

file

OCT 02 1984

Northwestern Hospital Services
ATTN: Richard Spyhalski
President
120 LaBree Avenue, South
Thief River Falls, MN 56701

Gentlemen:

We have reviewed your renewal application dated April 1, 1984 and find that we will need additional information as follows:

1. Your previous license name was listed as "Northwestern Hospital, Department of Radiology." The current application lists "Northwestern Hospital Services." Please let us know if you would like us to change the name shown on your license to read "Northwestern Hospital Services."
2. Submit a copy of the procedures you will follow when performing calibrations on your dose calibrator. In lieu of submitting equivalent procedures, you may commit to following the procedures outlined in Appendix D of Regulatory Guide 10.8.
3. Submit a copy of the memorandum you will use to inform your staff of the procedures to be followed for off-duty hour delivery of radioisotopes. Refer to Appendix E of Regulatory Guide 10.8.
4. Submit a description of the subjects you will cover in your employee training program. Confirm that this training will be given during an annual refresher as well as at the time of employment. You may commit to following the training outline submitted with your November 27, 1978 application.
5. Your current application does not include your ALARA Program. You may submit a new program or commit to following the one dated August 15, 1980.

We will continue our review of your application upon receipt of this information. Please reply in duplicate, within 30 days, and refer to Control Number 76570.

Sincerely,

8501090390 841210
NMS LIC30
22-10236-01 PDR

Original Signed By
Patricia M. Vacherlon
Materials Licensing Section

Enclosure: Regulatory Guide 10.8

RIII
pmv
Vacherlon/cm
09/19/84

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