



**Lutheran General
Hospital**

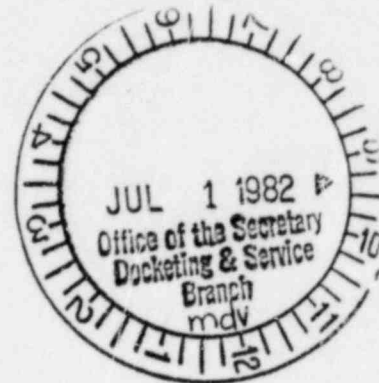
June 25, 1982

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1775 Dempster Street
Park Ridge, Illinois 60068

Telephone 312 696-2210

DUCKET NUMBER PR-35
PROPOSED RULE
(47 FR 18131)



Secretary of the Commission
U.S. Nuclear Regulatory Commission
Washington, DC 20555

Attn: Docketing Service Branch

Re: Changes in 10 CFR Part 35

Dear Sirs:

Although I disapprove of the manner and method by which the Nuclear Regulatory Commission initiated the continuous radiation monitoring requirement of May 7, 1980, I do not basically disagree with the proposed changes in 10 CFR-35, as published in Federal Register, Vol. 47, No. 82, Wednesday, April 28, 1982.

However, I do not think that as written, you will prevent operators from walking into a Cobalt room in the event of a source remaining in the exposed position at the end of a prescribed treatment. In my experience, approximately ten years now in therapy departments, the technologists operating the machine are concerned with setting up the next treatment portal or getting the next patient into the room and will tend to ignore an indicator light. The source travel failure occurrence rate is very low and this leads to some complacency on the part of the operator. If the light were a very bright strobe-type light which would flash when the door was opened, in the event of a source failure, it would be noticed, but a simple indicator light would not be noticed.

A more effective and easily implemented protective measure would be to require an audible alarm in the event the door is opened and the source remained exposed. An audible alarm would be effective for all but deaf operators. The audible alarm need not upset the patients except in the emergency situation as the audio alarm could be wired to activate only if the timer completed its set time and the source remained out or the door was opened and the source remained out.

DSIO
Alan Roecklein
113055

Acknowledged by card... 7/7/82 mdy

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Secretary of the Commission

- 2 -

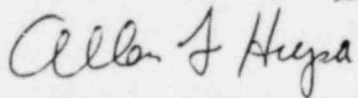
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I am also concerned about the requirements for daily tests of the radiation monitor. No mention is made of recording the results of these tests. If recording will be required of us, how long will it have to be retained and in what form must it be? I am also not convinced that daily tests are required to assure that the radiation detection instrument operates correctly. Possibly, weekly or monthly documented operation tests would be sufficient for most modern radiation monitors to assure proper operation.

Sincerely yours,



Allen F. Hrejsa, Ph.D., DABR
Director of Medical Physics
and Radiation Safety Officer

USNRC License Nos. 1209567-01

AFH/bd