organization (Category II)

NRC Guidelines: The RCP should be located in a State organization parallel with comparable health and safety programs. The Program Director should have access to appropriate levels of State management.

1. Attach a dated organization chart(s) showing the RCP and its location within the department and State organization.

   Organization charts showing the location of the RCP are attached as Appendix B.

2. Is the RCP on a comparable level within the State organization with other health and safety programs so as to compete effectively for funds and staff?

   Yes. The Bureau of Environmental Radiation Protection, Dr. Karim Rimawi, Director, is one of three bureaus in the Division of Environmental Protection, Dr. Leo Hetling, Director. This is one of two Divisions in the Center for Environmental Health, Dr. William Stasiuk, Director. The Center is under the Office of Public Health, Dr. Linda Randolph, Director. Dr. Randolph reports directly to Dr. David Axelrod, Commissioner of Health.

3. Does the program director have access to appropriate levels of State management?

   Yes.

II A. Reviewer Assessment

The Department meets all indicator guidelines. The Field Operations Management Group in the Office of Public Health is now directed by Mr. Donald Davidoff. The Group manages the regional offices.

B. Internal Organization of the RCP (Category II)

NRC Guidelines: The RCP should be organized with the view toward achieving an acceptable degree of staff efficiency, place appropriate emphasis on major program functions, and provide specific lines of supervision from program management for the execution of program policy. Where regional offices are utilized, the lines of communication and administrative control between the regions and the central office (Program Director) should be clearly drawn to provide uniformity in inspection policy, procedures and supervision.

Questions:

1. Attach dated copies of your internal RCP organization charts.

   An organization chart for the Bureau of Environmental Radiation Protection is attached as Appendix C.

2. How is the RCP organized so as to provide specific lines of supervision from program management for executing program policy?

   The Bureau has four sections, Environmental Radiation, Radioactive Materials Licensing, Radiation Equipment, and Radiologic Technology. Each section has a chief who reports directly to the Bureau Director.

3. If regional offices are used:

   a. To whom do regional personnel report administratively?

      Regional personnel report administratively to the Regional Engineer.

   b. To whom do regional personnel report technically?

      Regional personnel report technically to the Bureau Director and Section Chief, Radioactive Materials Licensing Section.

4. If the RCP contracts with other agencies to administer the program:

   a. Identify the contracting agencies and indicate their responsibilities.

   b. To whom do contract personnel report administratively?

   c. To whom do contract personnel report technically?

      N/A.

B. Reviewer Assessment

The Department meets all indicator guidelines. The lines of communication and administrative control between the regions and the central office have improved in the past two years.

C. Legal Assistance (Category II)

NRC Guidelines: Legal staff should be assigned to assist the RCP, or procedures should exist to obtain legal assistance expeditiously. Legal staff should be knowledgeable regarding the RCP program, statutes, and regulations.

Questions:

1. Are legal staff members assigned to assist the RCP or do procedures exist to obtain legal assistance expeditiously?

   The Office of General Counsel, Division of Legal Affairs, does not have staff directly assigned to the RCP. When needed, legal staff are available to provide assistance in an expedient manner.

2. Is the legal staff knowledgeable regarding the RCP, statutes, regulations and needs?

   The Office of General Counsel staff is knowledgeable and able to provide assistance regarding the RCP statutes and regulations.

3. If legal assistance was utilized since last review, provide a summary of the circumstances.

Legal assistance was requested in two instances since the last review. In the first case, the Bureau requested an opinion as to whether the Bureau could authorize nuclear medicine technologists to perform intravenous injections of radiopharmaceuticals and whether the Bureau could impose minimum educational requirements on nuclear medicine technologists without their licensure by the State. The legal staff opinion was that the Bureau could not supersede the "Education Law" which prohibits injection by nuclear medicine technologists but that the Bureau could set minimum qualification requirements for technologist. The Department has not taken any action on this yet.

In the second case, the Bureau requested an opinion as to whether hospital health physicists or dosimetrists could remove brachytherapy sources from patients. The response was that the removal of the sources constituted a medical procedure and therefore could not be performed by a non-physician.

II C. Reviewer Assessment

The Department meets these indicator guidelines.

D. Technical Advisory Committees (Category II)

NRC Guidelines: Technical Committees, Federal Agencies, and other resource organizations should be used to extend staff capabilities for unique or technically complex problems. A State Medical Advisory Committee should be used to provide broad guidance on the uses of radioactive drugs in or on humans. The Committee should represent a wide spectrum of medical disciplines. The Committee should advise the RCP on policy matters and regulations related to use of radioisotopes in or on humans. Procedures should be developed to avoid conflict of interest, even though Committees are advisory. This does not mean that representatives of the regulated community should not serve on advisory committees or not be used as consultants.

Questions:

1. Discuss practices followed for obtaining technical assistance when needed (e.g., consultants, technical and medical advisory committees, licensees, the NRC and other State and Federal Agencies).

Technical assistance from consultants, committees, and Federal agencies is obtained by telephone or written request, depending upon the severity or urgency of the issue.

2. What steps are taken to avoid conflicts of interest?

   Such conflicts are avoided by selecting members of the committee to review specific cases only when they are not directly associated with the requesting licensee or facility.

3. Are any committees involved in setting policies? If so, explain.

   No. Committee members serve in an advisory capacity only.

4. Attach a list showing the membership, specialties and affiliations of the Medical and/or Technical Advisory Committees.

   A list of members for each of the committees is available in Region I files. The three committees are: 1) the Radiological Health Advisory Committee, 2) the Committee on Radioactive Materials in the Environment, and 3) the Radiologic Technologist Board of Examiners.

5. Indicate whether the advisory committees are established by statute, by appointment of the Governor, by appointment of the Board of Health, by appointment of the Agency, or by other means.

   The Radiological Health Advisory Committee and the Committee on Radioactive Materials in the Environment were established by Public Health Law Section 206. The Radiologic Technologist Board of Examiners was established by Public Health Law Section 3503. Members of all committees are nominated by the Bureau and approved by the Commissioner of Health.

6. What is the formal meeting frequency of each committee, and are minutes of committee meetings prepared?

   The Radiological Health Advisory Committee and the Committee on Radioactive Materials in the Environment meet annually. The Radiologic Technologist Board of Examiners meets a minimum of twice a year. Emergency meetings may be called when necessary. Minutes of the meetings are kept.

7. What was the date of the last formal meeting of each committee?

   The last Radiological Health Advisory Committee meeting was held June 28, 1984. The last Committee on Radioactive Materials in the Environment meeting was held on June 12, 1984. The last Radiologic Technologist Board of Examiners meeting was held on October 25, 1984.

8. Are individual committee members contacted for consultation?

The Radiological Health Advisory Committee members may be contacted individually for consultation. Members are chosen depending on their area of expertise to review non-routine use protocols for radioactive materials and radiation producing equipment, and investigational new drug protocols.

The Committee on Radioactive Materials in the Environment members are contacted for consultation by mail to all members, or a meeting.

Radiologic Technologist Board of Examiners members may be contacted individually for consultation. Members are chosen depending on their area of expertise.

9. Discuss how each committee is used, the average workload placed on the committee, and the remuneration, if any.

There is no pattern as to the workload placed on the committee. Committee members address issues as the need arises, and when their expertise and consultation is needed. Committee members are paid $100 per eight hours utilized in review. Radiologic Technologist Board of Examiners members are not paid.

D. Reviewer Assessment

The Department meets these indicator guidelines.

III. MANAGEMENT AND ADMINISTRATION

A. Quality of Emergency Planning (Category I)

NRC Guidelines: The State RCP should have a written plan for response to such incidents as spills, overexposures, transportation accidents, fire or explosion, theft, etc.

The Plan should define the responsibilities and actions to be taken by State agencies. The Plan should be specific as to persons responsible for initiating response actions, conducting operations and cleanup. Emergency communication procedures should be adequately established with appropriate local, county and State agencies. Plans should be distributed to appropriate persons and agencies. NRC should be provided the opportunity to comment on the Plan while in draft form.

The plan should be reviewed annually by Program staff for adequacy and to determine that content is current. Periodic drills should be performed to test the plan.

Questions:

1. Is the RCP responsible for its own emergency plan or are accidents involving radioactive materials incorporated into a comprehensive State plan developed and administered by another State agency? Please provide copies of all applicable plans for review.

   The State Disaster Preparedness Plan designates the Department of Health as the lead agency for response to radiological emergencies. The RCP is the primary response office within the Department of Health for these emergencies.

   The RCP is responsible for its own emergency procedures (RAD 320) for radiological emergencies or incidents involving radioactive materials or radiation producing equipment, and all reported radiation exposures or accidental exposures.

   Planning for nuclear power plant emergencies is not the responsibility of the RCP. The RCP is the lead office for radiological assessment and evaluation.

2. What written procedures or plans does the RCP use for responding to incidents involving radioactive materials?

   RAD-320. A copy of this plan is available in Region I files.

3. If the plan covers major accidents at nuclear facilities, how does it cover non-catastrophic incidents such as those involving transportation of materials?

   RAD-320 does not cover accidents at nuclear facilities. Such accidents are covered by the State Radiological Emergency Preparedness Plan.

4. How does the plan define responsibilities and actions to be taken by all State Agencies (initiating response actions, operations, cleanup, etc.)?

   Details are provided in the plan.

5. How does the plan provide for notification of and communications with appropriate government agencies?

   Details are provided in the plan.

6. How is the response program organized so that qualified individuals are readily available through identifiable channels of communication?

   The plan is designed so that appropriately trained individuals at the county and/or state level respond directly to the accident site.

7. Has the plan been distributed to all participating agencies?

   Yes.

8. Has the NRC had opportunity to comment on the plan in draft form?

   Yes.

9. Is the plan reviewed annually by the RCP for adequacy and to assure the content is current?

   Yes.

10. Are drills performed periodically to test the plan for radioactive materials emergencies? Explain, for example, how non-routine office hours communications are checked.

    Yes. The plan has been tested several times during non-routine office hours for notification of minor incidents and has proven to be quite effective.

III A. Reviewer Assessment

The Department meets all indicator guidelines.

B. Budget (Category II)

NRC Guidelines: Operating funds should be sufficient to support program needs such as: staff travel necessary to conduct an effective compliance program, including routine inspections, followup or special inspections (including pre-licensing visits) and responses to incidents and other emergencies; instrumentation and other equipment to support the RCP; administrative costs in operating the program including rental charges, printing costs, laboratory services, computer and/or word processing support, preparation of correspondence, office equipment, hearing costs, etc. as appropriate. Principal operating funds should be from sources which provide continuity and reliability, i.e., general tax, license fees, etc. Supplemental funds may be obtained through contracts, cash grants, etc.

Questions:

1. What fiscal year is used by your State?

   April 1 - March 31.

2. Indicate the amount for funds obtained from each source (fees, State General funds, HHS, NRC environmental monitoring or transportation surveillance contracts, EPA, FDA and others).

Fees (X-ray program)	$ 278,899
State General Funds	$ 647,871

NRC Environmental Contract	$ 70,350
FDA Compliance Testing Contract	$ 65,758
FDA Radiopharmaceutical Quality Assurance Contract	$ 9,513
Block Grant	$ 176,722

3. Show the total amounts assigned to:

   a. the total radiation control program

      $1,249,113

   b. the radioactive materials program.

      $ 370,524

4. What is the change in budget from the previous year and what is the reason for the change (new programs, change in emphasis, statewide reduction, etc.)?

   This budget represents a slight increase over the previous year's budget. The change reflects the incorporation of the Radiologic Technology Licensure function within the program beginning January 1985.

5. Describe your fee system, if you have one, and give the percentage of cost recovery. Enclose a copy of the fee schedule.

   There is no fee system in effect for radioactive materials Licensing.

6. Does the RCP administer the fee system?

   N/A.

7. What recourse does the RCP have in the event of non-payment?

   N/A.

8. Overall, is the funding sufficient to support all of the program needs? If not, specify the problem areas.

   Yes.

III B. Reviewer Assessment

No problems were noted relating to the programs budget. The Department meets these program indicators.

C. Laboratory Support (Category II)

NRC Guidelines: The RCP should have the laboratory support capability in-house, or readily available through established procedures, to conduct bioassays, analyze environmental samples, analyze samples collected by inspectors, etc., on a priority established by the RCP.

Questions:

1. Are laboratory services readily available in-house or through other departments within the State organization?

   All routine and non-routine laboratory work is done by the Radiological Sciences Laboratory, located in the Department's Center for Laboratories and Research.

2. If services are provided by other departments, discuss the arrangements, supervision, charges and interdepartmental communications.

   N/A.

3. If laboratory services must be provided by a non-State agency:

   a. Discuss the contractual arrangements.

   b. Is the party providing the service an RCP licensee?

   c. If a State licensee provides the service or equipment, what are the costs?

      N/A.

4. Describe the capability of the laboratory as follows:

   a. Can it qualitatively and quantitatively analyze low-energy beta emitters?

      Yes.

   b. Can it qualitatively and quantitatively analyze alpha emitters?

      Yes.

   c. Can it selectively determine the presence and quantity of gamma emitters?

      Yes.

   d. Can it handle samples in any physical form - wipes, liquids, solids, gaseous?

      Yes.

   e. Does the lab participate in a periodic quality control program?

      Yes. EPA, World Health Organization, and IAEA.

5. How much time does it take to obtain the results from sample analyses on both a routine basis and on an emergency basis?

   Routine sample analysis is usually complete within one week. Immediate results are available if an emergency situation occurs.

6. List the number and types of laboratory instrumentation and services available.

   Equipment: 4 fully-equipped wet-radiochemistry laboratories; 3 radiogas laboratories.

   Counting room containing:
   - 2 liquid scintillation counters
   - 2 end-window gas-flow proportional counters
   - Gamma spectrometry systems utilizing the following detectors:

     2 NaI (Tl) Well 4" x 4"
     1 NaI (Tl) Well 2" x 2"
     1 NaI (Tl) Flat 4" x 4"
     3 NaI (Tl) Flat 3" x 3"
     2 Ge (Li) Flat 105 cc
     1 Ge (Li) Flat 70 cc
     4 intrinsic-geranium detector
     2 alpha-spectrosopy system (surface barrier)
     3 radon counters
     3 gas counting systems
     2 thermoluminescent dosimetry systems

   Services Available:
   - electronic data processing
   - access to Health Department VAX 780

III C. Reviewer Assessment

No problems were noted with regard to the Department's Laboratory capabilities. The Department meets these program indicator guidelines.

D. Administrative Procedures (Category II)

NRC Guidelines: The RCP should establish written internal procedures to assure that the staff performs its duties as required and to provide a high degree of uniformity and continuity in regulatory practices. These procedures should address internal processing of license applications, inspection policies and procedures, decommissioning, and other functions required of the program.

Questions:

1. What procedures are established to assure adequate and uniform regulatory practices (e.g., administrative procedures, policy memos, licensing and inspection guides, escalated enforcement procedures, decommissioning procedures, etc.)?

   Environmental Health Manual items are developed and distributed by the Office of Public Health to assure adequate and uniform regulatory practices.

2. To what extent are the procedures documented?

   Procedures are documented as Environmental Health Manual items and contained in a handbook in the central and regional offices.

3. If the RCP has separate licensing and inspection staffs, what are the procedures used to communicate between the two staffs?

   Communication between licensing and compliance staffs is achieved through frequent telephone contacts and memoranda. In addition, an annual meeting is held with central and regional office staff for open discussion of licensing and compliance program improvements and problems.

4. How are personnel kept informed of current regulatory policies and practices?

   By memorandum and/or by presentations at the annual workshop.

5. If the RCP collects fees, are fee collection duties assigned to non-technical staff?

   N/A.

6. How are contacts with communication media handled?

   Contacts with the communications media are coordinated by the Public Affairs Group for the Health Department.

7. What procedures exist to ensure timely release of factual information on matters of interest to the public, the NRC and Agreement States?

   The Public Affairs Group receives notification when a potential problem arises. Should the need for a press release arise, factual information is prepared by the technical staff and then distributed by the Public Affairs Group.

   NRC and Agreement States are initially informed by telephone by RCP staff should a potential problem exist. When necessary, written follow-up occurs within approximately two weeks.

8. If your RCP has regional offices:

   a. what procedures are in effect to assure the regions have complete copies of the procedures and files?

      Regional office handbooks containing various program policies and procedures are distributed to all regional offices and continually updated. Copies of all licensing actions are distributed to regional offices when generated by central office. If a regional staff member is unable to locate policy/procedures and/or licensing items, a copy is immediately forwarded upon telephone request.

   b. how often are periodic staff meetings held with headquarters staff?

      Staff meetings are held at least annually.

   c. how often are periodic visits/audits made by headquarters staff to regional offices?

      Periodic visits/audits are made annually by the Division Director to discuss program goals/objectives. The Bureau Director visits/audits regional offices annually to discuss specific work plans. The Chief, Radioactive Materials Licensing Section, visits regional offices (time permitting) to assist in Broad license inspections and to evaluate inspectors.

   d. how is uniformity controlled?

      Uniformity is controlled by adherence to procedures outlined in Environmental Health Manual Items, periodic visits and review of regional staff by the Chief, Radioactive Materials Licensing Section, and annual staff workshop presentations and discussions, as well as review of inspection reports and letters.

   e. how is supervision handled?

      Regional office staff are directly supervised by the Regional Engineer.

III D. Reviewer Assessment

Coordination between Albany and the regional offices has improved since the previous review. Contacts between the Chief of the Radioactive Materials Licensing Section and the regions are more frequent as are staff meeting and management contacts. The Department meets these indicator guidelines.

