

29 Mar 1994

Mr. David Nelson  
Region III  
Nuclear Regulatory Commission  
801 Warrenville Road  
Lisle, IL 60532-4351

Dear Mr. Nelson:

Yesterday we had our quarterly radio-isotope committee meeting. I related to the committee our most recent telephone conversation and your concern over our response to the Feb 1 letter from your office. I asked the committee how best to proceed to settle in your mind that we are committed to correct items of noncompliance and improve the surveillance of our Nuc-Med program.

The committee suggested that I send copies of the new department policies which place additional responsibility on the nuclear medicine technologist and at the same time involves the Quality Assurance team to monitor these items as part of the department Quality Assurance Program.

Enclosed find Nuclear Medicine Policies for:

1. Hot Lab Security.
2. Survey Instrument Check.
3. Technologist Thyroid Check.
4. Label of Individual Patient Doses.
5. Wipe Test of Sealed Sources

Also find a copy of "Quarterly Audit Report" which will be used to keep the radio-isotope committee up to date on our surveillance program.

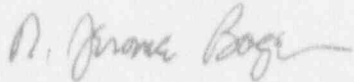
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We feel that we have instituted full compliance with NRC regulations and we are committed to the maintenance of this status.

Happy Spring!

Very truly yours,

A handwritten signature in cursive script that reads "R. Jerome Boge". The signature is written in dark ink and is positioned above the typed name.

R. Jerome Boge, M.S.  
Radiation Physicist, RSO

P.S. Could we request new NRC 313 forms, new copies of Chapters 20, 35 & 70, along with a new regulatory guide?

enclosures

Date: 29 MAR 94

Nuclear Medicine

QUARTERLY REPORT TO THE RADIO-ISOTOPE COMMITTEE

1. Film Badge Report:

Name	Qtr Dose	Dose YTD
PAULSON, G.	140 mRem	560 mRem
MUZA, K	160 mRem	300 mRem
ACKERMAN, M.	140 mRem	590 mRem

2. Radiation Safety Officer Review of Laboratory Records:

Laboratory Surveys  Pass  Fail

Leak Test Results  Pass  Fail

3. Incidents or Misadministrations? Yes  No

Comments:

4. Contamination Levels:

Hot Lab NAB dpm Technologists Desk NAB dpm

Hallway NAB dpm Syringe Prep Area NAB dpm

5. Radiation Exposure Levels:

Hot Lab 1.2 mRem/hr Technologist Desk 0.0 mRem/hr

Hallway 0.1 mRem/hr Syringe Prep Area 0.0 mRem/hr

6. Hot Lab Security (Random checks)  Pass  Fail

7. Individual Syringe Dose labels  Pass  Fail

8. Notice to Employees (NEC 313)  Pass  Fail

9. Wipe tests of packages received.  Pass  Fail

10. Wipe tests of packages sent.  Pass  Fail

11. Leak Tests Current?  Yes  No

12. Leak Tests Signed by RSO?  Yes  No

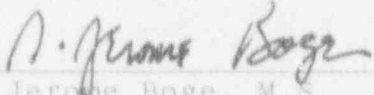
13. Telephone Numbers Current?  Yes  No

14. Radio-isotope Committee Membership Current?  Yes  No

15. Training this quarter: Yes  No

16. RSO Impression and Audit Conclusions:

At the end of the first quarter 1994 the items listed above were checked and found to be in good standing. This report to the Radio-isotope Committee is given as evidence that the radiation safety program is of broad and solid scope. Also evident is an increased effort of concern and compliance to safety regulations.



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R. Jerome Boge, M.S.  
RSO

SACRED HEART HOSPITAL  
EAU CLAIRE, WISCONSIN

RADIOLOGY SERVICES--NUCLEAR MEDICINE  
POLICY #190

DATE: December 10, 1993

SUBJECT: Security of Hot Lab, Nuclear Medicine

PURPOSE:

To prevent the unauthorized removal or use of byproduct material.

GENERAL STATEMENT:

The Hot Lab in Nuclear Medicine contains radioactive material in amounts that could present health and environmental hazards. This radioactive material requires tight security at all times.

PROCEDURE:

Ensure that the door to the Hot Lab is locked at all times when not in use. Do not allow access to this room by anyone other than authorized technologists, physicians, and the Radiation Safety Officer.

