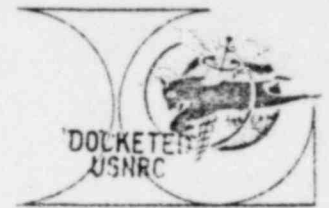


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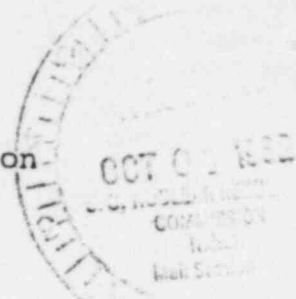


2900 West Oklahoma Avenue / Milwaukee, Wisconsin 53215 / Phone 414 647-6423

Sept. 28, 1982

**ST. LUKE'S**  
**Hospital**  
OFFICE OF  
DOCKETING & SERVICE  
BRANCH

Mr. J. M. Bell  
U.S. Nuclear Regulatory Commission  
Washington, D.C. 20555



Dear Mr. Bell:

I am writing in reference to the draft for comment entitled "Qualifications for the Radiation Safety Officer in a large-scale non-fuel-cycle Radionuclide Program." I am directing my comments to the small hospital radionuclide program.

The small hospital program having an M.D. (ABR certified in radiology) RSO many times ~~and~~ physicists certified by the ABR in Medical Nuclear Physics, Therapeutic Radiological Physics, Diagnostic Radiological Physics, Radiological Physics (includes the prior listed certifications) or ABHP certification or having equivalent qualifications to act as consultants in those areas of radiation safety which require expertise outside that of the M.D. Such an arrangement when handled properly can result in a Radiation Safety Program that meets the recommendations of the proposed guide for RSO Qualifications. But, remote locations may have trouble finding a consultant who is available on a timely basis.

However, it may be cumbersome to meet specific requirements for RSO training and experience when the technical expertise is provided by a consultant who is not the RSO. I strongly feel that the RSO should be a full-time person in the hospital in order to be aware of potential problems that require outside help. Thus we come to the crux of the problem from the hospital administrative viewpoint: cost.

A consultant can be hired for \$2,000.00 to \$10,000.00+ per annum to provide an equivalent level of service to that provided by a full-time physicist RSO costing \$25,000.00+ per annum. A small hospital having only <sup>a</sup>one or two anger camera department plus RIA studies does not justify the hiring of a full-time RSO.

In addition, due to the formal education and certification requirements, a person could have sufficient experience (such as an M.D. who has acted as RSO for years) and yet meet none of

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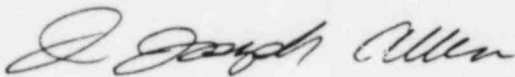
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the portions of Table 1, page 9. I also strongly feel that ABR certification in any of the physics divisions should qualify one for RSO duty if experience requirements are met.

So in summary, 1) small hospitals may be priced out of the market, or if remotely located may be unable to secure appropriate consultants, or full-time expertise. 2) persons having work experience, but not meeting education requirements may no longer act as RSO. 3) ABR certification should be listed as a certification qualification in Table 1.

Thank you for this opportunity to make these comments. Should you have any further questions, please do not hesitate to contact me at 414-647-6420.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "J. Joseph Allen".

J. Joseph Allen, DABR  
Radiological Physics

JJA/ld