E. Management (Category II)

NRC Guidelines: Program management should receive periodic reports from the staff on the status of regulatory actions (backlogs, problem cases, inquiries, regulation revisions). RCP management should periodically assess workload trends, resources and changes in legislative and regulatory responsibilities to forecast needs for increased staff, equipment, services and fundings.

Program management should perform periodic reviews of selected license cases handled by each reviewer and document the results. Complex licenses (major manufacturers, large scope - Type A Broad, or potential for significant releases to environment) should receive second party review (supervisory, committee, or consultant). Supervisory review of inspections, reports and enforcement actions should also be performed.

Questions:

1. How does the staff keep program management abreast of the status of regulatory actions (such as backlog, problem cases, inquiries, and revision of regulations)?

   Weekly and monthly reports.

2. a. Is a periodic statistical tabulation of licenses, licensees, inspections and backlogs prepared by category?

      Yes.

   b. If so, specify how frequently the tabulation is prepared.

      Statistical tabulation of licenses/licensees is prepared bi-annually. Statistical tabulation of inspection data is prepared quarterly.

3. How does RCP management assess workload trends and resources in order to determine future needs or the need for program changes?

   The program is reviewed annually. Workload trend projections are made periodically by reviewing program data for the previous three to five years, new procedures in licensing and compliance and available resources.

4. How does the RCP management keep abreast of changes in legislative and regulatory responsibility?

   Through representatives of the Division of Legal Affairs, Bureau of Legislation.

5. Discuss the procedures followed by licensing supervision or RCP management to monitor licensing quality.

   A large percentage of licenses are reviewed by the Chief, Radioactive Materials Licensing Section, prior to signature and distribution. In her absence, the Bureau Director reviews and signs licenses.

6. Discuss the procedures used for supervisory review of inspection reports.

   Inspection reports are reviewed by the Chief, Radioactive Materials Licensing Section, for quality and content. Licensing staff review inspection reports to aid in license review.

7. What license review practices are followed for unusual or complex license applications?

   Unusual or complex licenses are usually reviewed by the Chief, Radioactive Materials Licensing Section. When the application exceeds the scope of licensing guides, NRC Regional Office is contacted for guidance.

8. If applicable, discuss the procedures used for supervisory review of work performed by contract agencies or regional offices.

   Supervisory review of regional offices is achieved through periodic visits to regional offices and accompaniment of regional office staff.

III E. Reviewer Assessment

Management of the Department's program has improved since the last review. The Department meets these indicator guidelines.

F. Office Equipment and Support Services (Category II)

NRC Guidelines: The RCP should have adequate secretarial and clerical support. Automatic typing and Automatic Data Processing and retrieval capability should be available to larger (300-400 licenses) programs. Similar services should be available to regional offices, if utilized.

1 a. In terms of the person-year/100 licenses figure, what level of secretarial/clerical support is provided?

   In Central Office, a senior typist (Grade 7) spends approximately 95% of her time providing support services to the radioactive materials licensing program. This represents 0.18 person-years/100 licenses.

b. If your program has regional office, provide the figures for the support for those offices.

For our five regional offices, the secretarial/clerical support services range from minimal to very good. On the average, this represents 0.15 person-years per 100 licenses.

2. Describe the ADP and word processing capabilities available to the RCP.

At the present time, license documents and all related correspondence are prepared on a Xerox 800 Electronic Typing System. The Bureau of Environmental Radiation Protection (BERP) recently received a Wang PC which will replace the Xerox system following a transition period in April/May 1985.

In addition, during 1985 it is anticipated that specific data related to radioactive materials licensing and compliance program will be stored and processed on the BERP IBM PC.

III F. Reviewer Assessment

The clerical situation in the New Rochelle office has improved somewhat since the last review in that typing services are now available, but professional staff are still required to do their own filing. Additional effort should be made in this area.

G. Public Information (Category II)

NRC Guidelines: Inspection and licensing files should be available to the public consistent with State administrative procedures. Opportunity for public hearings should be provided in accordance with UMTRCA and applicable State administrative procedure laws.

Questions:

1. Are licensing and inspection files available for inspection by the public?

Yes.

2. Are medical and proprietary data withheld?

Yes.

3. What other parts, if any, are not available?

Any additional information which is deemed confidential.

4. What written procedures and laws govern this? Please provide reference citations.

   Article 6 of the Public Officer's Law, a copy of which is available in Region I files.

5. For mill States, are opportunities provided for public hearings in accordance with UMTRCA and applicable State administrative procedures and statutes?

   N/A.

III G. Reviewer Assessment

The Department meets these indicator guidelines.

IV. PERSONNEL

A. Qualifications of Technical Staff (Category II)

NRC Guidelines: Professional staff should have a bachelor's degree or equivalent training in the physical and/or life sciences. Additional training and experience in radiation protection for senior personnel should be commensurate with the type of licenses issued and inspected by the State.

Written job descriptions should be prepared so that professional qualifications needed to fill vacancies can be readily identified.

Questions:

1. Do all professional personnel hold a bachelor's degree or have equivalent training in the physical or life sciences?

   Yes.

2. What additional training and experience do the senior personnel need to have in radiation protection?

   Three years full-time experience in radiation protection or control including experience handling radioactive isotopes or radiation producing equipment.

3. What written position descriptions describe the duties, responsibilities and function of each professional position?

   Job descriptions have been prepared for each title in the Radiological Health Specialist series. These are available in Region I files.

IV A. Reviewer Assessment

The Department meets these indicator guidelines.

B. Staffing Level (Category II)

NRC Guidelines: Staffing level should be approximately 1-1.5 person-year per 100 licenses in effect. RCP must not have less than two professionals available with training and experience to operate RCP in a way which provides continuous coverage and continuity.

For States regulating uranium mills and mill tailings, current indications are that 2-2.75 professional person-years' of effort, including consultants, are needed to process a new mill license (including insitu mills) or major renewal, to meet requirements of Uranium Mill Tailings Radiation Control Act of 1978. This effort must include expertise in radiological matters, hydrology, geology, and structural engineering.

Questions:

1. Complete a table as below, listing the person-years of effort applied to the agreement or radioactive material program by individual. Include the name, position, fraction of time spent and the duty (licensing, inspection, administration, etc.).

Name	Position	FTE%	Area of Effort
.	.	.	.
.	.	.	.
.	.	.	.
	Total		Person-Years

This information is attached as Appendix D.

2. Compute the person-year effort of person-years per 100 licenses (excluding mills and burial sites). Show calculation.

5.65 person-years/554 licenses equals 1.02 person-years/100 licenses.

3. Is the staffing level adequate to meet normal and special needs and backup?

Yes.

IV B. Reviewer Assessment

The Department meets these indicator guidelines.

C. Staff Supervision (Category II)

NRC Guidelines: Supervisory personnel should be adequate to provide guidance and review the work of senior and junior personnel. Senior

personnel should review applications and inspect licenses independently, monitor work of junior personnel, and participate in the establishment of policy. Junior personnel should be initially limited to reviewing license applications and inspecting small programs under close supervision.

Questions:

1. Identify the junior and senior personnel.

   Junior Personnel

   Steve Zobel
   Robert Rivera

   Senior Personnel

   Diane P. Dreikorn, Chief, Radioactive Materials Licensing Section

   Regional Office Personnel

   Rita Aldrich
   Gary Baker
   Elaine Carter
   Ihor Czerwinskyj
   Robert Middleton
   William O'Brien

2. a. What duties are assigned to junior personnel?

   The duties of junior personnel are given in Appendix D. under the title "Senior Radiological Health Specialist".

   b. Do they review applications and perform inspections independently?

   Junior personnel review license applications for small-medium scope programs, and accompany regional inspectors when time permits.

3. a. What duties are assigned to senior personnel?

   The duties of senior personnel are given in Appendix D. Senior personnel include Associate Radiological Health Specialists and Principal Radiological Health Specialists.

   b. Do they independently review and monitor the work of junior personnel?

   Yes.

4. Is there adequate supervisory or senior guidance and direction for junior personnel?

   Yes.

5. Discuss procedures established to ensure supervisory review of the licensing, inspection and enforcement functions.

   All licensing, compliance and enforcement activities are monitored closely by the Chief, Radioactive Materials Licensing Section, who interacts continuously with licensing and inspection staffs and the Bureau Director.

6 a. Are RCP staff members allowed to consult or work part time for State licensees?

   No.

   b. If so, how are conflicts of interest avoided?

   N/A.

IV C. Reviewer Assessment

The Department meets these indicator guidelines.

D. Training (Category II)

NRC Guidelines: Senior personnel should have attended NRC core courses in licensing orientation, inspection procedures, medical practices and industrial radiography practices. (For mill States, mill training should also be included.) The RCP should have a program to utilize specific short courses and workshops to maintain appropriate level of staff technical competence in areas of changing technology.

Questions:

1. List all RCP personnel and the NRC training courses they have attended.

Name of Student	Course	Agency Sponsor	Dates
.	.	.	.
.	.	.	.
.	.	.	.

Information regarding tra'ning courses is attached as Appendix E.

2. How does the RCP utilize short courses and workshops to maintain staff proficiency?

   In addition to the training itemized in Appendix E, the RCP conducts at a minimum, an annual workshop for all Radiological Health Specialists during which current topics in the program and the radiological health field are discussed.

IV D. Review Assessment

The Department meets these indicator guidelines.

E. Staff Continuity (Category II)

NRC Guidelines:

Staff turnover should be minimized by combinations of opportunities for training, promotions, and competitive salaries. Salary levels should be adequate to recruit and retain persons of appropriate professional qualifications. Salaries should be comparable to similar employment in the geographical area. The RCP organization structure should be such that staff turnover is minimized and program continuity maintained through opportunities for promotion. Promotion opportunities should exist from junior level to senior level or supervisory positions. There also should be opportunity for periodic salary increases compatible with experience and responsibility.

Questions:

1. Identify the RCP employees who have left the program since the last review and give the reasons for the turnovers. Also state whether the positions are presently vacant, filled (name replacement), abolished or other status.

   Bernard Heald - resigned.
   Position filled by Diane Dreikorn.

2. List the RCP salary schedule:

POSITION TITLE	ANNUAL SALARY RANGE
Senior Radiological Health Specialist (G-18)	$23,903-28,334
Associate Radiological Health Specialist (G-23)	$31,074-36,440
Principal Radiological Health Specialist (G-27)	$38,423-44,716
Director (G-31)	$47,277-54,449

3. Compare your salary schedule with similar employment alternatives in the same geographical area, such as industrial, medical, academic or other departments within your State.

New York State Department of Labor (DOL)	
G-18 Senior Radiophysicist	$23,903-28,334
G-23 Associate Radiophysicist	$31,074-36,440
Broad Academic/Medical Licensed Facility	
Health Physics Technician	$18,000-23,000
Asst. Radiation Safety Officer	$32,000-37,000
Radiation Safety Officer	$40,000-45,000
Broad Academic Licensed Facility	$15,900-37,500
Environmental Health & Safety Specialist (PR-2)	
Director, Environmental Health & Safety (PR-3)	$19,707-44,954

4. What opportunities are there for promotion within the RCP organizational structure without a staff vacancy occurring?

The Radiological Health Specialist series consists of three levels: Senior, Associate, and Principal. Due to the small number of personnel in these offices and the geographical locations of the positions, progress through the series is normally slow. Advancement within a job position, hiring rate (bottom of salary range) to job rate (top of salary range) is possible through an evaluation process. A longevity raise is possible after five years of service at the same level.

IV E. Reviewer Assessment

The Department meets these program indicator guidelines.

V. LICENSING

A. Technical Quality of Licensing Actions (Category I)

NRC Guidelines: The RCP should assure that essential elements of applications have been submitted to the agency, and which meet current regulatory guidance for describing the isotopes and quantities to be used, qualifications of persons who will use material, facilities and equipment, and operating and emergency procedures sufficient to establish the basis for licensing actions. Prelicensing visits should be made for complex and major licensing actions. Licenses should be clear, complete, and accurate as to isotopes, forms, quantities, authorized uses, and permissive or restrictive conditions. The RCP should have procedures for reviewing licenses prior to renewal to assure that supporting information in the file reflects the current scope of the licensed program.

Questions:

1. How many specific licenses are currently in effect?

   554.

2. a. How many new licenses (not amendments in entirety) have been issued since the last review?

      20.

   b. How many were major licenses?

      0.

3. How many specific licenses were terminated since the last review?

   13.

4. How many amendments were issued during the review period?

   248.

5. Identify unusual or complex licenses issued since the last review, including name and license number.

   None.

6. Note any variance in licensing policies and procedures granted since the last review.

   None.

7. Do you require license applicants to submit details on their radwaste packaging and shipping procedures?

   No. Radwaste packaging and shipping procedures are reviewed during site inspections.

8. a. When do you require licensees to submit contingency plans?

      N/A.

   b. List the licensees who have been required to submit contingency plans.

      None.

9. How many prelicensing visits were made during this review period?

   None.

10. What criterion does the RCP use to determine the need for a prelicensing visit?

    Prelicensing visits are made when the reviewer deems it necessary. No such visits have been made since the last review as no complex licenses have been issued.

11. How do you ensure up-to-date information has been submitted prior to a license renewal?

    By thorough review of the license renewal application to assure that it meets current requirements.

12. Do license files contain all necessary data required to evaluate an application prior to issuing a license?

    Yes. A license is not issued until all questions are appropriately addressed.

13. Has the RCP taken any unusual licensing action with respect to licensees operating under multiple jurisdiction?

    No.

14. Prepare a table as below showing the RCP's major licensees with name, number and type.

    INCLUDE:

    - Broad (Type A) Licenses
    - LLW Disposal Licenses
    - LLW Brokers
    - Major Manufacturers and Distributors
    - Uranium Mills
    - Large Irradiators (Pool Type or Other)
    - Other Licenses With a Potential Significant Environmental Impact
    - Other Licensees You Consider to be "Major" Licensees

Name	License Number	Type
ALBANY REGION		
Albany Medical Center	590	Broad A
NYSDH Labs/Research	448	Broad A
SUNY @ Albany	459-1	Broad A
RPI	1035	Broad A
BUFFALO REGION		
SUNY @ Buffalo	1049	Broad A
SUNY @ Buffalo	1049-2	Broad A
SUNY @ Buffalo	1051	Broad A

NEW ROCHELLE REGION

SUNY @ Stony Brook	455	Broad A
Columbia University	537-3	Broad A
Memorial Sloan-Kettering	19	Broad A
New York Medical College	1727	Broad A

ROCHESTER REGION

SUNY @ Brockport	1193	Broad A
University of Rochester	436	Broad A

SYRACUSE REGION

SUNY @ Binghamton	588	Broad A
St. Lawrence University	1174	Broad A
SUNY Science/Forestry	469	Broad A
Cornell University	5-3A	Broad A
SUNY-Upstate Med. Ctr.	47	Broad A
Syracuse University	40	Broad A

V A. Reviewer Assessment

A review of selected licensing actions is attached as Appendix F. Licensing actions for the most part were adequately supported. Some minor deficiencies were noted, however, such as missing standard conditions and inadequate supporting documentation in the following areas: facility descriptions, dose calibrator procedures, and brachytherapy procedures. One particular license application for brachytherapy uses was deficient in the lack of a number of important safety procedures. The Department has reviewed their licenses against the criteria for contingency plans. None require such plans.

B. Adequacy of Product Evaluations (Category I)

NRC Guidelines: RCP evaluations of manufacturer's or distributor's data on sealed sources and devices outlined in NRC, State, or appropriate ANSI Guides, should be sufficient to assure integrity and safety for users.

The RCP should review manufacturer's information in labels and brochures relating to radiation health and safety, assay, and calibration procedures for adequacy. Approval documents for sealed source or device designs should be clear, complete and accurate as to isotopes, forms, quantities, uses, drawing identifications, and permissive or restrictive conditions.

Questions:

1. How many new and revised evaluations were made of sealed sources and devices during the review period?

   Sealed source and device evaluations are performed by the New York State Department of Labor.

2. How many SS&D evaluations have been made for which approval documents have not yet been prepared?

   N/A.

3. How does the RCP evaluate manufacturer's data on SS&D's to ensure integrity and safety for users?

   N/A.

4. Do you determine whether the manufacturer's information on labels and brochures relating to health, safety, assay, and calibration procedures is adequate on all products?

   N/A.

V B. Reviewer Assessment

N/A.

C. Licensing Procedures (Category II)

NRC Guidelines: The RCP should have internal licensing guides, checklists, and policy memoranda consistent with current NRC practice. License applicants (including applicants for renewals) should be furnished copies of applicable guides and regulatory positions. The present compliance status of licensees should be considered in licensing actions. Under the NRC Exchange-of- Information program, evaluation sheets, service licenses, and licenses authorizing distribution to general licensees and persons exempt from licensing should be submitted to NRC on a timely basis. Standard license conditions comparable with current NRC standard license conditions should be used to expedite and provide uniformity in the licensing process. Files should be maintained in an orderly fashion to allow fast, accurate retrieval of information and documentation of discussions and visits.

Questions:

1. Has the RCP developed its own licensing procedures or does it use NRC guides? Please provide for review.

   Yes. These guides are available in Region I files.

2. What licensing guides, checklists and policy memoranda are made available to the staff?

   The following guides are available to the staff:

   i. Radiation Guide 10.1 - Medical Programs.
   ii. Radiation Guide 10.2 - Academic Programs of Limited Scope.
   iii. Radiation Guide 10.3 - Laboratory Programs.

iv. Radiation Guide 10.4 - Civil Defense Programs.
v. Radiation Guide 10.5 - Type A Broad Licenses.
vi. Radiation Guide 10.6 - Gas Chromatography and X-ray Fluorescence Analyzers.
vii. Radiation Guide 10.10 - Decontamination of Facilities and Equipment Prior to Release of Unrestricted Use or Termination of Licenses.

