

VOID SHEET

TO: License Fee Management Branch
FROM: Bob Hattens
SUBJECT: VOIDED APPLICATION

Control Number: 90204
Applicant: Flower Memorial Hospital
Date Voided: 11-21-90
Reason for Void: Licensed unable to meet

timeliness goals.

Robert D. Hattens Jr. 11-21-90
Signature DATE

Attachment:
Official Record Copy of
Voided Action

FOR LFMB USE ONLY

- Final Review of VOID Completed:
- Refund Authorized and processed
 - No Refund Due
 - Fee Exempt or Fee Not Required

Comments: _____

Log completed
Processed by: EP

BETWEEN:

LICENSE FEE MANAGEMENT BRANCH, ARM
AND
REGIONAL LICENSING SECTIONS

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----

: PROGRAM CODE: 02120
: STATUS CODE: 0
: FEE CATEGORY: 7C
: EXP. DATE: 19930630
: FEE COMMENTS: CODE_23
: ::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
APPLICANT/LICENSEE: FLOWER MEMORIAL HOSPITAL
RECEIVED DATE: 900913
DOCKET NO: 3008699
CONTROL NO.: 390204
LICENSE NO.: 34-15134-01
ACTION TYPE: AMENDMENT

2. FEE ATTACHED
AMOUNT: \$340.00
CHECK NO.: 117134
9/10/90

3. COMMENTS

SIGNED P. Dittell
DATE 9-17-90

B. LICENSE FEE MANAGEMENT BRANCH (CHECK WHEN MILESTONE 03 IS ENTERED)

1. FEE CATEGORY AND AMOUNT: 7C \$340

2. CORRECT FEE PAID. APPLICATION MAY BE PROCESSED FOR:
AMENDMENT -----
RENEWAL -----
LICENSE -----

3. OTHER -----

SIGNED OP 9/27/90
DATE -----

NOV 26 1990

Flower Memorial Hospital
ATTN: Joan M. Sevy, Vice President
Patient Services
5200 Harroun Road
Lylvania, OH 43560

SUBJECT: ABANDONMENT OF YOUR REQUEST FOR Amendment
DATED October 29, 1990

Gentlemen:

This refers to your request for Amendment dated October 29, 1990 and our letter dated November 9, 1990 in which we requested additional information and notified you that unless a response was received in 10 days we would void your request.

We have not received a response to date.

You are hereby notified that we consider that you have abandoned your application and we have voided the request. This action is without prejudice to resubmission.

If you resubmit the same request within one year of the date of this letter, we will reactivate our review. Information submitted in response to this letter should refer to VOIDED CONTROL NUMBER 90204

Sincerely,

Original Signed By
Robert G. Gattone, Jr.
Materials Licensing Section

Enclosure: Ltr dtd November 9, 1990

RIII

R.G.
Gattone/ms
11/21/90

RECEIVED
NOV 29 1990

RECEIVED
NOV 29 1990

RECEIVED

F

NOV 09 1990

Flower Memorial Hospital
ATTN: Joan M. Sevy
Vice President Patient Services
5200 Harroun Road
Sylvania, OH 43560

Gentlemen:

We have reviewed your letter dated October 29, 1990 requesting amendment to NRC License Number 34-15184-01 and find that we will need additional information as follows:

Describe the day-to-day availability of the Radiation Safety Officer (RSO), Ramamurthi Janakiraman, Ph.D. If Mr. Janakiraman will be a full time employee of Flower Memorial Hospital, please so state. If he will not be employed by your organization or will be working on a part time basis, please describe the following in detail:

- a. The approximate amount of time Mr. Janakiraman will spend at Flower Memorial Hospital on a weekly basis performing the duties as RSO.
- b. The maximum amount of time it will take for Mr. Janakiraman to respond to an emergency involving radioactive materials when he is not present at your facility.
- c. Mr. Janakiraman's previous commitments as RSO and/or authorized user at any other NRC-licensed facility, along with a description of how he will divide his time so that he will be able to adequately perform the duties of the RSO as described in 10 CFR 35.21.

We will continue our review of your application upon receipt of this information. Please reply in duplicate, within 10 days, and refer to Control Number 90204.

Upon failure to file a response within the specified time, we will consider that you have abandoned your request and will void this action. This is without prejudice to resubmission of the application.

If you have any questions or require clarification on any of the information stated above, you may contact us at (708) 790-5625.