Steven A. Liegel M.D.  
Chairman of Radiology Services

4-13-94  
Date

Garald P. Komro  
Director of Radiology Services

4-14-94  
Date

Thomas Boyer  
Radiation Safety Officer

13 APR 94  
Date

John Feldmeier  
Chairman of Radiation Safety Committee

4-14-94  
Date

Annual Review:

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SACRED HEART HOSPITAL  
EAU CLAIRE, WISCONSIN

RADIOLOGY SERVICES--NUCLEAR MEDICINE  
POLICY #191

DATE: December 10, 1993

SUBJECT: Survey Instruments--Check for Proper Operation

PURPOSE:

To ensure that the G-M survey instrument is operating properly when used to survey patients and laboratory areas.

GENERAL STATEMENT:

To maintain a contamination-free environment and to minimize the health hazards associated with the use of byproduct material, the Nuclear Regulatory Commission requires a daily operational check of the survey meter be made. A small radioactive source dedicated to this purpose has been assigned for this check.

PROCEDURE:

1. Each morning before use, place the G-M detector over the radioactive source using constant geometry. Note the degree of meter deflection. Each instrument check should produce a similar result.
2. Record the instrument check in the daily computer program checklist.

Steven S. Liegel M.D.  
Chairman of Radiology Services

4-13-94  
Date

James P. Komro  
Director of Radiology Services

4-14-94  
Date

Thomas Boss  
Radiation Safety Officer

13 APR 94  
Date

John Feldman  
Chairman of Radiation Safety Committee

4-14-94  
Date

Annual Review:

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SACRED HEART HOSPITAL  
EAU CLAIRE, WISCONSIN

RADIOLOGY SERVICES--NUCLEAR MEDICINE  
POLICY #192

DATE: December 10, 1993

SUBJECT: Thyroid Burden Check of Technologist Administering Radioactive Iodine

PURPOSE:

To ensure that thyroid uptake of radioactive I-131 does not occur during administration of iodine therapy.

GENERAL STATEMENT:

NRC regulations require that the thyroid gland of technologists administering therapeutic doses of radioiodine be checked for uptake of the isotope.

PROCEDURE:

1. After administration of I-131 for therapy, the technologist will have a scintiscan of his/her thyroid gland.
2. The scintiscan will be presented to the Radiation Safety Officer for approval and signature within three days of the administration of the therapeutic I-131 dose.

Steven S. Liegel  
Chairman of Radiology Services

4-13-94  
Date

Gerald D. Komro  
Director of Radiology Services

4-14-94  
Date

Norman Bosc  
Radiation Safety Officer

13 APR 94  
Date

John Zaldrossi  
Chairman of Radiation Safety Committee

4-14-94  
Date

Annual Review:

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SACRED HEART HOSPITAL  
EAU CLAIRE, WISCONSIN

RADIOLOGY SERVICES--NUCLEAR MEDICINE  
POLICY #193

DATE: December 10, 1993

SUBJECT: Labeling of Individual Patient Doses

PURPOSE:

To reduce the chance for misadministration of byproduct material to patients.

GENERAL STATEMENT:

Nuclear Regulatory Commission regulations require a Quality Management Program to help prevent misadministration of byproduct material to patients. It is required that individual doses prepared for patient administration be labeled to preclude administration to the wrong patient.

PROCEDURE:

1. Label each syringe with patient name, isotope, and amount of radioisotope at the time of dose preparation.
2. Check each individual dose label with the patient ID wristband before administration of dose.

Steven A. Legel M.F.  
Chairman of Radiology Services

4-13-94  
Date

Gerald P. Komro  
Director of Radiology Services

4-14-94  
Date

Nganome Bosa  
Radiation Safety Officer

13 APR 94  
Date

John Feldman  
Chairman of Radiation Safety Committee

4-14-94  
Date

Annual Review:

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SACRED HEART HOSPITAL  
EAU CLAIRE, WISCONSIN

RADIOLOGY SERVICES--NUCLEAR MEDICINE  
POLICY #194

DATE: December 10, 1993

SUBJECT: Leak Testing of Sealed Radioactive Sources

PURPOSE:

To limit radioactive contamination which might result from the breakdown of source encapsulation.

GENERAL STATEMENT:

At intervals not to exceed six months, each sealed radioactive source must be tested for leakage contamination.

PROCEDURE:

1. Use a moistened cotton swab to wipe the exterior of the radioactive source capsule.
2. Send the swab test samples to service-vendor for leakage contamination assay.
3. Have the Radiation Safety Officer review the records returned by the service-vendor and sign the test results.

Steven J. Liegel M.D.  
Chairman of Radiology Services

4-13-94  
Date

David P. Komro  
Director of Radiology Services

4-14-94  
Date

Norman Boser  
Radiation Safety Officer

13 APR 94  
Date

John Schneider  
Chairman of Radiation Safety Committee

4-14-94  
Date

Annual Review:

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