License review checklists are also available.

3. What guides and/or regulatory position statements are furnished to license and renewal applicants?

As the guides are still in draft form, only portions are distributed to licensees.

4. Describe the system for advising classes of licensees of new licensing procedures and regulations.

Licensees are notified of new licensing procedures and regulation changes through general mailings to those affected licensees.

5. a. How are licensing actions coordinated with the compliance staff?

Licensing staff review inspection reports for compliance staff's suggested changes needed on licenses. In addition, Licensing staff and compliance staff deal directly by telephone to discuss certain licensing actions.

b. Are licensing actions taken while enforcement action is pending?

Not usually.

6. For what length of time are various categories of licenses issued?

Generally, license of all categories are issued for a 5-year period.

7. a. Does the RCP use standard licensing conditions?

Yes.

b. If so, how does the RCP assure they are comparable with those used by NRC?

The RCP updates standard conditions whenever a new NRC standard condition list is provided.

8. Are the licensing conditions on file in the RCP office and with NRC?

   Yes.

9. What SS&D sheets, service, distribution and "E" licenses are available for RCP staff use?

   The entire set of SS&D sheets provided by NRC, and service and distribution licenses issued by the New York State Department of Labor are available in the central office.

10. Describe your practices for distributing SS&D sheets, as well as GL distribution and service licenses, to the NRC.

    N/A.

11. Describe your procedures for maintaining the license files (How are files and folders arranged? Are telephone contacts and visits documented? Who is responsible for filing materials in folders?).

    License files are arranged by region, local health unit, and then alphabetically by facility name. In addition, they are cross referenced by a number and type-of-license record system. Telephone contacts and visits are documented by memo to the file. The Senior Typist for the Radioactive Materials Licensing and Compliance staff is responsible for filing licensing documents and related correspondence.

12. Are there opportunities for license reviewers to accompany inspectors?

    Yes.

V C. Reviewer Assessment

The Department meets these program indicator guidelines. The draft guides are currently being reviewed and comments will be provided to the RCP.

VI. COMPLIANCE

A. Status of Inspection Program (Category I)

NRC Guidelines: The State RCP should maintain an inspection program adequate to assess licensee compliance with State regulations and license conditions.

The RCP should maintain statistics which are adequate to permit Program Management to assess the status of the inspection program on a periodic basis. Information showing the number of inspections conducted, the number overdue, the length of time overdue and the priority categories should be readily available.

There should be at least semiannual inspection planning for the number of inspections to be performed, assignments to senior vs. junior staff, assignments to regions, identification of special needs and periodic status reports.

Questions:

1. How is statistical information maintained about the inspection program to permit periodic assessment of its status by RCP management?

   A manual log system is maintained for inspection program status. Inspection workload lists are updated monthly utilizing this log. Quarterly inspection program status charts are prepared for RCP management assessment.

2. Prepare a table as below, indicating the number of inspections made in the review period, by category and priority.

   This inspection data is provided in Appendix G.

License Category	Scheduled Frequency	Inspection Priority	Number of Inspections
.	.	.	.
.	.	.	.
.	.	.	.

3. Prepare a table (or tables) as below which identifies the Priority 1, 2, and 3 licensees with overdue inspections. Include the license category, the due date, and the number of months the inspection is overdue. (If list is extensive, a comparable computer printout is acceptable.)

LICENSEE	CATEGORY	PRIORITY	DUE DATE	MONTHS OVERDUE
#590 Albany Med. Ctr.	Broad A	I	12/84	3
#1065 Plattsburgh CD	CD	III	6/84	*
#1898 Columbia Co. CD	CD	III	83	
#1023 Montgomery Co. CD	CD	III	7/83	
#1123 Fulton Co. CD	CD	III	7/83	
#571 Saratoga Co. CD	CD	III	8/83	
#1865 Warren Co. CD	CD	III	4/84	
#521 Franklin Co. CD	CD	III	83	
#1129 Essex Co. CD	CD	III	9/83	
#1024 Schenectady Co. CD	CD	III	9/84	
#526-2 Roswell Park	Irradiator	III	12/82	27
#526-3 Roswell Park	Brachy.	II	12/81	39
#1049 SUNY @ Buffalo	Broad A	I	7/83	19
#1049-2 SUNY @ Buffalo	Broad A	I	10/84	5

#1879 Lafayette Gen.	Group	II	5/84	10
#565 Genesee Co. CD	CD	III	4/84	
#1769 Batavia Equine	Vet.	II	7/84	8
#1095 Wyoming Co. CD	CD	III	8/84	
#1020 D. William Howard	Brachy.	II	8/84	
#1007 A. Maglione, MD	Group	II	7/82	32
#1010 Sherber & Blum	Group	III	9/81	42
#1021 N. Serlin, MD	Group	III	7/83	20
#1759 SUNY @ Purchase	Academic B	III	5/83	22
#410 Vassar College	Academic B	III	12/84	3
#22-2 Nassau Hospital	Group	II	3/84	12
#435 Com. Hospital	Group	II	9/84	6
#435-2 Com. Hospital	Brachy.	II	9/84	6
#597-2 Franklin Gen.	Group	II	1/84	14
#597-3 Franklin Gen.	Brachy.	II	9/84	6
#1003 So. Nassau C.H.	Groups	II	9/84	6
#1003-3 So. Nassau C.H.	Brachy.	II	9/84	6
#1016-2 North Shore U.	Groups	II	3/84	12
#1016-3 North Shore U.	Brachy.	II	3/84	12
#1153 Central Gen. H.	Group	II	9/84	6
#1153-3 Central Gen.	Brachy.	II	9/84	6
#1157 Massapequa Gen.	Group	II	11/84	4
#1159 Long Beach Mem.	Group	II	11/84	4
#1876 Long Is. Cardiac	Group	III	11/84	4
#1145 Tappan Zee H.S.	Irradiator	III	3/84	4
#405-2 Southside Hosp.	Group	II	10/84	5
#424-2 Rad. Health Svc.	Group	II	10/84	5
#455 SUNY @ St. Brook	Broad A	I	5/83	
#540 Brookhaven M.H.	Group I	III	9/84	5
#540-2 Brookhaven M.H.	Group	II	9/84	5
#540-3 Brookhaven M.H.	Brachy.	II	9/84	5
#575 Good Sam. Hosp.	Group	II	12/84	3
#575-3 Good Sam. Hosp.	Brachy.	II	4/84	12
#1124 St. John's Hosp.	Group	II	11/84	4
#1123-2 St. John's Hosp.	Brachy.	II	11/84	4
#1124-3 St. John's Hosp.	Pace.	II	11/84	4
#1880 Huntigton Nuc.	Group	II	12/84	3
#2805 Suffolk Co. CD	CD	III	12/84	
#1037-2 Arnot-Ogden	Bracy.	II	9/84	6
#1101-2 St. John Fish.	Academic B	III	11/84	4
#1193 SUC @ Brockport	Broad A	I	6/83	21
#1717 Bethesda Com. H.	Group	II	9/84	6

* Note: Months overdue for Civil Defense licenses not determined as source sets presently not available at the majority of facilities due to FEMA directive to leak test all Cs-137 sets.

4. Prepare a table as below indicating the number of overdue license inspections for Priorities 4 through 7.

LICENSEE	PRIORITY	MONTHS OVERDUE
#1774 Westchester Co. DH	IV	23

5. How are inspection schedules planned and how are the dates and personnel assignments made?

   Inspection schedules are prepared by the central office according to the priority of the license and the frequency schedule contained in the Department's inspection priority system. Personnel assignments are dependent on the region which the facility is located within.

VI A. Reviewer Assessment

The 57 licenses overdue for inspection as of the time of the review represents a continued improvement in this area. 76 overdue inspections were reported during the previous review. In addition, since the Department's priority system requires more frequent inspections than under the NRC system for certain categories of licensees, the number of overdue inspections was judged to be not significant. The Department does plan to reduce this backlog further.

B. Inspection Frequency (Category I)

NRC Guidelines: The RCP should establish an inspection priority system. The specific frequency of inspections should be based upon the potential hazards of licensed operations, e.g., major processors, broad licensees, and industrial radiographers should be inspected approximately annually -- smaller or less hazardous operations may be inspected less frequently. The minimum inspection frequency should be consistent with the NRC system.

Questions:

1. Enclose a copy of the RCP's inspection priority system.

   The Departments inspection priority system is attached as Appendix H.

2. Who assigns licenses to the priority categories?

   The Chief, Radioactive Materials Licensing Section.

3. Discuss any significant variances in the RCP's priorities from the NRC priority system.

   For Research B (≤ 500 mCi total), irradiators - open source and self shielded, and teletherapy licensees, the NYSDOH inspection frequency is every four years versus the NRC schedule of every three years. For lower priority (III ± IV) licenses the NYSDOH inspection frequency is every four to six years versus the NRC schedule of seven years.

4. Is the inspection priority system designed to assure that the more hazardous and/or complex operations are inspected at an appropriate frequency?

The more hazardous/complex operation are inspected on an annual basis.

5. Describe the RCP's policy for unannounced inspections and exceptions to the policy.

RAD 324 requires radioactive materials inspections to be performed unannounced whenever possible. If announced, the procedure calls for no more than two days prior notification.

6. Describe the RCP's policy for conducting follow-up inspections.

Follow-up inspections are conducted when violations noted during the previous inspection are severe enough to warrant reinspection and when the facility's written response to violations is unsatisfactory.

7. a. Does the RCP inspect out-of-state firms working in the State under reciprocity or under State licensure?

No.

b. How many reciprocity notices were received?

In 1984, 16 notices were received.

c. How many were inspected?

None.

VI B. Reviewer Assessment

No significant deficiencies were noted with regard to the Department's priority system. For Research B (≤ 500 mCi total), irradiators - open source and self shielded, and teletherapy licensees, the Department's inspection frequency is every four years versus the NRC schedule of every three years. Since the Department has not experience any particular problems with these licensees and since the reviewer could not any evidence that the three year versus the four year interval was required for public health and safety reasons, no comment or recommendation to change was offered.

C. Inspector's Performance and Capability (Category I)

NRC Guidelines: Inspectors should be competent to evaluate health and safety problems and to determine compliance with State regulations. Inspectors must demonstrate to supervision an understanding of regulations, inspection guides, and policies prior to independently conducting inspections.

The compliance supervisor (may be RCP manager) should conduct annual field evaluations of each inspector to assess performance and assure application of appropriate and consistent policies and guides.

Questions:

1. a. Does the senior inspector or supervisor periodically accompany the inspectors?

   Yes.

   b. Are these accompaniments documented?

   Yes.

2. Give the number of supervisory accompaniments of inspectors since the last review meeting and identify the persons accompanied and the supervisors.

   Three accompaniments with compliance staff by Diane P. Dreikorn.

DATE	INSPECTOR	LICENSEE
04/84	Rita Aldrich	Joel Gross, MD
08/84	Gary Baker	House of Good Sam.
		Our Lady of Lourdes
11/84	Elaine Carter	Univ. of Rochester

VI C. Reviewer Assessment

During this review, two State inspectors were accompanied during routine inspections of medical licensees. Elaine Carter, Associate Radiological Health Specialist, Rochester Office, inspected St. Mary's Hospital in Rochester on March 27, 1985. Rita Aldrich, Associate Radiological Health Specialist, New Rochelle Office, inspected South Nassau Communities Hospital in Oceanside, New York on March 28, 1985. In the opinion of the reviewer, both inspectors are competent to evaluate health and safety problems and to determine compliance with State regulations. During the review period, the program supervisor accompanied three inspections. Accompaniments of the other regional inspectors are planned.

D. Responses to Incidents and Alleged Incidents (Category I)

NRC Guidelines: Inquiries should be promptly made to evaluate the need for onsite investigations. Onsite investigations should be promptly made of incidents requiring reporting to the Agency in less than 30 days (10 CFR 20.403 types). For those incidents not requiring reporting to the Agency in less than 30 days, investigations should be made during the next scheduled inspection. Onsite investigations should be promptly made of non-reportable incidents which may be of significant public interest and concern, e.g. transportation accidents. Investigations should include indepth reviews of circumstances and should be completed on a high priority basis. When appropriate, investigations should include reenactments and time-study measurements (normally within a few days). Investigation (or inspection) results should be documented and enforcement action taken when

appropriate. State licensees and the NRC should be notified of pertinent information about any incident which could be relevant to other licensed operations (e.g., equipment failure, improper operating procedures). Information on incidents involving failure of equipment should be provided to the agency responsible for evaluation of the device for an assessment of possible generic design deficiency. The RCP should have access to medical consultants when needed to diagnose or treat radiation injuries. The RCP should use other technical consultants for special problems when needed.

Questions:

1. How does the RCP respond to incidents and alleged incidents?

   By following RAD 320, the Department's incident response plan.

2. Are major incidents (10 CFR 20.403 types requiring reporting in less than 30 days) investigated on a priority basis?

   Yes. The Regional Radiological Health Specialist usually conducts an investigation at the site of major incidents within 24 hours following notification.

3. Are other incidents followed up in the next scheduled inspection?

   Yes. Follow-up of incidents such as diagnostic misadministrations are conducted during the next scheduled inspection.

4. Are non-reportable incidents that may be of significant public interest and concern promptly investigated?

   Yes.

5. How many incident investigations were conducted during the review period?

   6.

6. Attach as an appendix a summary of each incident investigated. Include documentation of investigation results, enforcement action when appropriate, any reenactment and time motion studies, as well as notification of the NRC and state licensees of incident information that may have been relevant to other licensed operations.

   A summary of incidents is attached as Appendix I.

7. Were any incidents attributed to generic-type equipment failure?

   No.

8. What action was or would be taken by the RCP pertaining to incidents attributable to generic equipment failures in regard to notification of the NRC, other licensees and the regulatory agency which approved the device?

   If the potential of a generic-type equipment failure is suspected, the RCP will notify the NRC Region I representative immediately by telephone and follow-up documentation will be provided. If a generic-type equipment failure is determined, affected licensees and the regulatory agency approving the device is notified through a Information Notice mailing.

9. If a failure should occur in equipment manufactured by a RCP licensee, what action would be taken to:

   The New York State Department of Labor would be notified immediately as this type of activity would fall under their jurisdiction.

10. When are other RCP licensees and the NRC notified of pertinent information about an incident?

    When an incident has the potential of causing a significant public health hazard, State licensees and NRC receive written notification.

11. a. Are medical consultants available and used when necessary?

       Although no formalized agreement with medical consultants to diagnose or treat radiation injury exists, expertise is available in New York State should the need arise.

    b. Is the State aware of the availability of medical consultants from NRC?

       Yes.

12. Explain any use of other technical consultants for special problems encountered in incident investigations.

    No additional technical consultants were used during the review period. However, technical consultants from Oak Ridge National Laboratory, Brookhaven National Laboratory, and New York University Medical Center may be called upon for their expertise when special problems are encountered during investigations.

13. Were there any incidents since the last review meeting that met Abnormal Occurrence Report (AOR) criteria?

    Yes, the EAD incident in Tonawanda, New York, April 1984.

VI D. Reviewer Assessment

The Department meets these indicator guidelines. Although EAD was not a licensee of the State Department of Health, the Department has been actively involved in the investigation of the incident and especially in the analysis of clean-up of the landfill and incinerator. Department personnel chaired the Governor's Ad Hoc Committee on the incident and have been negotiating with a consultant, ENSA, Inc., regarding the clean up. The New York Legislature recently appropriated $500,000 to assist the Town of Tonawanda in the clean up of the town's landfill and sewage treatment plant incinerator. The State Department of Environmental Conservation will disperse these funds.

E. Enforcement Procedures (Category I)

NRC Guidelines: Enforcement Procedures should be sufficient to provide a substantial deterrent to licensee noncompliance with regulatory requirements. Provisions for the levying of monetary penalties are recommended. Enforcement letters should be issued within 30 days following inspections and should employ appropriate regulatory language clearly specifying all items of noncompliance and health and safety matters identified during the inspection and referencing the appropriate regulation or license condition being violated. Enforcement letters should specify the time period for the licensee to respond indicating corrective actions and actions taken to prevent re-occurrence (normally 20-30 days). The inspector and compliance supervisor should review licensee responses. Licensee responses to enforcement letters should be promptly acknowledged as to adequacy and resolution of previously unresolved items. Written procedures should exist for handling escalated enforcement cases of varying degrees. Impounding of material should be in accordance with State administrative procedures. Opportunity for hearings should be provided to assure impartial administration of the radiation control program.

Questions:

1. Describe the State's enforcement procedures.

   The Department's administrative rules and regulations regarding enforcement procedures are available in Region I files. These rules and regulations cover the powers and duties of the Administrative Tribunal which can hold hearings, issue orders, impose fines and other penalties including license suspension or revocation.

2. If the RCP can apply civil penalties, explain the procedures for keying monetary penalties to violations.

   Sections 12, 12-6, 206-4 (c), and 229 of the Public Health Law provide civil penalties up to $1,000 per violation of the

Sanitary Code and criminal penalties of up to $2,000 and/or imprisonment up to one year for each violation of the Sanitary Code.

The Department's usual enforcement procedure, the Administrative Tribunal, involves civil penalties only. The alleged violator is sent a Stipulation Offer. The Stipulation Offer, offers the alleged violator a reduced penalty of $250 per violation if the alleged violator pleads guilty and agrees to correct any violations of the Code within a certain time period. Administrative Tribunal Hearing Officers have usually reduced the penalty to $100 per violation if there is conclusive evidence that all violations cited on the AT-10 have been corrected before a decision in the case is rendered.