Sincerely,

Original Signed By
Robert G. Gattone, Jr.
Materials Licensing Section

R111

DB
Gattone/mc
11/7/90



**FLOWER MEMORIAL
HOSPITAL**

FLOWER MEMORIAL HEALTHPLEX

1419) 603-1444

October 29, 1990

U.S. Nuclear Regulatory Commission
Region III
799 Roosevelt Road
Glen Ellyn, Illinois 60137

RE: Control No. 90204
License No. 34-15184-01

To Whom It May Concern:

We would like to change the information on the amendment application under the above mentioned control number. Ramamurthi Janakiraman, Ph.D. should be named as the Radiation Safety Officer replacing Prasanna K. Kumar, Ph.D. Dr. Janakiraman is named on NRC license #21-00998-01 as the Radiation Safety Officer.

Your prompt attention to this matter will be greatly appreciated.

Sincerely,

Joan M. Sevy
Vice President Patient Services

mlm

RECEIVED
NOV 05 1990
REGION III

NOV 5 1990

CONVERSATION RECORD

TIME 2:10

DATE 10-12-90

TYPE VISIT CONFERENCE TELEPHONE

INCOMING
 OUTGOING

ROUTING	
NAME/SYMBOL	INT

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YGU

Fred Urban

ORGANIZATION (Office, dept., bureau, etc.)

Flower Men Group

TELEPHONE NO.

*216
277-6251*

SUBJECT

CIN 90204

SUMMARY

Need doc. that Dr. Kuznetsov has settled 35,900 (b)(2).

Will do

ACTION REQUIRED

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

ACTION TAKEN

SIGNATURE

Robert D. Hatten Jr.

TITLE

Reviewer

DATE

10-12-90

CONVERSATION RECORD

TIME 3:00

DATE 10-11-90

TYPE		<input type="checkbox"/> VISIT <input type="checkbox"/> CONFERENCE <input checked="" type="checkbox"/> TELEPHONE		ROUTING	
Location of Visit/Conference:		<input type="checkbox"/> INCOMING <input checked="" type="checkbox"/> OUTGOING		NAME/SYMBOL	INT
NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU		ORGANIZATION (Office, dept., bureau, etc.)	TELEPHONE NO.		
<i>P. Kumar, PhD</i> J. ...		<i>South West Group</i> AAA	<i>216</i> <i>663-7000</i>		
SUBJECT					
<i>C/N 90204</i>					

SUMMARY *Need doc. that Dr. Kumar has satisfied 10CFR 25.900*

Respond < 30 days

Found out that Dr. Nair current RSO left employment ~1 month ago. Hold licenses they are in non-compliance.

Licenses acknowledged and will respond ASAP.

ACTION REQUIRED

NAME OF PERSON DOCUMENTING CONVERSATION	SIGNATURE	DATE

ACTION TAKEN

Alerted Bill Schultz

SIGNATURE	TITLE	DATE
<i>Robert L. Gattuso Jr.</i>	<i>Reviewer</i>	<i>10-11-90</i>

APPLICATION FOR MATERIAL LICENSE

INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.

<p>APPLICATIONS FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:</p> <p>U.S. NUCLEAR REGULATORY COMMISSION DIVISION OF INDUSTRIAL AND MEDICAL NUCLEAR SAFETY, NMSS WASHINGTON, DC 20555</p> <p>ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS, IF YOU ARE LOCATED IN:</p> <p>CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, PENNSYLVANIA, RHODE ISLAND, OR VERMONT, SEND APPLICATIONS TO:</p> <p>U.S. NUCLEAR REGULATORY COMMISSION, REGION I NUCLEAR MATERIALS SAFETY SECTION B 475 ALLENDALE ROAD KING OF PRUSSIA, PA 19406</p> <p>ALABAMA, FLORIDA, GEORGIA, KENTUCKY, MISSISSIPPI, NORTH CAROLINA, PUERTO RICO, SOUTH CAROLINA, TENNESSEE, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO:</p> <p>U.S. NUCLEAR REGULATORY COMMISSION, REGION II NUCLEAR MATERIALS SAFETY SECTION 101 MARIETTA STREET, SUITE 2000 ATLANTA, GA 30323</p>	<p>IF YOU ARE LOCATED IN:</p> <p>ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:</p> <p>U.S. NUCLEAR REGULATORY COMMISSION, REGION III MATERIALS LICENSING SECTION 790 ROOSEVELT ROAD GLEN ELLYN, IL 60137</p> <p>ARKANSAS, COLORADO, IDAHO, KANSAS, LOUISIANA, MONTANA, NEBRASKA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, SOUTH DAKOTA, TEXAS, UTAH, OR WYOMING, SEND APPLICATIONS TO:</p> <p>U.S. NUCLEAR REGULATORY COMMISSION, REGION IV MATERIAL RADIATION PROTECTION SECTION 511 RYAN PLAZA DRIVE, SUITE 1000 ARLINGTON, TX 76011</p> <p>ALASKA, ARIZONA, CALIFORNIA, HAWAII, NEVADA, OREGON, WASHINGTON, AND U.S. TERRITORIES AND POSSESSIONS IN THE PACIFIC, SEND APPLICATIONS TO:</p> <p>U.S. NUCLEAR REGULATORY COMMISSION, REGION V NUCLEAR MATERIALS SAFETY SECTION 1450 MARIA LANE, SUITE 210 WALNUT CREEK, CA 94596</p>
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PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTION.

