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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, M.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

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).

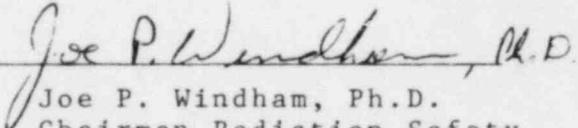
The physicist, dosimeterist and radiation oncologist have been instructed in regard to surveying the radiation levels in unrestricted areas adjacent to an implant patient room. The "Brachy Therapy Source Record" form has been modified to include exposure reading in areas adjacent to an implant patient 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.,  $^{125}\text{I}$ ,  $^3\text{H}$ ,  $^{14}\text{C}$ , 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)