3. Describe the RCP's provisions for criminal penalties.

   State Law provides for criminal penalties of up to $2,000 and/or imprisonment up to one year for each violation of the Sanitary Code.

4. Describe the policies in effect for issuing field forms equivalent to NRC form 591 or letters for enforcement action.

   Enforcement letters are issued in all cases.

5. Are there written procedures for handling escalated enforcement cases? Please provide for review.

   See response to question E.1. above.

6. Can the State issue Orders, including Emergency Orders?

   Yes. Action can be taken under a Commissioner's Order to be followed by a hearing within 15 days.

7. Can the RCP impound radioactive material?

   Yes, but only if the material presents a public health hazard.

8. Do RCP administrative procedures permit the opportunity for hearings in major enforcement cases?

   Yes.

9. If during the review period the RCP has issued orders, applied civil penalties, sought criminal penalties, impounded sources, or held a formal enforcement hearing, identify these cases and enclose copies of the pertinent State enforcement correspondence or orders.

NAME OF LICENSEE	LICENSE NUMBER	TYPE OF ENFORCEMENT ACTION	DATE OF ACTION
Joel Gross, MD	1895	Administrative Tribunal Hearing & Stipulation	5/29/84
Rodolfo Byrne, MD	1819	Administrative Tribunal Hearing & Stipulation	7/10/84

Further information on these cases is provided in Appendix J.

10. Are enforcement letters issued within 30 days of the inspection?

    Yes.

11. Are enforcement letters written in regulatory language and reference regulations and license conditions?

    Yes.

12. Do the enforcement letters clearly differentiate between noncompliance items and health and safety recommendations?

    Yes.

13. If applicable, do the letters separate actions subject to the State radiation control act and State OSHA regulations?

    N/A.

14. a. Are enforcement letters issued by inspectors or supervisors?

       Enforcement letters are issued by regional inspectors.

    b. If issued by inspectors do they undergo supervisory review prior to dispatch?

       In most cases, no. For new inspectors performing radioactive materials inspections, correspondence is reviewed by the Chief, Radioactive Materials Licensing Section for approximately 6 - 12 months.

15. Do enforcement letters require the licensee to respond within a stated time period? Note the period.

    Yes. 30 days.

16. a. Are licensee's responses to enforcement letters reviewed by the inspector and the supervisor?

       Yes.

b. Are they acknowledged properly?

Yes.

17. Has the RCP taken escalated enforcement action against licensees who operate in multiple jurisdictions?

No.

VI E. Reviewer Assessment

The Administrative Tribunal procedure has been an effective one for the Department and it is anticipated that the RCP will use this enforcement procedure more frequently in the future. Further information is provided in the Reviewer Assessment section of VI.G.

F. Inspection Procedures (Category II)

NRC Guidelines: Inspection guides, consistent with current NRC guidance, should be used by inspectors to assure uniform and complete inspection practices and provide technical guidance in the inspection of licensed programs. The NRC Agreement States Guides may be used if properly supplemented by policy memoranda, agency interpretations, etc. Written inspection policies should be issued to establish a policy for conducting unannounced inspections, obtaining corrective action, following up and closing out previous violations, assuring exit interviews with management, and issuing appropriate notification of violations of health and safety problems. Procedures should be established for maintaining licensees' compliance histories. Oral briefing of supervision or the senior inspector should be performed upon return from nonroutine inspections. For States with separate licensing and inspection staffs, procedures should be established for feedback of information to license reviewers.

Questions:

1. Has the RCP developed its own inspection guides or does it use NRC guides?

NRC inspection guides are distributed to regional inspectors for their reference.

2. Are current copies of the internal inspection forms and guides on file in the RCP office and with NRC? Attach any changes or guides developed since the last review.

Inspection forms are available in Region I files.

3. Are inspectors furnished copies of inspection guides?

Yes.

4. Discuss the use or non-use of inspection policy memoranda, interpretations, etc., to supplement inspection guides.

   Memoranda related to inspection policies and procedures are distributed periodically to all regional inspection staff.

5. Are there written procedures establishing policy for:

   a. unannounced inspections?

      Yes.

   b. obtaining corrective action?

      Yes.

   c. following-up and closing out previous citations of violations?

      Yes.

   d. exit interviews with management?

      Yes.

   e. issuing notices of violations and findings of health and safety problems?

      Yes.

   f. categorizing the seriousness of violations?

      No.

   Please provide copies of these procedures for review.

6. What procedures have been established for maintaining licensee's compliance histories?

   By maintaining a copy of the inspection report and subsequent correspondence in the license file.

7. Does the senior inspector or supervisor orally debrief the inspector upon return from inspections?

   In most cases, no. In the regional offices it is the senior inspectors who perform radioactive materials inspections. If a serious problem is noted during inspection, telephone contact is made with either the Bureau Director or Chief, Radioactive Materials Licensing Section.

8. What procedures are there for providing feedback from inspectors to licensing?

Licensing staff review the most recent inspection report when reviewing a facility's license. In addition, frequent telephone contacts are made between licensing and compliance staffs to discuss pending licensing actions or problems noted during inspections.

VI F. Reviewer Assessment

The Department meets these indicator guidelines.

G. Inspection Reports (Category II)

NRC Guidelines: Findings of inspections should be documented in a report describing the scope of inspections, substantiating all items of noncompliance and health and safety matters, describing the scope of licensees' programs, and indicating the substance of discussions with licensee management and licensee's response. Reports should uniformly and adequately document the results of inspections and identify areas of the licensee's program which should receive special attention at the next inspection. Reports should show the status of previous noncompliance and the independent physical measurements made by the inspector.

Questions:

1. How do inspection reports document the inspection that was conducted and the inspection findings? Explain how the reports substantiate noncompliance and health and safety matters and describe the scope of the licensee's program.

   The inspector completes the appropriate inspection form to document the inspection, scope of the program reviewed, and noncompliance items noted. Specific examples of activities noted are used to substantiate noncompliance items and health and safety matters.

2. Do the reports

   a. relate the discussions held with license management and interviews with workers?

      Yes.

   b. include independent measurements conducted by the inspector?

      Yes.

   c. document follow-up of previous citations of violations made by the inspector?

      Yes.

d. identify areas of the licensee's program needing special attention at the next inspection?

Yes.

3. Are inspectors routinely inspecting radwaste package preparation and shipping practices and do the reports document the results?

Yes, but the majority of facilities now have inhouse decay programs.

VI G. Reviewer Assessment

A review of selected compliance files is attached as Appendix K. The review of a number of enforcement letters revealed that in some cases, violations of regulations or license conditions were addressed as recommendations rather than cited as items of noncompliance. Two other cases were noted where the State could have taken stronger enforcement action. In the first case involving a type C broad academic license in the Buffalo area, the licensee has had a poor compliance record for 10 years, with continuing repeat violations. The second case involved a medical licensee in the New Rochelle region where numerous violations, some of which were addressed as recommendations rather than items of noncompliance, were contested by the licensee. Although the Department plans escalated enforcement action in this case, the delay in taking such action may have weakened the State's case.

In the past, inspection reports did not always receive management review in Albany on a timely basis. Although recent cases have shown improvement in this area, program management needs to monitor supervisory review of these reports to assure that they continue to be conducted on a timely basis. Inspection reports did not always provide adequate documentation to support items of noncompliance. For example, some reports contained statements to the effect that certain records were "incomplete" without providing details as to what specific information was missing. The State has on occasion cited licensees for failure to keep exposures as low as reasonably achievable (ALARA); however, all inspection reports do not always indicate the status of the licensee's ALARA program.

H. Independent Measurements (Category II)

NRC Guidelines:

Independent measurements should be sufficient in number and type to ensure the licensee's control of materials and to validate the licensee's measurements. RCP instrumentation should be adequate for surveying license operations (e.g., survey meters, air samplers, lab counting equipment for smears, identification of isotopes, etc.).

GM Survey Meter: 0-20 mr/hr
Ion Chamber Survey Meter: several r/hr
Neutron Survey Meter: Fast & Thermal
Alpha Survey Meter: 0-100,000 c/m
Air Samplers: Hi and Low Volume
Lab Counters: Detect 0.001 uc/wipe
Velometers
Smoke tubes
Lapel Air Samplers

Instrument calibration services or facilities should be readily available and appropriate for instrumentation used. Licensee equipment and facilities should not be used unless under a service contract. Exceptions for other State Agencies, e.g. a State University, may be made. Agency instruments should be calibrated at intervals not greater than that required to licensees being inspected.

Questions:

1. Discuss the RCP's policy for conducting independent measurements as a part of each inspection (e.g., air samples, wipe samples, air flows, dose rates). Are these measurements documented in the inspection report?

   Dose rates and wipe samples are routinely obtained during an inspection. The results are documented in the inspection report. If wipe samples are sent to the Center for Labs and Research for analysis, a report of results is usually received by the inspector and central office within one week.

2. List the instrumentation that is readily available to the RCP for surveying licensed operations and conducting appropriate independent measurements.

   The list of available instrumentation is available in Region I files.

3. Describe the method used for calibrating survey instruments and the frequency of calibration.

   ANSI standard N323 - annual calibration.

VI H. Reviewer Assessment

The Department meets these indicator guidelines.

VII. OTHER ASPECTS OF THE STATE'S RADIATION CONTROL PROGRAM

A. Non-Agreement Sources of Radiation

Questions:

1. Are the licensing and inspection procedures for NARM the same as for agreement materials?

   Yes.

2. Give the number of X-ray machine (or tube) and accelerator registrants by category, e.g., dental, medical, industrial, etc.

   Machine registration data is attached as Appendix L.

3. How many machine and accelerator inspections were made in the last year (or other appropriate interval)?

   Machine inspection data is also included in Appendix L.

4. Does the RCP license X-ray or nuclear medicine technologists?

   Yes. State licensure for radiological technologists exists.

VII A. Reviewer Comment: None.

B. Environmental Monitoring Program

Questions:

1. To indicate the scope of the environmental monitoring program, describe:

   A description of the Department's Statewide sampling program is attached as Appendix M.

2. Is a copy of the latest environmental surveillance report available for review?

   The 1984 Environmental Surveillance Report is currently being prepared.

VII B. Reviewer Comment: None.

C. Other Areas

This section of the review is for the use of either the reviewer or the RCP to address issues pertaining only to the individual State, to new areas of concern, or to generic or State-specific issues raised by NRC staff.

1. Other Generic Issues

Questions:

a. For radiography inspections, to what extent do you make inspections at temporary job sites?

N/A.

b. Are you finding Ir-192 contamination on radiographic equipment?

N/A.

c. What are the State's plans to adopt the low-level waste (LLW) manifest rule (if not already adopted)?

Revision of 10 NYCRR includes the LLW manifest rule.

d. For States with LLW disposal sites, what are the State's plans to implement 10 CFR 61?

N/A.

e. Will your State have access to a LLW disposal site after January, 1986. If not, what contingency plans are there for after January, 1986?

No. Legislation is currently being proposed for development of temporary above-ground storage facilities at West Valley.

f. Have copies of 10 CFR 61 and NRC technical positions on waste form and classification been distributed to State licensees? If there has been feedback please provide documentation.

Yes. No feedback was received from licensees. Most facilities have instituted in-house decay programs for short-lived materials.

g. Have there been any applications or approvals for incineration, compacting or disposal?

No.

h. What use is being made of IE information notices?

Distribution to applicable licensees and compliance staffs promptly when received.

i. Identify any group of materials licenses for which the RCP has increased frequency of inspection due to problems with that general category. Please discuss the nature of those problems.

None.

j. With respect to medical licensees, is the RCP making any effort during inspections of nuclear pharmacies to determine whether the licensee is actually conducting the required molybdenum breakthrough tests, i.e., what is the RCP doing in addition to record reviews to establish compliance or noncompliance with the requirement?

Only 2 nuclear pharmacies are in the NYS Department of Health jurisdiction. Records are reviewed for molybdenum breakthrough checks, in addition to observing procedures as they are performed at the facility.

k. Is the RCP mounting any special effort to look at the possibility of reconcentration of radionuclides in sanitary sewers and sewage treatment plants as part of the regular inspection program? If so, please describe.

Yes. We plan to require facilities that discharge alpha emitters and Type A Broad licensees to perform annual sampling of sediments of effluent solids from their facility at the nearest accessible point and the final solid output, whether sludge or ash, from the sewage treatment plant. Facilitites will be required to analyze samples for all radionuclides discharged through their sanitary sewer system.

LIST OF APPENDICES

UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D. C. 20555

CHRONOLOGY

Amendments to be Considered
by Agreement States
(from September 1971)

Effective Date	10 CFR Part	Suggested State Regulations	Summary
Sept. 24, 1971	20 30	Part C, Sch. B Part D, App. B	Addition of an exempt quantity for Ba-133.
March 26, 1972	20 30 40 70 71	A.3 C.40 C.100 D.207	Addition and modification of transport and packaging procedures.
Nov. 2, 1972	20	Part D, App. A	Changes in values of radionuclides of all concentrations in air and water.
Sept. 17, 1973	19	Part J	Requirements for notices, instructions and reports by licensees to workers, and options available to workers with regard to inspections.
Oct. 24, 1973	20 30 32	A.2(i)c Part ~~B~~, Sch. A Part D, App. A and App. B	Change to abbreviations for "curie" and "microcurie," and addition of definition for "millicurie."
Jan. 10, 1974	31 32	C.22(i) C.28(h)	Authorization to use C-14 in <u>in vitro</u> clinical or laboratory tests.
March 11, 1974	30 31 40 70 150	C.40	Requirement that suppliers must verify that customers are authorized to receive the material shipped.
July 29, 1974	~~30~~ 20	A.2(i) Part D, App. A	Special curie definitions and concentration values for U and Th.

APPENDIX A

Effective Date	10 CFR Part	Suggested State Regulations	Summary
.. 16, 1974	31 32 35	C.22(h) C.26(c) C.28(h) C.28(j)	Addition of H-3 and Fe-59 to in vitro tests and extension of Medical Group licensing.
. 15, 1975	31 32	C.22(d) C.28(d)	Modification of requirements for distribution of 31.5 GL devices.
. 19, 1975	--	A.3(c)	Clarification of AEC contractors exemption pursuant to Energy Reorganization Act.
e 25, 1975	20	D.206	Requirements for control of licensed material in unrestricted areas and not in storage.
e 25, 1975	35	Part C, Sch. C	Addition of I-125 seeds for interstitial treatment of cancer to Group VI.
. 19, 1976	20	D.1(a)	Incorporation of "As Low As Is Reasonably Achievable (ALARA)" wording.
29, 1976	20	Part D, App. A	Modification of occupational exposure limit for Rn-222.
. 23, 1976	35	Part C, Sch. C	Addition of Sn-113/ In-113m generators to Group III.
1 19, 1976	35	Part C, Sch. C	Addition of Yb-169 DTPA for cisternography to Group II.
e 2, 1976	20 31 32 34 40 70 150	Parts C, D and E	Requirements for preservation of certain records required by the regulations.

fective Date	10 CFR Part	Suggested State Regulations	Summary
Aug. 4, 1976	34	E.203	Personnel monitoring requirements for industrial radiographers. NIL
Aug. 16, 1976	35	Part C, Sch. C	Addition of I-125 fibrinogen for detection of deep vein thrombosis to Group II. Yes Nov. 81 Group I
Dec. 29, 1976	20.103 (C)	D.103	Authorizes use of respirators. Bases internal exposure limits on intake into the body.
Jan. 5, 1977	40	C.21(d)	Establishes GL for depleted uranium products. NO
March 7, 1977	40	C.3(c)	Exemption for personnel neutron dosimeters containing thorium. 16-3.100
ay 31, 1977	31 32	C.22(i) C.28(h)	Addition of Se-75 to in vitro GL. July '79 Table 6 Therm.
June 27, 1977	31 32	C.22(i) C.28(h)	Addition of Mock Iodine-125 calibration sources to in vitro GL. Rev 16-3.101 (i)
Aug. 15, 1977	35	C.26(b)	Modification of requirements for individual physician use of radioactive material for human use. July '79 16.121
Jan. 6, 1978	40	C.21(a)	Extends small quantity source material GL to Federal, State and local governments for operational purposes. Rev 16-3.101 (j)
Jan 16, 1978	35	Part C, Sch. C	Addition of Tc-99m human serum albumin for heart blood pool imaging to Group III. Nov. 81
eb. 7, 1978	35	Part C, Sch. C	Addition of Tc-99m medronate sodium for bone imaging to Group III. Nov 81