<p>1. THIS IS AN APPLICATION FOR (Check appropriate item):</p> <p><input type="checkbox"/> A. NEW LICENSE</p> <p><input checked="" type="checkbox"/> B. AMENDMENT TO LICENSE NUMBER <u>34-15184-01</u></p> <p><input type="checkbox"/> C. RENEWAL OF LICENSE NUMBER _____</p>	<p>2. NAME AND MAILING ADDRESS OF APPLICANT (Include Zip Code):</p> <p>Flower Memorial Hospital 5200 Harroun Road Sylvania, Ohio 43560</p>
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3. ADDRESS(ES) WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED:

Same

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION: Frederick W. Urban, Consultant, NMA Medical Physics Consultation TELEPHONE NUMBER: (216)663-7000

SUBMIT ITEMS 5 THROUGH 11 ON 8 1/2 x 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

<p>5. RADIOACTIVE MATERIAL a. Element and mass number, b. chemical and/or physical form, and c. maximum amount which will be possessed at any one time.</p>	<p>6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED</p>
<p>7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING AND EXPERIENCE <u>Prasanna K. Kumar, Ph.D.</u></p>	<p>8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS</p>
<p>9. FACILITIES AND EQUIPMENT</p>	<p>10. RADIATION SAFETY PROGRAM</p>
<p>11. WASTE MANAGEMENT</p>	<p>12. LICENSEE FEES (See 10 CFR 170 and Section 170.31) FEE CATEGORY: <u>7C</u> AMOUNT ENCLOSED: <u>\$ 340.00</u></p>

13. CERTIFICATION (Must be completed by applicant): THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT. THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, AND 40 AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING: 18 U.S.C. SECTION 1001, ACT OF JUNE 25, 1948, 52 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

SIGNATURE—CERTIFYING OFFICER: JOHN M. SEVY x JOHN M. SEVY x Vice President, Patient Services x 9/10/90

FOR NRC USE ONLY			
TYPE OF FEE	FEE LOG	FEE CATEGORY	COMMENTS
<u>and</u>	<u>Sept 15</u>	<u>7C</u>	
AMOUNT RECEIVED	CHECK NUMBER		
<u>\$340</u>	<u>117/34</u>		
APPROVED BY	DATE		
<u>JP</u>	<u>9/21/90</u>		

RECEIVED
 SEP 20 10:45
 REGION III
 CONTROL NO. 90204



(419) 885-1444

**FLOWER MEMORIAL
HOSPITAL**
FLOWER MEMORIAL HEALTHPLEX

September 4, 1990

U.S. Nuclear Regulatory Commission
Region III
799 Roosevelt Road
Glen Ellyn, Illinois 60137

RE: License No. 34-15184-01

To Whom It May Concern:

Pursuant to 10 CFR 35.14, please amend the above mentioned license to delete T.K. Nair, Ph.D. as RSO and add Prasanna K. Kumar, Ph.D. as RSO (see attached for training and experience). We would like to add the following individuals as alternate RSO's:

Steven Zeidner, M.D.
Harvey Muehlenbeck, M.D.

Your prompt action in expediting this request will be greatly appreciated.

Sincerely,

Joan M. Sevy, MS, RN, CNA
Vice President Patient Services

mlm

Enclosures

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER (VASTARE K. PRASANNA KUMAR, Ph.D.)	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE NA
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3. CERTIFICATION		
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
Radiation Therapy	Board Eligible	NA

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING	
		LECTURE / LABORATORY COURSES (Hours) C	SUPERVISED LABORATORY EXPERIENCE (Hours) D
a. RADIATION PHYSICS AND INSTRUMENTATION	M.Sc. University of Mysore Bangalore	600 1958-1959	500
b. RADIATION PROTECTION	University of Pennsylvania Philadelphia School of Medicine	120 1974	200
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	Central College, University of Mysore, Bangalore, India	500	300
d. RADIATION BIOLOGY	Hospital of University of Pennsylvania, Philadelphia	120	-
e. RADIOPHARMACEUTICAL CHEMISTRY	Hospital of University of Pennsylvania, Philadelphia	120	-

5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
Ir-192	200 MCI	Hospital of University of Pennsylvania, Philadelphia	1980-1986	Brachytherapy
Cs-137	200 MCI	"	"	"
I-125	100 MCI	"	" Item #8 February 1987 License #21-01333-01	"