



DEPARTMENT OF VETERANS AFFAIRS  
Medical Center  
150 South Huntington Avenue  
Boston MA 02130

90 10 05

US Nuclear Regulatory Commission  
Region I  
475 Allendale Road  
King of Prussia PA 19406

In Reply Refer To 523/11

Docket No. 030-01815  
License No. 20-00671-2

Gentlemen:

1. Following is our response to the Notice of Violation referenced in the above docket number following the NRC inspection at Boston VA Medical Center on July 25-27, 1990. Response is arranged in order of the violations listed in the notice.

A. 1 a. The annual retraining of three of the four individuals mentioned in this violation has been accomplished. The fourth has returned to his studies and is no longer employed at BVAMC. Mechanisms instituted to avoid future violations in this regard include establishment of a listing of all current radiation workers along with current data on their training records. A retraining schedule has been established and each worker will be notified of the required schedule for annual retraining. Individuals failing to attend scheduled retraining sessions will be barred from work with radioactive material in restricted areas until the retraining requirement is fulfilled. It is our opinion that we are now in full compliance in this area.

A. 1 b. In addition, all new personnel will report to the Radiation Safety Office upon their employment and each will undergo initial training prior to his/her authorization for unescorted access to restricted areas. Each new worker will be added to the above listing for assignment to a retraining schedule. It is our opinion that we are now in full compliance in this area.

A. 2 All notices in laboratories where unsealed radioactive materials are used or stored have been changed to clearly indicate that no eating, drinking, smoking or use of cosmetics is allowed in the labs. Further, a memorandum has been distributed to all persons who work in or frequent these labs notifying each of these restrictions. These steps should eliminate any confusion in this regard, and the situation will be closely monitored to assure compliance. It is our opinion that we are now in full compliance in this area.

A. 3 The Assistant Radiation Safety Officer (ASRO) reinstated the program of independent weekly and monthly surveys of restricted areas effective July 30, 1990. In addition, a procedural protocol has been written to clearly delineate these requirements. Full compliance was achieved on July 30, 1990.

B. 1 Licensed material has been removed from room 119 and the cold room. All persons using rooms 118, A10-1 and A9-42 have been reminded that it is a license violation to leave radioactive material unsecured or unattended. A memorandum from the Research Safety Committee and the ARSO has been distributed to all persons working in or frequenting restricted areas informing them of the requirement to secure or attend to all by-product material.

B. 2 The Research Safety Committee has been given the responsibility to monitor compliance with keeping doors to radioactive material labs locked when the labs are unattended, and to report routinely to the Radiation Safety Committee regarding the degree of compliance. All persons who work in or frequent restricted areas have been reminded that failure to maintain security and control over by-product material is a violation of authorization to use licensed material, and that repeated violations shall lead to loss of such authorization. It is our opinion that we are now in full compliance in this area.

C. 1 NRC-3 and notices regarding the location of all documents required to be available to employees have been posted in all labs and all hallways in the research building. A procedural protocol has been written and is included in the procedure manual of the RSO indicating the necessity of verifying on a monthly basis the presence of all postings. It is our opinion that we are now in full compliance in this area.

D. 1 Records of linearity tests on the dose calibrator for fourth quarter 1989, and first, second, and third calendar quarters of 1990 have been signed by the RSO.

D. 2 An entry line for the RSO signature has been added to the forms used to record linearity tests on the dose calibrator. The RSO shall sign all these linearity test records in the future. It is our opinion that we are now in full compliance in this area.

E. 1 All radiopharmaceutical dosage records from June 1989 to the present have been reviewed by the ARSO to verify that they are in full compliance with regulations.

E. 2 Nuclear Medicine personnel have been advised of all requirements regarding patient dose records. The ARSO shall audit all patient dose records on a weekly basis. It is our opinion that we are now in full compliance in this area.

F. 1 All working survey instruments have been calibrated within one year of August, 1990. All documentation of these calibrations is on hand in the files of the RSO. All instruments being repaired have been taken out of service and so noted in the instrument calibration documentation file.

F. 2 A procedural protocol has been written for the RSO procedure manual describing the responsibilities of the RSO in maintaining a list of all survey instruments, their last calibration dates, and their current locations. The RSO shall initiate the calibration of each of these instruments at least annually, and shall assure that the calibration certificates are on file. Full compliance in this area was achieved by August 15, 1990.

2. In the letter accompanying the Notice of Violation, several concerns were expressed regarding the ongoing radiation safety program at Boston VA Medical Center. Following is the information requested in each area of concern.

A. Training of Assistant RSO: The ARSO has had over fifteen years work experience in the area of radiation safety and health physics. He possesses a Master's Degree in Health Physics. He has available a written position description and performance specification which delineate the routine responsibilities of the RSO. He has the benefit of frequent communication with the RSO, the Chairman of the Radiation Safety Committee, Hospital Management, Research Administration, and a Certified Health Physicist Consultant to the entire Radiation Safety Program. With review of the written Comprehensive Radiation Safety Plan, the NRC license and the license application, and the federal regulations for use of by-product material, the training of the ARSO is complete and thorough. The effectiveness of this training will be verified by more comprehensive auditing of the program by the consultant certified health physicist until he is satisfied that all tasks are fully understood and undertaken. In the course of this increased audit schedule, the consultant certified health physicist will provide whatever additional training he deems necessary.

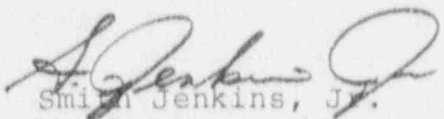
B. Additional Staffing: In the past when we have had a fully trained person in the position, the Medical Center has had no difficulty covering the duties and responsibilities of our program. Once the Assistant RSO has resumed the program that existed prior to the departure of our last full-time RSO and has become fully familiar with the program, we feel that the one full-time person can adequately cover the program. We will carefully monitor the situation to assure that this is the case. If in the future there is a significant increase in the radioactive materials handling program, the issue of staffing will again be considered.

C. Management Awareness: The oversight of the Radiation Safety Program by the Radiation Safety Committee is complete and thorough. All meetings of the Radiation Safety Committee are attended by the Committee Chairman, RSO, ARSO, Management Representative and Consultant Health Physicist. All issues relating to the NRC license and other agency regulations are discussed and acted upon in a timely fashion by the Radiation Safety Committee, with the Medical Center Administration being fully apprised of all radiation safety agenda items.

D. Impact of Court Street Laboratory Relocation: As indicated in several sets of Committee minutes over the past 18 months, review of the transition of the laboratories from the old Court Street facility has been under continuous surveillance by the Committee. All labs handling radioactive materials are now relocated to BU, UMass/Boston, and Forsythe Dental School, each covered by the NRC license in the respective institution. The Causeway Street replacement for Court Street OPC is now operating with no plans to move radioactive material use into that facility. No current plans to relocate the affected labs into the main BVAMC complex exist. If anything, the closing of Court Street has reduced the overall size of the radiation safety program at BVAMC and the burden on the radiation safety personnel.

3. We appreciate the thoroughness of the NRC inspection on this program and feel that we have now achieved full compliance with all items identified in that inspection. Please contact James R. Carney, Administrative Assistant to the Chief of Staff at 617-232-9500 ext. 3908 if further information is required.

Sincerely yours,

  
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Medical Center Director

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Oscar Bing, M.D., ACOS for Research and Development  
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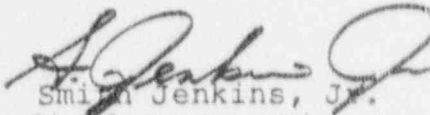
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