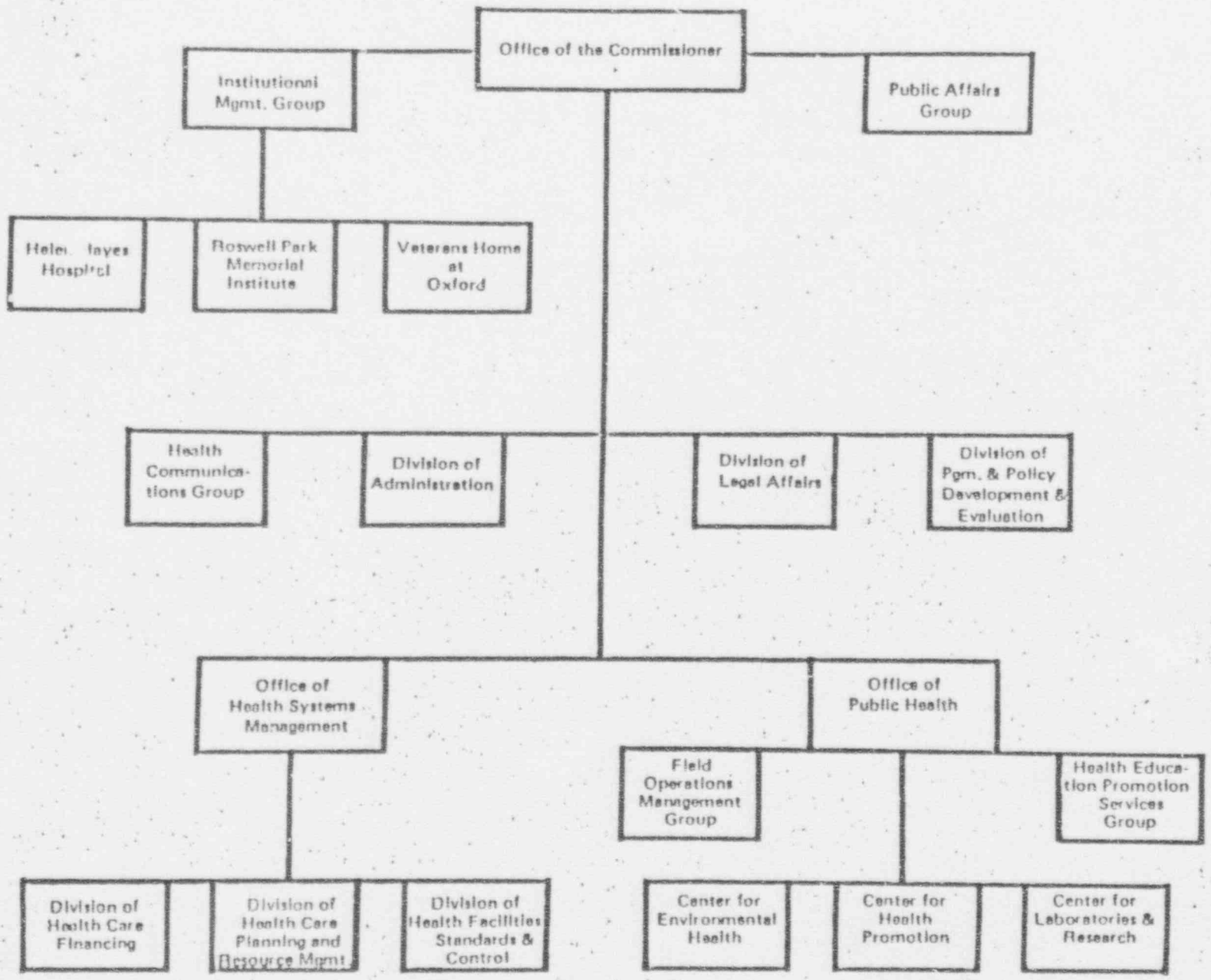
Effective Date	10 CFR Part	Suggested State Regulations	Summary
...ber 16, 1978	30	C.4(c)	Exemption for spark gap irradiators containing Co-60.
...March 14, 1978	20	D.203(c)	Additional requirements for controlling areas in which radiation levels in excess of 500 rems/hr exist.
...June 16, 1978	35	Part C, Sch. C.	Addition of Tc-99m gluceptate sodium for brain and renal perfusion imaging to Group III.
...June 23, 1978	20	D.203(f)	Removal or defacing of radioactive material labels on empty containers.
...Sept. 7, 1978	35	Part C, Sch. C	Addition of Tc-99m human serum albumin microspheres for venography to Group III.
...Oct. 28, 1978	35	G.3(c)	Requirement to perform survey of patients to confirm that implants have been removed.
...March 22, 1979	35	Part C, Sch. C	Deletion of diagnostic procedures from medical groups.
...June 5, 1979	30 40 70	C.31(d)	Notice of discontinued licensed operations.
...July 9, 1979	35	G.3(d),(e),(f),(g),(h)	Teletherapy calibrations
...Aug. 20, 1979	19 20	D.1, D.101, D.102 J.13	Control of radiation to transient workers.
...Sept. 27, 1979	71	C.100	Modification of transportation requirements.

Effective Date	10 CFR Part	Suggested State Regulations	Summary
March 3, 1980	34	Part E C.26(e)	Amendments to industrial radiography requirements. N/A
March 28, 1980	71	A.3(b) C.101	Correction to reference to Postal Service regulations.
Sept. 2, 1980	35	C.26(c)	Testing of radioisotope generators. Lic. Cond, + Rev
Sept. 19, 1980	40	C.21(a)	Deletion of GL for source material medicinals. Rev 16-3.101 (f),
Nov. 10, 1980	35	D.409	Medical misadministration reporting. → Put therapy in Rev.
Nov. 17, 1980	40	A.2 C.25(e),(f),(g),(h) C.29 Part C, Sch. E	Requirements to implement the Uranium Mill Tailings Act. N/A
Dec. 1, 1980	20	D.106(g)	Reference to 40 CFR 190 for uranium fuel cycle operations. N/A
Jan. 28, 1981	20	D.304	Deletion of waste burial authorization. Rev 16-3.304
March 6, 1981	35	Part C, Sch. C	Addition of Tc-99m oxidronate sodium to Group III. ✓
March 13, 1981	34	E.203(b)	Disposal of dosimeter records. N/A radiographers
March 31, 1981	20	D.306	Biomedical waste rule — Lic Cond + Rev
May 13, 1981	30	C.4(c)	Exemption for survey instrument calibration sources. Rev 16-3.100 (d).0
Sept. 23, 1981	30.15 (b)(2)	C.4(c)	Addition of Am-241 to exemption for survey instrument calibration sources. 0.05 uC; Am-241 Rev 16-3.101 (c)

Effective Date	10 CFR Part	Suggested State Regulations	Summary
Nov. 30, 1981	20	D.201	Radiation protection survey requirement.
Dec. 24, 1981	40	C.3(c)(6)	Clarification of exemption for uranium shielding in shipping containers.
March 26, 1982	35	Part C, Sch. C	Addition of Tc-99m labeled disofenin to Group III.
April 15, 1982	20	D.103	Placement of provisions of Reg. Guide 8.15 in regulations.
June 29, 1982	35	Part C, Sch. C	Addition of Tc-99m labeled succimer to Group III.
July 6, 1982	71.97	C.104	Advance notification of transport of waste.
Sept. 13, 1982	35	C.26(a)	Change medical isotope committee to radiation safety committee.
Jan 26, 1983	61	Part M D.307	Licensing requirements for land disposal of radioactive waste, and waste classification.
Dec. 27, 1983*	20	D.311	Transfer for disposal and manifests.
March 4, 1983	35.25 35.26	G.4(h),(i)	Teletherapy room monitors and servicing of source exposure mechanisms.
March 7, 1983	35.14 (b)6	C.26(c)	Exemption from requirements for use of approved radiopharmaceuticals for unapproved procedures.

*Published in conjunction with Part 61.

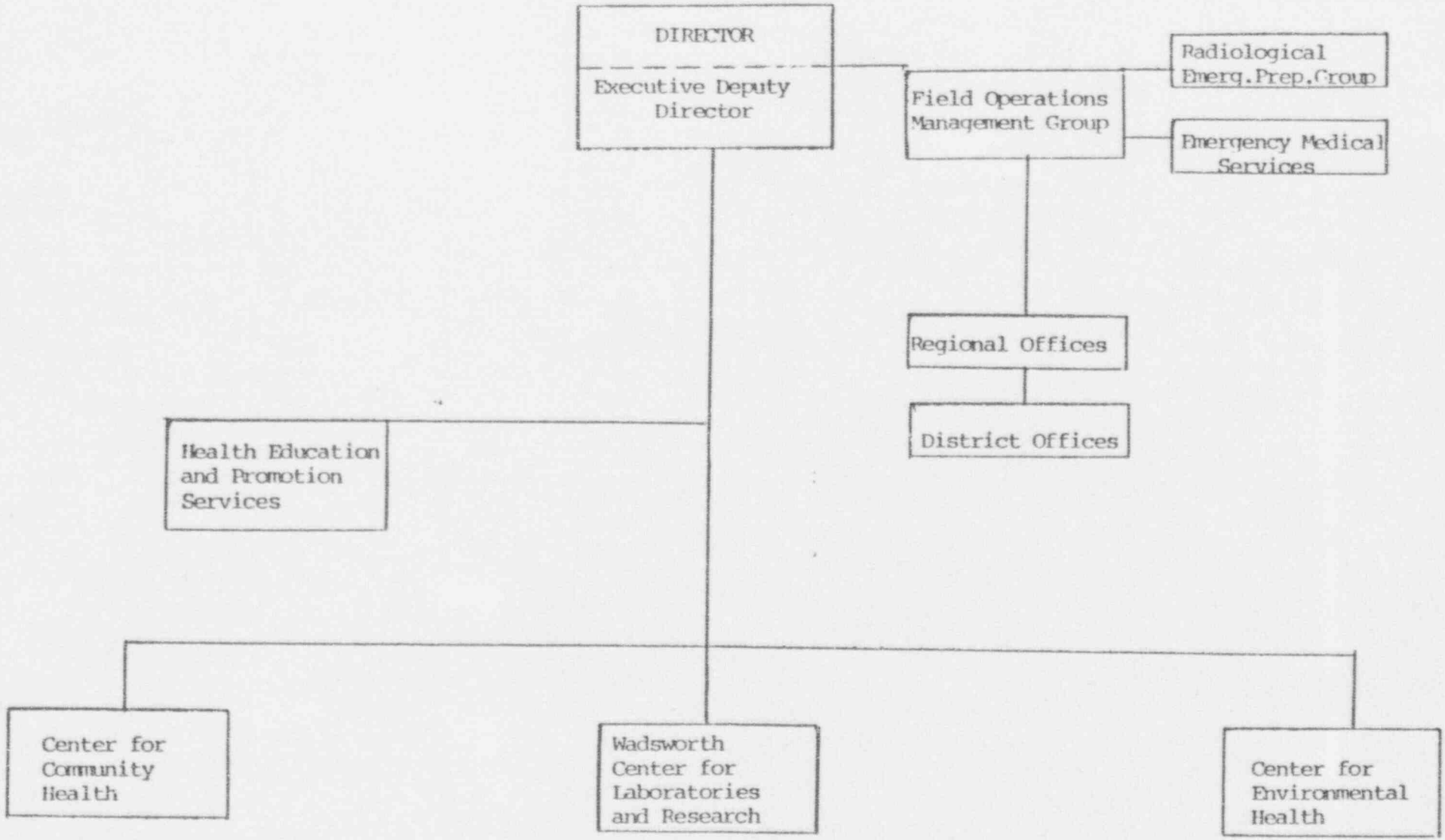
Effective Date	10 CFR Part	Suggested State Regulations	Summary
June 28,1983	35	Part C, Sch. C	Addition of I-125 sealed source in portable device to Group VI. ✓
Aug. 15, 1983	30 40 70	C.32	Expiration and termination of licenses. July '79 - Rev 16.3.109
Sept. 6, 1983	71	Part T (Proposed)	Transportation regs, compatibility with IAEA. Rev 16.3-400
Sept. 28, 1983	30 70 150	W.501	Irretrievable well logging source. N/A
Sept. 11, 1984	40	C.3(c)	Elimination of exemption for glass enamel and glass enamel frit. Rev.


Office of the Commissioner
Institutional Mgmt. Group
Public Affairs Group
Helen Hayes Hospital
Roswell Park Memorial Institute
Veterans Home at Oxford
Health Communications Group
Division of Administration
Division of Legal Affairs
Division of Pgm. & Policy Development & Evaluation
Office of Health Systems Management
Office of Public Health
Field Operations Management Group
Health Education Promotion Services Group
Division of Health Care Financing
Division of Health Care Planning and Resource Mgmt
Division of Health Facilities Standards & Control
Center for Environmental Health
Center for Health Promotion
Center for Laboratories & Research

APPENDIX B

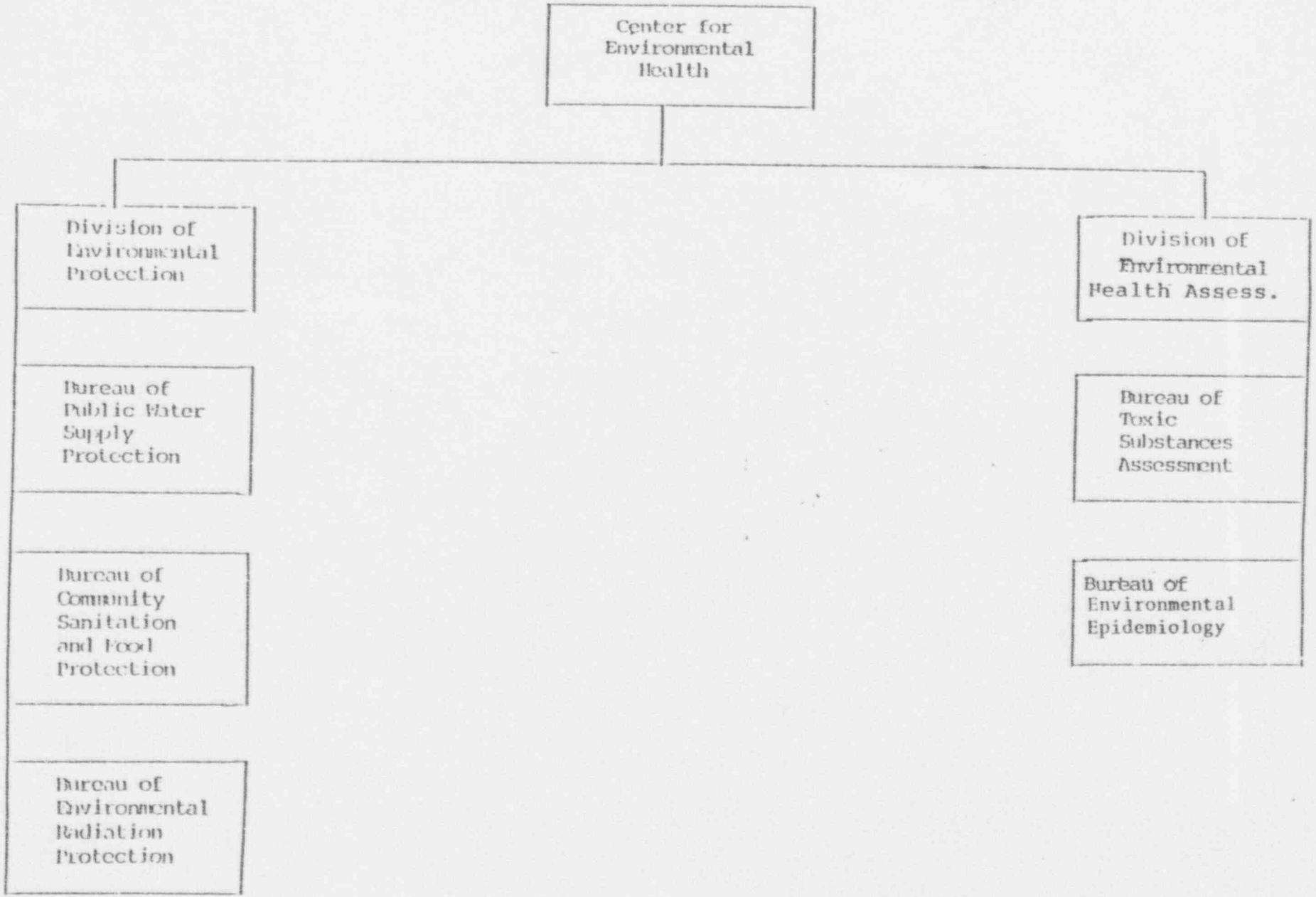
NEW . STATE DEPARTMENT OF HEALTH
OFFICE OF PUBLIC HEALTH

January, 1985



NEW [illegible] STATE DEPARTMENT OF HEALTH
OFFICE PUBLIC HEALTH
CENTER FOR ENVIRONMENTAL HEALTH

January, 1985



BUREAU OF ENVIRONMENTAL RADIATION PROTECTION

Office of the Director:
Karim Rimawi, Ph.D., Director (G-64)
Toni Walsh, Health Program Aide (G-11)
Linda Branch, Sr. Stenographer (G-9)

Environmental Radiation Section

William Condon, Chief (G-27)
Princ. Radiological Health Spec.

James Huang (G-22)
Research Scientist II

Robert Alibozek (G-23)
Assoc. Radiological Health Spec.

Robert Wigley (G-15)
Engineering Technician

Robert Bochniewicz (G-12)
Electronic Equipment Mechanic

*Dorothy Meicht (G-5)
Stenographer

**Stenographer (G-5)

*40%
**60%

Radioactive Materials Licensing Section

Diane Dreikorn, Chief (G-27)
Princ. Radiological Health Spec.

Steven Zobel (G-18)
Senior Radiological Health Spec.

Robert Rivera (G-18)
Senior Radiological Health Spec.

Patricia Nicholas (G-7)
Senior Typist

Radiation Equipment Section

Maryanne Harvey, Chief (G-27)
Princ. Radiological Health Spec.

Thomas Miller (G-23)
Assoc. Radiological Health Spec.

George Kerr (G-18)
Senior Radiological Health Spec.

Douglas Keith (G-18)
Senior Radiological Health Spec.

John O'Connell (G-18)
Senior Radiological Health Spec.

