

UNITED STATES ATOMIC ENERGY COMMISSION
APPLICATION FOR BYPRODUCT MATERIAL LICENSE

INSTRUCTIONS.—Complete Items 1 through 16 if this is an initial application or an application for renewal of a license. Information contained in previous applications filed with the Commission with respect to Items 8 through 15 may be incorporated by reference provided references are clear and specific. Use supplemental sheets where necessary. Item 16 must be completed on all applications. Mail two copies to: U.S. Atomic Energy Commission, Washington, D.C., 20545, Attention: Materials Branch, Directorate of Licensing. Upon approval of this application, the applicant will receive an AEC Byproduct Material License. An AEC Byproduct Material License is issued in accordance with the general requirements contained in Title 10, Code of Federal Regulations, Part 30, and the Licensee is subject to Title 10, Code of Federal Regulations, Part 20, and the license fee provisions of Title 10, Code of Federal Regulations, Part 170. The license fee category should be stated in Item 16 and the appropriate fee enclosed. (See Note in Instruction Sheet).

1. (a) NAME AND STREET ADDRESS OF APPLICANT. (Institution, firm, hospital person, etc. Include ZIP Code and telephone number.)

Lakewood Hospital
14519 Detroit Avenue
Lakewood, Ohio 44107

(b) STREET ADDRESS(ES) AT WHICH BYPRODUCT MATERIAL WILL BE USED. (If different from 1(a). Include ZIP Code.)

Same

2. DEPARTMENT TO USE BYPRODUCT MATERIAL

Nuclear Medicine.

3. PREVIOUS LICENSE NUMBER(S). (If this is an application for renewal of a license, please indicate and give number.)

Amendment to license #34-01197-01

4. INDIVIDUAL USER(S). (Name and title of individual(s) who will use or directly supervise use of byproduct material. Give training and experience in Items 8 and 9.)

Refer to previous application
for license #34-01197-01.

5. RADIATION PROTECTION OFFICER. (Name of person designated as radiation protection officer if other than individual user. Attach resume of his training and experience as in Items 8 and 9.)

Wilfrid M. Gill, M.D., with consultation from Nuclear Medicine Assoc., Cleveland, Ohio 44125

6. (a) BYPRODUCT MATERIAL. (Elements and mass number of each.)

Amend to add:
Am-241

(b) CHEMICAL AND/OR PHYSICAL FORM AND MAXIMUM NUMBER OF MILLICURIES OF EACH CHEMICAL AND/OR PHYSICAL FORM THAT YOU WILL POSSESS AT ANY ONE TIME. (If sealed source(s), also state name of manufacturer, model number, number of sources and maximum activity per source.)

Sealed source 12 mCi (Model AMC-24) distributed by Amersham Searle. Used with Searle Analytic Anatomical Marker Model SS-10244.

7. DESCRIBE PURPOSE FOR WHICH BYPRODUCT MATERIAL WILL BE USED. (If byproduct material is for "human use," supplement A (Form AEC-313a) must be completed in lieu of this item. If byproduct material is in the form of a sealed source, include the make and model number of the storage container and/or device in which the source will be stored and/or used.)

This device is an accessory to the Pho/Gamma Scintillation camera and is used to transfer anatomic landmark data to an oscilloscope image and film.

- (a) Sealed source Am-241. Amersham/Searle Model AMC-24
- (b) Searle Analytic Model SS-10244

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TRAINING AND EXPERIENCE OF EACH INDIVIDUAL NAMED IN ITEM 4 (Use supplemental sheets if necessary)

B TYPE OF TRAINING	WHERE TRAINED	DURATION OF TRAINING	ON THE JOB (Circle answer)	FORMAL COURSE (Circle answer)
a. Principles and practices of radiation protection	Please refer to previous applications for license #34-01197-01.		Yes No	Yes No
b. Radioactivity measurement standardization and monitoring techniques and instruments			Yes No	Yes No
c. Mathematics and calculations basic to the use and measurement of radioactivity			Yes No	Yes No
d. Biological effects of radiation			Yes No	Yes No

9. EXPERIENCE WITH RADIATION (Actual use of radioisotopes or equivalent experience.)

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
Please refer to previous applications for license #34-01197-01				

10. RADIATION DETECTION INSTRUMENTS. (Use supplemental sheets if necessary.)

TYPE OF INSTRUMENTS (Include make and model number of each)	NUMBER AVAILABLE	RADIATION DETECTED	SENSITIVITY RANGE (mr/hr)	WINDOW THICKNESS (mg/cm ²)	USE (Monitoring, surveying, measuring)
Please refer to previous applications for license #34-01197-01.					

11. METHOD, FREQUENCY, AND STANDARDS USED IN CALIBRATING INSTRUMENTS LISTED ABOVE.
Please refer to previous application for license #34-01197-01.

12. FILM BADGES, DOSIMETERS, AND BIO ASSAY PROCEDURES USED. (For film badges, specify method of calibrating and processing, or name of supplier.)
Please refer to previous application for license #34-01197-01.

INFORMATION TO BE SUBMITTED ON ADDITIONAL SHEETS IN DUPLICATE

- 13. FACILITIES AND EQUIPMENT. Describe laboratory facilities and remote handling equipment, storage containers, shielding, fume hoods, etc. Exploratory sketch of facility is attached. (Circle answer) Yes (No) Please refer to previous application for license #34-01197-01.
- 14. RADIATION PROTECTION PROGRAM. Describe the radiation protection program including control measures. If application covers sealed sources submit leak testing procedures where applicable, name, training, and experience of person to perform leak tests, and arrangements for performing initial radiation survey, servicing, maintenance and repair of the source.
Please refer to previous application for license #34-01197-01.
- 15. WASTE DISPOSAL. If a commercial waste disposal service is employed, specify name of company. Otherwise, submit detailed description of methods which will be used for disposal of radioactive wastes produced in the proposed activity.
Please refer to previous application for license #34-01197-01.

CERTIFICATE (This item must be completed by applicant)

16. THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATE ON BEHALF OF THE APPLICANT NAMED IN ITEM 1, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PART 30, AND THAT ALL INFORMATION CONTAINED HEREIN, INCLUDING ANY SUPPLEMENTS ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF

License Fee Category \$ N/A
 Fee Enclosed \$ none
 Date 11/2/77

Lakewood Hospital
 Applicant named in item 1
 By Ruene E. Hornung
 Administrator
 Title of certifying official