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Medical Physics
419-381-4301

30-9189

August 10, 1982

Mr. James G. Keppler
Regional Administrator
United States Nuclear Regulatory Commission
Region 3
799 Roosevelt Road
Glen Ellyn, IL 60137

Dear Mr. Keppler:

This letter is in answer to your letter of July 15, 1982, concerning a special safety inspection conducted by S.R. Lasuk of your office on April 19, 20 and 23, 1982 of activities authorized by NRC Materials License No. 34-13011-04.

A written statement in reply to the notice of violation received as the result of the above mentioned inspection is enclosed.

If there are any questions concerning this matter, please contact me.

Respectfully,

Joe P. Windham, Ph.D.
Joe P. Windham, Ph.D.
Chairman Radiation Safety
and Radioisotope Committee

JPW/js

Enclosure

cc John P. Kempf, M.D.
Vice President for Academic Affairs

8208230159 820817
NMS LIC30
34-13011-04 PDR

AUG 12 1982

REPLY TO NOTICE OF VIOLATION

Medical College of Ohio at Toledo

License No. 34-13011-04

1. Failure to survey the radiation level in unrestricted areas adjacent to an implant patient room on April 12, 1982, to determine compliance with 10 CFR 20.105 (b).

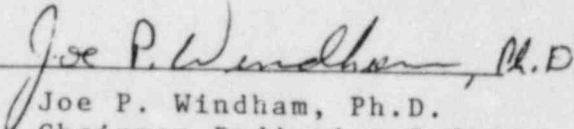
The physicist, dosimeterist and radiation oncologist have been instructed in regard to surveying the radiation levels in unrestricted areas adjacent to an implant patient room. The "Brachy Therapy Source Record" form has been modified to include exposure reading in areas adjacent to an implant patient room. A copy of the revised form is enclosed for your information.

2. Failure to include ten Cesium-137 Micrad sources, approximately 26 millicuries each, that were in our possession at the time of the October 19, 1981, quarterly inventory.

The physicist, dosimeterist and radiation oncologist have been instructed in regard to quarterly inventories. The inventory report form has been modified and contains written instruction on the back to help ensure that the form is completed correctly. The quarterly inventory forms are reviewed by the Health Physicist upon receipt and compared with a master sheet for sealed sources. A copy of the new quarterly inventory form is enclosed for your information.

The above corrective action have been initiated and we are in compliance on these items as of July 1, 1982.

Date: August 10, 1982


Joe P. Windham, Ph.D.
Chairman Radiation Safety
and Radioisotope Committee

JPW/js

MEDICAL COLLEGE OF OHIO HOSPITAL

Radiation Oncology
Brachytherapy Source Record

Addressograph

Patient: _____ Attending Physician: _____
Resident: _____ Radiation Oncologist: _____

DESCRIPTION OF APPLICATION

Type of Applicator: _____
Loading: _____

Total mg Ra eq.: _____
Prescribed By: _____ M.D.

I prepared and supplied the sources prescribed.
Signed: _____

CERTIFICATE OF RECOVERY

I removed the following number of sources from the patient.
No. of Sources: _____
Time/Date: _____
Signed: _____ M.D.

CERTIFICATE OF SURVEY

I surveyed this patient's room and linens with a Geiger counter after removal of the sources and found exposures of:
Site _____ mR/hr. _____

Time/Date: _____
Signed: _____

CERTIFICATE OF RECEIPT

I verify and acknowledge receipt of the sources described above.
No. Type

Time/Date: _____
Signed: _____ M.D.

CERTIFICATE OF RETURN

I returned the following sources to their storage spaces in the safe.
Total No. of Sources: _____
Listing of Sources:
No. Type

Time/Date: _____
Signed: _____

EXPOSURE READINGS

Site	mR/hr.	Within Limits
One Meter	_____	_____
Adj. Rm. #	_____	_____
Adj. Rm. #	_____	_____
Adj. Rm. #	_____	_____
Rm. Above	_____	_____
Rm. Below	_____	_____
Time/Date: _____		
Signed: _____		

CHRONOLOGY OF APPLICATION

Insertion -
Time/Date: _____
Planned Removal -
Time/Date: _____
Actual Removal -
Time/Date: _____
Duration in Hours: _____

Directions

Department: Department of the Approved User, i.e., Biochemistry, Medicine, etc.

Date of Inventory: The actual date the inventory was taken.

Approved User: Name of person approved to order isotopes.

Reported by: Name of person making out the inventory.

Location of Sources on this Inventory: The actual place--building and room number--the isotope is in at the time of the inventory.
(A separate sheet is required if isotopes are in two different areas.)

Verification Signature: Signature of Approved User verifying accuracy.

Isotope: The name of the radionuclide, e.g., ^{125}I , ^3H , ^{14}C , etc.

Chemical and Physical Form: Chemical form, e.g., thymadine, amino pyrine, etc.
Physical form, e.g., liquid, gas, sealed source, tubes, micrad, etc.

Method of Obtaining: List purchase order number and date received. If sample, write who sent you the isotope and date received.

Amount in Microcuries: Use microcuries only.

Originally Received: Amount at time of receipt.

On Hand to Use: Amount in lab at time of inventory corrected for decay.

On Hand as Waste: Amount of waste in the lab at time of inventory.

(Over)