Catherine Nava (G-7)
Senior Clerk

(G-3)
Typist

Helen Hart (G-3)
Typist

Radiologic Technology Section

Alan Cohen (G-23)
Assist. Dir. of Rad. Technology

John Todesco (G-17)
Senior Investigator

Julie Hourigan (G-9)
Senior Stenographer

Lillian Carpenter (G-5)
Stenographer

Field Roster

Albany Regional Office

Robert Middleton - Associate Radiological Health Specialist
Vacant - Associate Radiological Health Specialist

Buffalo Regional Office

William O'Brien - Associate Radiological Health Specialist
Ferenc Tibold - Senior Radiological Health Specialist
Barbara Ignatz - Senior Radiological Health Specialist

New Rochelle Regional Office

Ihor Czerwinskyj - Senior Sanitary Engineer
Rita Aldrich* - Associate Radiological Health Specialist

Rochester Regional Office

Elaine Carter - Associate Radiological Health Specialist
Larry Rawa - Senior Radiological Health Specialist

Syracuse Regional Office

Gary Baker - Associate Radiological Health Specialist
Vidya Goyal - Senior Radiological Health Specialist

*Compliance Contract

BUREAU OF ENVIRONMENTAL RADIATION PROTECTION

PROFESSIONAL STAFF

NAME	TITLE	GRADE	% OF TIME IN RM	ACTIVITY
Karim Rimawi	Director	G-31	20	Administration
William Condon	Principal Radiological Health Specialist	G-27	5	Administration
Maryanne Harvey	Principal Radiological Health Specialist	G-27	0	
Diane Dreikorn	Principal Radiological Health Specialist	G-27	90	Administration Licensing Compliance
Thomas Miller	Associate Radiological Health Specialist	G-23	0	
James Huang	Research Scientist II	G-22	0	
Robert Alibczek	Associate Radiological Health Specialist	G-23	0	
Douglas Keith	Senior Radiological Health Specialist	G-18	0	
George Kerr	Senior Radiological Health Specialist	G-18	0	
John O'Connell	Senior Radiological Health Specialist	G-18	0	
Steve Zobel	Senior Radiological Health Specialist	G-18	95	Licensing
Robert Rivera	Senior Radiological Health Specialist	G-18	100	Licensing
William Wigley	Principal Engineering Technician (APC)	G-15	0	
Robert Bochnewicz	Electronic Equipment Mechanic	G-12	20	Equipment Maintenance

STENOGRAPHIC STAFF

Linda Branch	Senior Stenographer	G-9	0	
Cathy Nava	Senior Clerk	G-7	0	
Patricia Nicholas	Senior Typist	G-7	90	
D. Meicht	Stenographer	G-5	0	
Helen Hart	Typist	G-3	0	
Sybil Schaub	Typist	G-3	0	

APPENDIX D

AREA/REGIONAL OFFICES

NAME/REGIONAL OFFICE	TITLE	GRADE	% OF TIME IN RM	ACTIVITY
Albany Office				
Robert Middleton	Associate Radiological Health Specialist	G-23	40	Compliance
Vacant	Associate Radiological Health Specialist	G-23	0	
Buffalo Office				
William J. O'Brien	Associate Radiological Health Specialist	G-23	30	Compliance
Barbara Ignatz	Senior Radiological Health Specialist	G-18	0	
Ferenc Tibold	Senior Radiological Health Specialist	G-18	0	
New Rochelle Office				
Thor Czerwinskyj	Senior Sanitary Engineer	G-24	40	Compliance
Rita Aldrich	Associate Radiological Health Specialist	G-23	40	Compliance
Rochester Office				
Elaine S. Carter	Associate Radiological Health Specialist	G-23	35	Compliance
Lary Rawa	Senior Radiological	G-18	0	
Syracuse Office				
Gary Baker	Associate Radiological Health Specialist	G-23	50	Compliance
Vidya Goyal	Senior Radiological	G-18	0	

BERP STAFF TRAINING - 1985

03-11-1985 AT 15:30

LNAME	COURSE	SPONSOR
ALDRICH	APPLIED HEALTH PHYSICS	OR ✓
BAKER	GENERAL HEALTH PHYSICS	LOWELL U
BOCHNIEWICZ	INTRO TO IBM PC	DOH
BRANCH	SUPERVISION	DOH
CONDON	DATA BASE III	DOH
DREIKORN	APPLIED HEALTH PHYSICS	OR ✓
HART	INTRO TO IBM PC	DOH
HOURIGAN	SUPERVISION	DOH
HOURIGAN	WANG	DOH
HUANG	DATA BASE III	DOH
KEITH	DATA BASE III	DOH
KEITH	INTRO TO IBM PC	DOH
MILLER	CPR	ARC
RIMAWI	GENERAL HEALTH PHYSICS	LOWELL U
WALSH	DATA BASE III	DOH
WIGLEY	DATA BASE III	DOH
WIGLEY	INTRO TO IBM PC	DOH

TOTAL

Printed 17 of the 160 records.

APPENDIX E

BERP STAFF TRAINING - 1984

03-11-1985 AT 15:32

LNAME	COURSE	SPONSOR
ALDRICH	NUCLEAR MEDICINE - Q. A.	FDA
ALDRICH	TELETHERAPY	NRC ✓
BAKER	TELETHERAPY	NRC ✓
BAKER	TRANSPORTATION COURSE	NRC ✓
BRANCH	WANG	LEAP
DREIKORN	BIOLOGICAL EFFECTS	HARV ✓
DREIKORN	ENGINEERING COURSE	NRC ✓
DREIKORN	NUCLEAR MEDICINE - Q.A.	FDA
DREIKORN	TELETHERAPY	NRC ✓
GOYAL	HEALTH PHYSICS	ORNL ✓
GOYAL	MEDICAL ISOTOPES	NRC ✓
IGNATZ	HEALTH PHYSICS	ORNL ✓
MIDDLETON	HEALTH PHYSICS	ORNL ✓
MILLER	EMPLOYEE COUNSEL. & COR. DISC.	DOH
MILLER	NEXT	FDA
NICHOLAS	WANG	LEAP
RIMAWI	RISK ASSESSMENT	HARV
ZOBEL	HEALTH PHYSICS	NRC ✓
ZOBEL	LICENSING	NRC ✓
ZOBEL	MEDICAL ISOTOPES	NRC ✓
ZOBEL	RADIOCHEMISTRY	NRC ✓
ZOBEL	RADIOLOGICAL EMERGENCY RESP	FEMA

TOTAL

Printed 22 of the 160 records.

BERP STAFF TRAINING - 1983

03-11-1985 AT 15:33

LNAME	COURSE	SPONSOR
ALDRICH	DOSE ASSESSMENT	FEMA
ALDRICH	ENVIRONMENTAL MONITORING	BNL
ALDRICH	INSPECTION	NRC
ALDRICH	QUALITY ASSURANCE STEPS	KOD
ALIBOZEK	FDA COMPLIANCE	FDA
ALIBOZEK	QUALITY ASSURANCE STEPS	KOD
BAKER	BENT	FDA
BAKER	LICENSING	NRC
BAKER	QUALITY ASSURANCE STEPS	KOD
CARTER	BENT	FDA
CARTER	QUALITY ASSURANCE STEPS	KOD
HARVEY	BENT	FDA
HARVEY	QUALITY ASSURANCE STEPS	KOD
HUANG	DOSE ASSESSMENT	FEMA
HUANG	ENVIRONMENTAL MONITORING	BNL
IGNATZ	BENT	FDA
KEITH	QUALITY ASSURANCE STEPS	KOD
KERR	QUALITY ASSURANCE STEPS	KOD
MIDDLETON	DOSE ASSESSMENT	FEMA
MIDDLETON	INSPECTION	NRC
MIDDLETON	QUALITY ASSURANCE STEPS	KOD
MILLER	ENVIRONMENTAL MONITORING	BNL
MILLER	RADIOCHEMISRY	NRC
O'BRIEN	QUALITY ASSURANCE STEPS	KOD
RIMAWI	BIOLOGICAL EFFECTS	HARV
TIBOLD	DOSE ASSESSMENT	FEMA
TIBOLD	QUALITY ASSURANCE STEPS	KOD

TOTAL

Printed 27 of the 160 records.

BERP STAFF TRAINING - 1982

03-11-1985 AT 15:34

LNAME	COURSE	SPONSOR
ALDRICH	LICENSING	NRC ✓
ALDRICH	LINEAR ACCELERATORS	FDA
ALDRICH	MEDICAL ISOTOPES	NRC ✓
ALIBOZEK	RADIOLOGICAL EMERGENCY RESP	NRC ✓
BAKER	LINEAR ACCELERATORS	FDA
BRANCH	EMPLOYEE COUNSEL. & COR. DISC.	DOH
CARTER	LICENSING	NRC ✓
CARTER	LINEAR ACCELERATORS	FDA
CONDON	LINEAR ACCELERATORS	FDA
CZERWINSKYJ	LINEAR ACCELERATORS	FDA
DREIKORN	LINEAR ACCELERATORS	FDA
GOYAL	LINEAR ACCELERATORS	FDA
GOYAL	QUALITY ASSURANCE STEPS	KOD
HARVEY	LINEAR ACCELERATORS	FDA
IGNATZ	LINEAR ACCELERATORS	FDA
IGNATZ	QUALITY ASSURANCE STEPS	KOD
KEITH	DOSE ASSESSMENT	FEMA
KEITH	LINEAR ACCELERATORS	FDA
KERR	DOSE ASSESSMENT	FEMA
KERR	LINEAR ACCELERATORS	FDA
MIDDLETON	LINEAR ACCELERATORS	FDA
MIDDLETON	MEDICAL ISOTOPES	NRC ✓
MIDDLETON	OCCUP. & ENV. RADIATION PROT.	HARV
O'BRIEN	LINEAR ACCELERATORS	FDA
RIMAWI	LINEAR ACCELERATORS	FDA
TIBOLD	LINEAR ACCELERATORS	FDA

TOTAL

Printed 26 of the 160 records.

APPENDIX F
REVIEW OF SELECTED LICENSE FILES

1. Our Lady of Lourdes Memorial Hospital
Binghamton, New York
License Number: 25-2
Effective Date: February 9, 1983
Expiration Date: January 31, 1986

This license authorizes a cobalt teletherapy unit. Condition 19 of amendment 15 states that "means shall be provided for verbal communication with the patient at all times." No reference is made to visual contact. Amendment 18 issued September 20, 1984 corrects this deficiency by requiring that the facility "be provided with a system permitting continuous observation of the patient from outside the treatment room." No deficiencies were noted.

2. Elmira Cardiology, P.C.
Elmira, New York
License Number: 2807
Effective Date: June 28, 1983
Expiration Date: June 30, 1988

This license authorize technetium and thallium for cardiac imaging studies, including a generator. Condition 12 states that "radioactive material shall only be used for the specific uses as stated under Condition 9 of this license; no other uses are authorized." There was no specific reason for using this condition other than the fact that the user is a cardiologist and wanted to emphasize that only cardiac studies were authorized. The applicant did not submit information concerning authorization from a hospital that has agreed to admit patients containing radioactive material. On August 28, 1984 the licensee requested authorization to received material off-hours. Such deliveries would be placed in a locked drop box located outside the facility. The State asked a number of questions concerning the proposal, but eventually denied the request because of concerns about the security of the box.

3. Nyack Hospital
Nyack, New York
License Number: 509
Effective Date: April 76, 1983
Expiration Date: January 31, 1988

This licenses authorizes medical Groups I-V and xenon. The license does not contain the standard condition concerning the hospitalization of Group V patients. In addition, the radiation safety committee did not

have a representative of administration. The applicant's did not submit procedures regarding dose calibrator calibration. The applicant's therapy procedures included radium brachytherapy. Since radium was not requested specifically, the State should have asked the applicant to confirm that radium would not be used.

4. Walter B. Schulman, M.D.
Glen Cove, New York
License Number: 2819
Effective Date: August 27, 1984
Expiration Date: August 31, 1989

This license authorizes I-125 in a Norland bone densitometer and Gadolinium-153 in a spine scanner. Condition 12 which reads "The use of radioactive materials in or on human being shall be by a physician" does not appear necessary. Condition 10 states that material shall be used by or under the supervision of and in the physical presence of the licensee. It appears that a trained technician shall actually be doing the studies.

5. Syosset Community Hospital
Syosset, New York
License Number: 2824
Effective Date: February 1, 1985
Expiration Date: February 28, 1990

This license authorizes medical Groups I-III. Although the applicant did not request a generator, Group III was authorized. No other deficiency was noted.

6. Jaekyeong Heo, M.D.
Massena, New York
License Number: 2804
Effective Date: May 25, 1983
Expiration Date: June 30, 1986

This license authorizes medical Groups I-IV and xenon. A recent amendment changed the address of the license, however, a description of the facility was not submitted. No other deficiencies were noted.

7. Mohamed Isam Abdelazim, M.D.
Johnson City, New York
License Number: 2803
Effective Date: November 5, 1982
Expiration Date: February 28, 1987

This license authorizes Groups I-III and xenon. A recent amendment added the xenon. No deficiencies were noted.

8. Crouse-Irving Memorial Hospital
Syracuse, New York
License Number: 1710-2
Effective Date: February 21, 1984
Expiration Date: March 31, 1986

This license authorizes Group VI only. The drawing showing the source storage area is not adequate. It does not show where in the facility the room is located, not even a room number. The only information provided is that it is on the third floor. There were no procedures regarding source accountability , periodic inventory, source transport or patient room survey procedures.

9. Johnstown Hospital
Johnstown, New York
License Number: 2814
Effective Date: March 29, 1984
Expiration Date: April 30, 1989

This license authorizes medical Groups I-III. No significant deficiencies were noted.

10. Anthony A. Maglione, M.D.
Yonkers, New York
License Number: 1007
Effective Date: May 12, 1980
Expiration Date: May 31, 1985

This license authorizes medical Groups I-IV. The license is issued in one physicians name although two other physicians are authorized users. License should be reissued with "Radiological Group" as licensee.

11. Nassau Hospital
Mineola, New York
License Number: 22-2
Effective Date: January 10, 1985
Expiration Date: January 31, 1989

This license authorizes medical Groups I-V, in vitro studies, non-human research, and other diagnostic procedures. The license authorizes 100 mCi quantities of I-125 and I-131 in any form for research and was selected to review bioassay procedures. Bioassay procedures were submitted by the licensee on September 24, 1984. Additional information was also provided on November 1, 1984.

12. Jeffery Adler, D.P.M.
New Rochelle, New York
License Number: 2813
Effective Date: February 21, 1984
Expiration Date: May 31, 1989

This licenses authorizes a Lixiscope for diagnostic imaging of the human foot. No deficiencies were noted.

13. The Child's Hospital
Albany, New York
License No.: 2821
Effective Date: October 3, 1984
Expiration Date: October 31, 1989

This license authorizes medical Groups I-IV. The applicant indicated that generators would not be used, however, Group III was still authorized. No other deficiencies were noted.

APPENDIX G
INSPECTION CONDUCTED SINCE PREVIOUS REVIEW

License Category	Scheduled Frequency	Inspection Priority	Number of Inspections
Type A Broad	1	I	15
Type B Broad	3	II	6
Type C Broad	3	II	3
Academic A	3	II	4
Academic B	4	III	13
Research A	3	II	1
Research B	4	III	3
Medical A	3	II	75
Medical B	4	III	21
Brachytherapy	3	II	35
Pacemaker	3	II	6
Civil Defense	4	III	30
Irradiator	4	III	4
Laboratory	4	III	11
Teletherapy	4	III	14
Lock Test	6	IV	1
Chromatography	6	IV	8
Gauge	6	IV	1
Veterinarian	3	II	5
Other	4	III	7
State Lab	4	III	3
			266

LICENSING CODE KEY

NYDOH

NRC Insp. Freq

Categories	License Log Key	Inspection & Fee Designation	Inspection Frequency	Renewal Frequency-yr	Inspection Priority	
Broad A - > 500 mCi total with Committee	BA	I	1	1	I	2
Broad B - ≤ 500 mCi total with Committee	BB	II	3	5	II	3
Broad C - ≤ 500 mCi total without Committee	BC	III	3	5	II	5
Academic A > 500 mCi	AA	VI	3	5	II	3
Academic B ≤ 500 mCi	AB	VII	4	5	III	4
Research A > 500 mCi	RA	VI	3	5	II	3
Research B ≤ 500 mCi	RB	VII	4	5	III	3
Specific Medical A Groups I, II, III, IV, V with generator	SMA	IV	3	5	II	3
Specific Medical B Groups I, II	SMB	V	4	5	III	5
Brachytherapy	B	VIII	3	5	II	3
Pacemaker	P	VIII	3	5	II	
Civil Defense	CD	XIII	4	5	III	7
Irradiator - Open Source	I	IX	4	5	III	3
Irradiator - Self Shielded	I	X	4	5	III	3
Laboratory	L	VI/VII	4	5	III	5
Teletherapy	T	IX	4	5	III	3
Leak Test	LT	XI	6	5	IV	7
Chromatography	GC	XI	6	5	IV	7
Gauges	Ga	XI	6	5	IV	5
Radium	Ra	VIII	3	5	II	3
Veterinarian	V	VIII	3	5	II	5
Other	O	XIV	4	5	III	7
GLM & GLL	GLM/GLL	XII	-	-	V	—

APPENDIX H

incidents during 1984. Of these reports, 41% required follow-up by Bureau and/or Regional staff members. The most noteworthy incidents reported during the year are as follows:

1. It was discovered in January, that steel reinforcing rods contaminated with radioactive cobalt-60 were sent to the United States in shipments from a Mexican foundry. The U.S. NRC requested assistance from the Health Department in locating and evaluating contaminated table legs in the State. The Bureau staff surveyed about 800 items that were suspected to have been contaminated with the cobalt-60. Less than 50 of the items surveyed were actually contaminated and they were found in Buffalo. They were returned to the manufacturer for proper disposal.

2. The New York State Police notified the Bureau that seven packages containing radiopharmaceuticals fell from a pick-up truck near Port Chester. Six packages were retrieved, one was missing; it contained Iodine 123 capsules inside a lead container. A Radiological Health Specialist, from the New Rochelle Regional Office, assisted Westchester County staff in the search for the missing package. The package was found later that day; the containers were damaged as well as four of the six sodium iodide capsules. The package and its contents were returned to the company, from which it originated.

3. The Bureau was advised that the Department of Environmental Conservation staff found contamination by Americium-241 in the sanitary sewer line from the EAD Metallurgical, Inc. site in Tonawanda, New York, to the town sewage treatment plant. Follow-up surveys of the ashes in the town sewage treatment plant and the town landfill also showed contamination. The Bureau participates in a Task Force involved in seeing that this problem is resolved. A similar problem was later found in Grand Island sewage treatment plant which resulted from discharges by another company manufacturing smoke detector foils.

4. BERP was notified that the Chappagua Police found a container, apparently dropped from a delivery vehicle, that contained radioactive materials. A New Rochelle Regional Office Radiological Health Specialist assisted Westchester County staff in investigating the incident. The package was a Class B container with 8,000 curies of Hydrogen 3 adsorbed onto uranium powder. Air samples performed at the scene by licensee staff revealed no detectable airborne concentration of Hydrogen 3. The container, which was not damaged, was picked up by the licensee to which it was destined.

5. The Bureau was advised that an American Red Cross employee's film badge had a reading in excess of 500 Rem. A Radiological Health Specialist, from the Albany Regional Office, investigated. The part-time employee to whom the badge was assigned, only operated the Gammacell 1,000 blood irradiator occasionally and admitted to not routinely wearing his film badge. The Red Cross has performed a complete blood count on the employee. The results did not indicate radiation exposure to the badge itself, and does not represent an exposure to the employee.

HCC chart #2

STATE OF NEW YORK--DEPARTMENT OF HEALTH

INTEROFFICE MEMORANDUM

To: K. Rimawi

From: D. Dreikorn

Date: March 22, 1985

Subject: Misplaced Cesium-137 Source at Roswell Park Memorial Hospital

Bill O'Brien, of the Buffalo Regional Office, notified me this morning of a temporarily misplaced cesium-137 brachytherapy source (15 milligrams radium equivalent - approximately 37.5 millicuries - 124 R/hr at 1 cm) at Roswell Park Memorial Hospital.

On March 19, 1985, the radium technician inserted Fletcher delcos applicators containing cesium-137 sources into a patient for treatment. At treatment termination on March 20, 1985, it was discovered that one applicator was absent a source. The Health Physics staff conducted a thorough GM survey of the patient's room and did not locate the source. However, the source was located in the hospital garbage disposal area.

. The Health Physics staff concluded the source was misplaced during insertion.

Estimated doses to the housekeeping staff are being calculated by John Pierce, Health Physicist. A complete incident report with corrective actions to avoid recurrence will be forthcoming from the facility.

cc: Dr. Stasiuk
Mr. Slocum
Dr. Hetling
Dr. Smith-Blackwell

STATE OF NEW YORK
DEPARTMENT OF HEALTH ADMINISTRATIVE TRIBUNAL

RECEIVED
JUL 16 1984
BUREAU OF ENVIRONMENTAL RADIATION PROTECTION

RECEIVED
JUL 17 1984
DIVISION OF ENVIRONMENTAL PROTECTION

ADMINISTRATIVE TRIBUNAL REPRESENTATIVE DECISION

In the Matter of the Finding of Violation against

RESPONDENT Joel M. Gross, M.D.

D/B/A Rockville Nuclear Laboratory

ADDRESS 30 Hempstead Avenue

Rockville, Centre, New York 11570

DOCKET NO. SR 405

A FINDING OF VIOLATION AND NOTICE OF HEARING having been personally served on 5/29/84 and the matter having been set for a hearing on 6/13/84.

I, on 7/9/84, ☐ following a Hearing, ☐ following a Default, ☒ following a Stipulation, and upon the record, make the Findings and Conclusions as indicated on the attached page(s) to this form, and Order assessing of penalties as required by Section 206 of the Public Health Law of the State of New York or dismiss the proceedings:

☐ Case Dismissed.

☐ ORDERED that a fine of $ _____ be assessed. The fine must be paid in full by _____, or in equal monthly installments of $ _____ for _____ months. Payments are due on the first of each month beginning with _____.

☒ ORDERED that a fine of $ 4000. be assessed which will be modified to $ 100. if violations # 1,2,3,4 are corrected by 7/30/84 or in accordance with the attached schedule of abatements. Failure to correct said violations by this date may result in the full assessed fine being due. The modified fine must be paid in total by 7/2/84, or in equal monthly installments of $ _____ for _____ months. Payments are due on the first of each month beginning with _____.

☐ ORDERED, that the permit be suspended from _____ to _____.

☐ ORDERED, that the permit be revoked effective on _____.

☐ ORDERED, that closure be effective on _____ and continue until _____.

☒ ORDERED, that abatement of violations be completed in accordance with attached schedule. Attachment "A"

☒ ORDERED, that reinspection be made on or after 7/30/84.

☐ ORDERED,

Failure to remedy the said violations within the specified time will subject you to further action and may result in closing without further notice to you. Willful violation of this order is a misdemeanor, subjecting you to further action by the Attorney General. Every action of the Administrative Tribunal is subject to public release.

Administrative Tribunal Representative Date

Received by

Owner/Operator Date

AT 30 (4/79)

ADDITIONAL INFORMATION ON REVERSE SIDE

APPENDIX J

ADMINISTRATIVE TRIBUNAL

DETAILS OF ADMINISTRATIVE TRIBUNAL REPRESENTATIVE DECISION

RESPONDENT Joel Gross, M.D. Page 1 of 2

/B/A Rockville Nuclear Laboratory

DOCKET NO. SR 405
DATE OF DECISION 7/9/84

(Attach to Form AT 30)

No.	Code, Rule or Regulation	Findings	Conclusion	Penalties Assessed	Penalties Modified
1	10 NYCCR 6 16.100	10 NYCRR 16.100 and License Condition 11 require that a Dose Calibrator be provided and used as stated in the Application for NYS Radioactive Materials License dated February 15, 1982. Contrary to this requirement a Dose Calibrator has not been provided.	Sustained	$1000	
2	10 NYCRR 16.100	10 NYCRR 16.100 and License Condition 11 require that personnel monitoring badges be worn by personnel who handle radioactive materials as stated in the Application for NYS Radioactive Materials License dated Feb. 15, 1982. Contrary to this requirement personnel monitoring badges are not worn by personnel who handle radioactive materials.	Sustained	$1000	$100

Alfred F. Kremer 7/9/84
Administrative Tribunal Representative Date

AT 30.1 (4/79)

DEPARTMENT OF HEALTH
ADMINISTRATIVE TRIBUNAL

DETAILS OF ADMINISTRATIVE TRIBUNAL REPRESENTATIVE DECISION

RESPONDENT Joel Gross, M.D.

D/B/A Rockville Nuclear Laboratory

DOCKET NO. SR 405
DATE OF DECISION 7/9/84

(Attach to Form AT 30)

No.	Code, Rule or Regulation	Findings	Conclusion	Penalties Assessed	Penalties Modified
3	10 NYCRR 16.100	10 NYCRR 16.100 and License Condition 11 require that syringe shields be provided for use at this facility as stated in the Application for NYS Radioactive Materials license dated Feb. 15, 1982. Contrary to this requirement syringe shields have not been provided.	Sustained	$100	
4	10 NYCRR 16.10 (a) (3)	10 NYCRR 16.10 (a)(3) requires that radiation installations where radioactive material not contained in a sealed source is handled, shall be surveyed at least once a month for radioactive contamination. Records of such surveys must be maintained in accordance with 10 NYCRR 16.14. Contrary to this requirement there were no records of such surveys.	Sustained	$1000	$1000

See attachment "A".

Allen H. Hinman 7/9/84
Administrative Tribunal Representative Date

Respondent: Joel M. Gross, M.D.
DBA: Rockville Nuclear Laboratory
Docket No.: SR-405

The following requirements are to be met by the respondent:

1. A request for a variance on the requirement for a dose calibrator shall be submitted to:
   N.Y. State Department of Health
   Bureau of Environmental Radiation Protection
   Empire State Plaza, Tower Bldg.
   Albany, New York 12237

   Attn: Diane Dreikorn

   The decision of the Bureau will be binding.

2. Personnel monitoring badges shall be obtained for personnel who handle radioactive materials and a copy of the order shall be sent to this office.

3. A syringe shield shall be provided. We are in receipt of a copy of your order for such a shield.

4. Surveys for radioactive contamination shall be made at least once a month and the results recorded. This represents a minimum requirement.

A maximum assessable fine of $4000 will be modified to $100 on the basis that the above requirements are met by July 30, 1984.

The modified fine of $100 shall be paid in total by July 2, 1984. The remaining amount of $3900 will be forgiven provided all stated requirements are fulfilled and provisions of the State Sanitary Code complied with as determined by a follow-up inspection on or after July 30, 1984 by the Southern Regional Office.

Failure to comply with the provision of this agreement may result in the full assessed fine of $4000 being imposed and due.

June 13, 1984
DATE

Albert L. De Martino M.D

Albert De Martino, M.D.
Administrative Tribunal
Representative

STATE OF NEW YORK
DEPARTMENT OF HEALTH ADMINISTRATIVE TRIBUNAL

ADMINISTRATIVE TRIBUNAL REPRESENTATIVE DECISION

In the Matter of the Finding of Violation against	
RESPONDENT	Rodolfo Byrne MD
D/B/A	Rodolfo Byrne M.D.
ADDRESS	945 5th Avenue
	New York, New York 10021
DOCKET NO.	SR 406

RECEIVED
AUG 10 1984
BUREAU OF ENVIRONMENTAL RADIATION PROTECTION

A FINDING OF VIOLATION AND NOTICE OF HEARING having been personally served on July 10, 1984 and the matter having been set for a hearing on August 8, 1984

I, on Aug. 8, 1984, ☐ following a Hearing, ☐ following a Default, ☒ following a Stipulation, upon the record, make the Findings and Conclusions as indicated on the attached page(s) to this form, and Order assessing of penalties as required by Section 206 of the Public Health Law of the State of New York or dismissing the proceedings:

☐ Case Dismissed.

☐ ORDERED that a fine of $ _____ be assessed. The fine must be paid in full by _____, or in equal monthly installments of $ _____ for _____ months. Payments are due on the first of each month beginning with _____.

☒ ORDERED that a fine of $ 1000. be assessed which will be ~~modified~~ to $ held in abeyance if violations = 1 are corrected by Feb. 1, 1985 or in accordance with the attached schedule of abatements. Failure to correct said violations by this date may result in the full assessed fine being due. ~~The modified fine must be paid in total by _____, or in equal monthly installments of $ _____ for _____ months. Payments are due on the first of each month beginning with _____.~~

☐ ORDERED, that the permit be suspended from _____ to _____.

☐ ORDERED, that the permit be revoked effective on _____.

☐ ORDERED, that closure be effective on _____ and continue until _____.

☒ ORDERED, that abatement of violations be completed in accordance with attached schedule.

☒ ORDERED, that reinspection be made on or after Feb. 1, 1985.

☒ ORDERED,

Failure to remedy the said violations within the specified time will subject you to further action and may result in closing without further notice to you. Willful violation of this order is a misdemeanor, subjecting you to further action by the Attorney General. Every action of the Administrative Tribunal is subject to public release.

August 8, 1985
Administrative Tribunal Representative Date

Received by _____
Owner/Operator Date

AT 30 (4/79)

ADDITIONAL INFORMATION ON REVERSE SIDE

Respondent: Rodolfo Byrne, M.D.

DBA: Rodolph Byrne, M.D.

Docket No: SR-406

The following requirements must be met by the respondent:

An application must be submitted to the Bureau of Enviromental Radiation Protection to renew license #1819 for a period of six (6) months.

During this time period the respondent will arrange for the proper disposal of the licensed unit, and keep this office informed of the progress made in this direction.

The maximum assessable fine of $1,000 will be held in abeyance on the basis that the above requirements are met by February 1, 1985.

Failure to comply with this agreement will result in the full assessed fine of $1,000 being imposed and due.

August 8 1984
Date

Frank R. Hopf, D.D.S.
Administrative Tribunal Representative

DOCKET NUMBER SR 466

DATE OF THIS NOTICE	July 10, 1984
DATE OF PRIOR INSPECTION	July 10, 1984
D.O. CONDUCTING INSPECTION	Southern R.O.
RESPONDENT'S NAME	R. Bruno, MD
D/B/A	37 Moore Ave
	Mt. Visco, N.Y.
ESTABLISHMENT TYPE	Doctors office
TELEPHONE	914-666-7772

STATE OF NEW YORK
DEPARTMENT OF HEALTH
ADMINISTRATIVE TRIBUNAL
Southern Regional Office
145 Huguenot Str. New Rochelle, N.Y. 10801
Tel. No. 914-632-4133

NOTICE TO APPEAR AT ADMINISTRATIVE TRIBUNAL HEARING
FOR
FINDING OF VIOLATION(S)

OPERATOR MUST ANSWER HERE WITHIN 7 DAYS (INSTRUCTIONS ON THE BACK)

YOU ARE HEREBY SUMMONED TO APPEAR FOR A HEARING AT THE ADMINISTRATIVE TRIBUNAL OFFICE AT THE ABOVE ADDRESS ON THE DAY OF, August 1, 1984 AT 10 : A.M./~~P.M.~~ CONCERNING THE FOLLOWING VIOLATION(S). INQUIRIES ABOUT THE HEARING OR THE FINDING(S) SHOULD BE DIRECTED TO THE ABOVE OFFICE.

VIOL. NO.	LAW CODE RULE REGULATION	DATE OF VIOLATION		MAXIMUM ASSESSIBLE FINE	PLEASE CHECK ONE BOX FOR EACH ITEM: ADMIT	ADMIT WITH EXPL.	DENY
1	10NYCRR 16.100	Jul 10, 84	Section 10NYCRR 16.100 of the New York State Sanitary Code states that no person shall possess any Radioactive material except pursuant to a specific license issued under Part 16 of the N.Y. State Sanitary Code. Contrary to the above you possess a cobalt-60 teletherapy source without such license since August 31, 1983	$1,000			

APPENDIX K
REVIEW OF SELECTED COMPLIANCE FILES

1. Albany Medical Center
Albany, New York
License Number: 590
Type: Broad Medical
Inspection Dates: 12/12-14/83
Inspector: R. Middleton
Type of Inspection: Routine Complete
Report Reviewed By: S. Zobel 1/10/85
Enforcement Letter: 12/20/83
Licensee Response: 1/19/84
Acknowledgement: 1/26/84

No deficiencies were noted. The report was reviewed more than one year after the inspection.

2. The Child's Hospital
Albany, New York
License Number: 2821
Type: Medical Groups I-IV
Inspection Date: 3/7/85
Inspector: R. Middleton
Type of Inspection: Initial Complete
Report Reviewed by: D. Dreikorn, 3/25/85
Enforcement Letter: 3/15/85
Licensee Response: None (not due yet)
Acknowledgement: None

No deficiencies were noted.

3. Johnstown Hospital
Johnstown, New York
License Number: 2814
Type: Medical Groups I-III
Inspection Date: 12/13/84
Inspector: R. Middleton
Type of Inspection: Initial Complete
Report Reviewed by: D. Dreikorn 12/24/84
Enforcement Letter: 12/19/84
Licensee Response: 1/15/85
Acknowledgement: 1/23/85

Failure to do dose calibrator checks should have been cited as an item of noncompliance rather than a recommendation. Licensee committed to quarterly linearity checks and initial geometry check in application. The hospital administrator was not available for an exit meeting. The inspector should followup with a telephone call. No other deficiencies were noted.

4. Our Lady of Lourdes Memorial Hospital
Binghamton, New York
License Number: 25-2
Type: Teletherapy
Inspection Date: 8/15/84
Inspector: Baker
Type of Inspection: Routine Complete
Report Reviewed by: D. Dreikorn 3/15/85
Enforcement Letter: 9/4/84
Licensee Response: None Required
Acknowledgement: N/A

No deficiencies were noted. The report was reviewed seven months after the inspection.

5. Erie County Medical Center
Buffalo, New York
License Number: 491-3
Type: Brachytheraphy
Inspection Date: 12/12/84
Inspection: W. O'Brien
Type of Inspection: Routine Complete
Report Reviewed by: D. Dreikorn 3/15/85
Enforcement Letter: 1/8/85
Licensee Response: 1/28/85
Acknowledgement: 2/5/85

With regard to inspection surveys, there was a note in the inspection report to the effect that the patient chart information was incomplete. It was not clear, however, what was missing or if this was discussed with the licensee. One item of noncompliance concerned the licensee failure to fully implement NCRP 37 regarding order forms, inventory, and use records. The inspector stated, however, that the sources were handled carefully and the licensee demonstrated good accountability. The item of noncompliance could have been a bit more specific. No other deficiencies were noted.

6. State University College of Buffalo
Buffalo, New York
License Number: 1052
Type: Academic
Inspection Date: 3/21/85
Inspector: W. O'Brien
Type of Inspection: Routine Complete
Report Reviewed by: D. Dreikorn 3/85
Enforcement Letter: 4/1/85
License Response: Not due yet
Acknowledgement: N/A

Although the scope of the licensee's program is small, significant programmatic difficulties were noted. The inspector recommended a followup inspection with three months. Apparently, the licensee's problems go back for almost 10 years. It was suggested that this might be an opportune time to hold an enforcement conference with the licensee to discuss the problems since they have just hired a new RSO and are rewriting their manual including revising their procedures to enhance the role of the RSO. The deficiencies include lack of surveys, leak tests, inventories, lab procedures not being followed and others.

7. Nassau County Medical Center
East Meadow, New York
License Number: 10
Type: Medical Groups I-V and Research
Inspection Date: 5/17/84
Inspector: R. Aldrich
Type of Inspection: Routine Complete
Report Reviewed by: K. Rimawi and D. Dreikorn 9/84
Enforcement Letter: 5/31/84
Licensee Response: 7/4/84
Acknowledgement: 9/28/84

This was apparently a difficult inspection. Although the program was found to be generally well run, some problems were noted which the RSO took exception to. The licensee is authorized to store waste for decay provided (a) half-life is less than 65 days, (b) must be held for 10 half-lives, and (c) monitored prior to disposal as normal trash. The RSO vehemently objected to holding for 10 half-lives, believing that a radiation reading of less than 0.03 mR/hr indicates the material is not radioactive and can be disposed of as normal trash. Also, the inspector recommended additional surveys and the RSO flatly refused to consider performing additional surveys. The licensee currently performs monthly wipes and relies on an area monitor in the hot lab in between the monthly wipes. The inspectors recommendation to perform daily area surveys seems reasonable. Unfortunately, the license does not tie the licensee to a more reasonable survey program. In the enforcement letter, a citation was made regarding the waste procedures. A number of recommendations were also made which could have been items of noncompliance if the license had been as tight as it should. The licensee's response to the enforcement letter denied the violation and proposed no corrective action. The State's acknowledgement letter reiterated the items of noncompliance and provided further clarification of the State's requirements. Unfortunately, the State did not request a response to the letter and had to write again on December 27, 1984 requesting a response. The licensee responded on January 15, 1985, but did not fully address the issues. Further action on the part of the State is required.

8. Nassau County Medical Center
East Meadow, New York
License Number: 10-4
Type: Brachytherapy
Inspection Date: 5/17/84
Inspector: R. Aldrich
Type of Inspection: Routine Complete
Report Reviewed by: K. Rimawi and D. Dreikorn 9/84
Enforcement Letter: 5/31/84
Licensee Response: 7/5/84
Acknowledgement: 9/25/84

This inspection was done in connection with the nuclear medicine license. (No. 7 discussed above.) Three items of noncompliance were noted with regard to this license. (1) Personnel monitoring records for nurses were not being maintained, (2) nurses were sharing dosimeters, and (3) radiation levels in unrestricted area exceeded 100 millirem in seven consecutive days. As with the violations on the Number 10 license, the licensee contested these violations. With the third violation, the State could have presented a stronger case if they had indicated that the licensee would have to meet both 2 mrem in any one hour and the 100 mrem in seven consecutive days requirements.

9. St. Elizabeth Hospital
Utica, New York
License Number: 457-1
Type: Medical Groups I-III
Inspection Date: 8/1/84
Inspector: G. Baker
Type of Inspector: Followup partial
Report Reviewed by: D. Dreikorn 3/15/85
Enforcement Letter: 2nd followup inspection 1/31/85, followed by letter dated 2/8/85
Licensee Response: None yet
Acknowledgement: N/A

The initial inspection was conducted on 6/12/84 which was a complete routine inspection. The hospital had recently hired a new tech and because of her lack of understanding, numerous items of noncompliance were noted. It would appear that an appropriate citation would have concerned instruction of workers. At the first followup inspection, four of the five original items had not been corrected. At second followup two items remained uncorrected. Inspector still states that "lack of understanding has prevented total corrections." It would appear that the State, by not emphasizing instructions to workers, has taken the wrong approach. The report was reviewed seven months after the inspection.

NUMBER OF X-RAY INSPECTIONS

DURING 1984

	Facilities	Tubes
Hospitals	116	862
Clinics	48	103
Radiologists	118	368
Physicians (Except Radiologists)	378	428
Chiropractors	275	275
Osteopaths	4	4
Educational Institutions	25	135
Others	71	122
Dentists	1367	2722
Veterinarians	122	135
Podiatrists	150	168
	2674	5322

APPENDIX L

TOTAL REGISTRANTS

	Facilities	Tubes
Hospitals	223	2092
Clinics	75	169
Radiologists	194	595
Physicians (Except Radiologists)	1206	1394
Chiropractors	652	659
Osteopaths	13	13
Educational Institutions	88	571
Others	182	372
Dentists	6158	12,314
Veterinarians	522	578
Podiatrists	553	630
	9,866	19,387

STATEWIDE SAMPLING SCHEDULE

Location	Weekly	Sampling Point	Sample Collector
		(AIR)	
..ny 0101-001	Weekly	Roof - Albany Co. Health Dept.	Barry Peck Albany Co. Health Dept. So. Ferry & Green Sts. Albany, NY 12201 518-445-7848
Brookhaven 5151-003	Weekly	BNL Perimeter Station "P-7"	Gary Tarulli/Eleanor Levine/ Gloria Klein Suffolk Co. Health Dept. Radiation Control Unit 496 Smithtown Bypass Smithtown, NY 11787 516-360-3000 - Ext. 58
Colonie 0153-001	Weekly	NL Industries at West Side Boundry	William Wigley BERP 518-473-3621
Cortlandt 5951-002	Weekly	NYU Meteorological Tower, near Indian Point	Richard Lidsky/Vicki Calandro Westchester Co. Health Dept. 112 E. Post Road White Plains, NY 10601 914-285-5031
..enburgh 5953-018	Bi-weekly	Roof of Martin Bldg. Westchester Industrial Park	Richard Lidsky/Vicki C landro Westchester Co. Health Dept. 112 E. Post Road White Plains, NY 10601 914-285-5031
Ontario 5857-002	Weekly	Ginna Sta. on Site Station #7, 1000' ± West of Reactor	Don Fillion/John Catlin RG&E, Ginna Sta. 1503 Lake Road Ontario, NY 14519 315-524-4446
Scriba 3767-003	Weekly	Lake Rd., Niagara Mohawk Sta. "E"	Bruce Holliday Oswego Co. Health Dept. 70 Bunner Street Oswego, NY 13126 315-349-3254
Shoreham 5128-001	Weekly	End of Sound Rd. 1000 ft. ± NNE of Reactor	Gary Tarulli/Eleanor Levine/ Gloria Klein Suffolk Co. Health Dept. 496 Smithtown Bypass Smithtown, NY 11757 516-360-3000 - Ext. 58

APPENDIX M

ation	Frequency	Sampling Point	Sample Collector
thold 159-001	Weekly	Fishers Island Water Treatment Plant	Clarence Dixon Fishers Island Water Treatment Plant Box 535 Fishers Island, NY 06390 516-788-7422
edo 3565-001	Weekly	Union Carbide Long Meadow Road	Jim Ditton Union Carbide Corporation P.O. Box 324 Tuxedo, NY 10987 914-351-2131
Milton 361-001	Weekly	Kesselring site, Atomic Rd. & East Boundary	William Wigley BERP 518-473-3621

(MILK)

ny 101-001	Weekly	Cafeteria at Empire State Plaza	Radiological Science Lab 518-474-7501
er Moriches 151-001	Monthly	Thee's Dairy	Eleanor Levine/Gloria Klein/ Gary Tarulli Suffolk Co. Health Dept. Radiation Control Unit 496 Smithtown Bypass Smithtown, NY 11787 516-360-3000 - Ext. 58
ster 221-001	Monthly	Myruski Farm Greycourt Rd.	Bill Warren NYS Ag. & Market P.O. Box 387 Wallkill, NY 12589 914-895-2495
co 755-002	Monthly	Harold Hurlbut Farm RD 2 Oswego, NY	Bruce Holliday Oswego Co. Health Dept. 70 Bunner St. Oswego, NY 13126 315-349-3254
Haven 758-001	Monthly	Sherry France Farm RD 1 Oswego, NY	Bruce Holliday Oswego Co. Health Dept. 70 Bunner St. Oswego, NY 13126 315-349-3254
rio 757-002	Monthly	Marian Molino Farm 179 Knickerbocker Rd. Ontario, NY 14519	Elaine Carter/Larry Rawa NYS Dept. of Health Rochester Area Office 42 S. Washington St. Rochester, NY 14608 716-423-8068

Location	Frequency	Sampling Point	Sample Collector
Ontario 7857-003	Monthly	NYS/RG&E Split	Don Fillion/John Catlin RG&E, Ginna Sta. 1503 Lake Rd. Ontario, NY 14519 315-524-4446
Scriba 3767-004	Monthly	NYS/Niagara Mohawk Split	Hugh J. Flanagan Nine Mile Pt. Nuclear Sta. P.O. Box 32 Lycoming, NY 10393 315-343-2110
Shoreham 5128-001	Monthly	NYS/LILCO Split	Kenneth C. Sullivan Long Island Lighting Co. 175 E. Old Country Rd. Hicksville, NY 11801 516-420-6145
Yorktown 5968-001	Monthly	Hanover Farm Yorktown Heights	Richard Lidsky/Vicki Calandro Westchester Co. Health Dept. 112 E. Post Rd. White Plains, NY 10601 914-285-5031
Yorktown 5968-002	Monthly	NYS/ConEd Split	Vincent Lander ConEd Indian Point Station Buchanan, NY 10511 914-526-5348
		(WATER)	
Albany 0101-001	Weekly	Division of Lab & Research, ESP, Albany, NY	Radiological Science Lab 518-474-7501
Brookhaven 5151-001	Monthly	Peconic River at Brookhaven Site Border	Eleanor Levine/Gloria Klein/ Gary Tarulli Suffolk Co. Health Dept. 496 Smithtown Bypass Smithtown, NY 11787 516-360-3000 - Ext. 58
Buchanan 5941-003	Monthly	Hudson River in immediate area of plant discharge NYS/ConEd Split	Vincent Lander ConEd Indian Point Sta. Buchanan, NY 10511 914-526-5348
Buchanan 5941-004	Monthly	Hudson River in immediate area of plant intake NYS/ConEd Split	Vincent Lander ConEd Indian Point Sta. Buchanan, NY 10511 914-526-5348
Cape Vincent 2226-001	Semi-annual	St. Lawrence River at Cape Vincent	Stephen Powers Watertown District State Office Building 317 Washington St. Watertown, NY 13601 315-782-0100

Location	Frequency	Sampling Point	Sample Collector
Chemung 754-001	Semi-annual	Chemung River near Chemung	Elaine Carter/Larry Rawa NYS Dept. of Health Rochester Area Office 42 S. Washington St. Rochester, NY 14608 716-423-8068
Colonie 0153-001	Semi-annual	Patroon Creek below NL Industries lagoon discharge & Colonie STP	Barry Peck Albany Co. Health Dept. S. Ferry & Green Sts. Albany, NY 12201 518-445-7848
Colonie 0153-002	Weekly	Colonie Water Treatment Plant - Mohawk River	Jack Halstuch Mohawk View Treatment Plant Latham Water District 312 Wolf Road Latham, NY 12110 518-783-2705
Cortlandt 5951-002	Weekly	Hudson River at Verplank	Richard Litsky/Vicki Calandro Westchester Co. Health Dept. 112 E. Post Rd. White Plains, NY 10601 914-285-5031
Geva 3402-001	Quarterly	Seneca Lake - raw water intake	David R. Weller Geneva Water Treatment Plant Geneva, NY 14456 315-789-5755
Greenburgh 5953-009	Weekly	Tributary to Saw Mill River at Self-Powered Lighting	Richard Litsky/Vicki Calandro Westchester Co. Health Dept. 112 E. Post Rd. White Plains, NY 10601 914-285-5031
Greenburgh 5953-021	Monthly	Pond at Westchester Community College	Same as above
Ithaca 5401-001	Semi-annual	Southern Tip of Cayuga Lake	John Anderson Tompkins Co. Health Dept. Biggs Building 1287 Trumansburg Rd. Ithaca, NY 14850 607-273-7272
Lake George 5651-001	Semi-annual	Lake George	William Wigley BERP 518-473-3621

Location	Frequency	Sampling Point	Sample Collector
Lansing 401-004 5401-005 5456-002 5456-006 5456-007 5456-013 5456-016 5456-017	Annual	Sample collected in May from the following: F. Hurd - drill well M. Nasarallah - drill well Loomis - drill well Bloom - dug well LaBarr - dug well Kahr's Well Stream W. of Cornell Burial Site Stream E. of Cornell Burial Site	John Anderson Tompkins Co. Health Dept. Biggs Bldg. 1287 Trumansburg Rd. Ithaca, NY 14850 607-273-7272
Massena 4469-001	Semi-annual	St. Lawrence River at Massena	Bruce Stone NYS Dept. of Health Massena District Office 10 Water St. Massena, NY 13362 315-769-2870
Milton 4561-001	Monthly	Glowegee Creek at US 65 gaging station off W. Milton Rd.	William Wigley BERP 518-473-3621
Mt. Pleasant 5957-005	Quarterly	Kensico Reservoir	Richard Lidsky/Vicki Calandro Westchester Co. Health Dept. 112 E. Post Rd. White Plains, NY 10601 914-285-5031
Mt. Pleasant 5957-019	Monthly	Pocantico Reservoir	Same as above
New Haven 3758-002	Monthly	Lake Ontario at Mexico Bay (Dempster Beach)	Bruce Holliday Oswego Co. Health Dept. 70 Bunner St. Oswego, NY 13126 315-349-3254
Niagara Falls 3102-001	Monthly	West Branch of Niagara River	Jim DeVald Niagara Co. Health Dept. P.O. Box 428 Niagara Falls, NY 14302 716-284-3129
Ontario 5857-001	Weekly	Lake Ontario, Ontario Water Dist. Filtration Plant	Mike Malcolm Ontario Water Filtration Dept. 1961 Lake Rd. Ontario, NY 14519 315-524-8520
ntario 5857-002	Monthly	Lake Ontario immediate area of Ginna Discharge NYS/RG&E Split	Don Fillion/John Catlin RG&E, Ginna Station 1503 Lake Road Ontario, NY 14519 315-524-4446

Location	Frequency	Sampling Point	Sample Collector
Ontario 5857-003	Monthly	Lake Ontario immediate area of Ginna Intake NYS/RG&E Split	Don Fillion/John Catlin RG&E, Ginna Station 1503 Lake Road Ontario, NY 14519 315-524-4446
Orangeburg 4352-001	Monthly	Pond 400' ESE of Becton-Dickinson Plant	Alain Grosjean Rockland Co. Health Dept. Sanatorium Rd., Bldg. D Pomona, NY 10970 914-354-0200 - Ext. 2526
Orangeburg 4352-002	Monthly	Sparkill Creek at Rt. 303 and Mt. View Rd.	Same as above
Orangeburg 4352-003	Monthly	Tappen Lake Reservoir	Same as above
Oswego 3702-001	Weekly	Public Water Supply at City Hall - Lake Ontario Water	Earl Wilkinson Superintendent of Water City Hall Oswego, NY 13126 315-343-0111
Scriba 3767-003	Monthly	Lake Ontario immediate area of plant discharge Nine Mile Point NYS/9-Mile Point Split	Hugh Flanagan/Edward Leach Nine Mile Point Reactor P.O. Box 32 Lycoming, NY 13093 315-343-2110 - Ext. 1395
Scriba 3767-004	Monthly	Lake Ontario immediate area of plant intake NYS/9-Mile Point Split	Same as above
Shoreham 5128-001	Monthly	Shoreham Site near Stone Jettys discharge NYS/LILCO Split	Kenneth Sullivan Shoreham Plant LILCO 175 E. Old Country Rd. Hicksville, NY 11801 516-420-6145
Shoreham 5128-002	Monthly	Shoreham Site near plant intake - NYS/LILCO Split	Same as above
Southold 5159-001	Monthly	Fishers Island	Clarence Dixon Plant Manager Box 535 Fishers Island, NY 06390 516-788-7422
Tuxedo 3565-002	Monthly	Indian Kill - Union Carbide	Jim Ditton Union Carbide Corp. P.O. Box 324 Tuxedo, NY 10987 914-351-2131

Location	Weekly	Sampling Point	Sample Collector
Watertown 2269-001	Semi-annual	Black River at Watertown	Steven Powers NYS Dept. of Health Watertown District State Office Building 317 Washington Street Watertown, NY 13601 315-782-0100
Yonkers 5907-007	Weekly	Water Treatment Plant Saw Mill River Intake (raw water)	Richard Lidsky/Vicki Calandro Westchester Co. Health Dept. 112 E. Post Rd. White Plains, NY 10601 914-285-5031
		(FALLOUT)	
Albany 0101-001	Weekly	Roof - Albany Co. Health Dept., Albany	Barry Peck Albany Co. Health Dept. So. Ferry & Green Sts. Albany, NY 12201 518-445-7848
Greenburg 5953-018	Weekly	Roof - Martin Bldg. Westchester Ind. Park	Richard/Lidsky/Vicki Calandro Westchester Co. Health Dept. 112 E. Post Rd. White Plains, NY 10601 914-285-5031

All WVNS (West Valley Nuclear Service) samples will be collected by:

William O'Brien/Barbara Ignatz/
Ferenc Tibold
NYS Dept. of Health
Buffalo Regional Office
584 Delaware Ave.
Buffalo, NY 14202
716-847-4500