



CONVERSATION RECORD

NAME OF PERSON(S)/TITLE CONTACTED OR IN CONTACT WITH YOU Patrick J. Byrne	DATE OF CONTACT 04/20/2020	TYPE OF CONVERSATION <input type="checkbox"/> E-MAIL <input checked="" type="checkbox"/> TELEPHONE <input type="checkbox"/> INCOMING <input checked="" type="checkbox"/> OUTGOING
E-MAIL ADDRESS pbyrne@mpcphysics.com	TELEPHONE NUMBER (734) 717-8731	
ORGANIZATION MPC Physics	DOCKET NUMBER(S) 030-35395	
LICENSE NAME AND NUMBER(S) Northwest Radiology Network 13-32258-01	MAIL CONTROL NUMBER(S) 617682	
SUBJECT Pending NRC License Renewal Request - Additional Information Required		
SUMMARY AND ACTION REQUIRED (IF ANY) This is a record of the conversation between Laura Cender and Patrick Byrne, of MPC Physics regarding the license renewal application for Northwest Radiology Network dated January 17, 2020. Per our discussion today, please provide a signed and dated response to the following items by no later than Friday, May 15, 2020. Please ensure that the response is signed by either the Radiation Safety Officer or by senior licensee management. Please submit your response to me directly via email to laura.cender@nrc.gov 1. Provide a statement that, "We have developed and will implement and maintain written procedures for a program for training required under 10 CFR 19.12 for each group of workers, including (i) topics covered, (ii) qualifications of the instructors, (iii) method of training, (iv) method for assessing the success of the training, (v) initial training, and (vi) annual refresher training. 2. Facility Diagram for 10603 N. Meridian St.: - Please confirm that licensed material at this facility will be limited to 10 CFR 35.100, 35.200 and 35.300 with no use of PET isotopes. - Indicate the scale on the diagram. - Indicate the location of the hot lab. Indicate the location of a fume hood or shielded cave if used for storage of sodium iodide I-131. - Describe the use of areas above and below the nuclear medicine suite. - Indicate and specify which doors are access controlled, i.e. locked.		
NAME OF PERSON DOCUMENTING CONVERSATION Laura B. Cender		
SIGNATURE	DATE OF SIGNATURE 4/20/2020	

CONVERSATION RECORD (continued)

LICENSE NAME AND NUMBER(S)

MAIL CONTROL NUMBER(S)

Northwest Radiology Network
13-32258-01

617553

SUMMARY AND ACTION REQUIRED (IF ANY) (Continued)

2. Cont.

- In accordance with 10 CFR 35.315 please provide a diagrams indicating the locations where patients will be housed if they are unable to be released per the requirements of 10 CFR 35.75. Please include a discussion that describes shielding, occupancy, access control, and regulatory considerations.

3.a. Facility diagram for 12188 N. Meridian Ave.

- Please confirm that licensed material at this facility will be limited to 10 CFR 35.100, 35.200, including PET, 35.300, and use of F-18 for calibration and reference standards.
- Provide room numbers on the facility diagram.
- Clearly indicate the areas on the facility diagram that are restricted vs. unrestricted, as defined 10 CFR 20.1003.
- Clearly indicate on the facility diagram the shielding material and thickness of the material installed on each wall.
- Clearly indicate the distance from the patient to the adjacent areas/rooms which will be occupied in each direction, including above. Indicate reference points evaluated in the shielding calculation.
- Indicate the location of a fume hood or shielded cave if used for storage of sodium iodide I-131.
- In accordance with 10 CFR 35.315 please provide a diagrams indicating the locations where patients will be housed if they are unable to be released per the requirements of 10 CFR 35.75. Please include a discussion that describes shielding, occupancy, access control, and regulatory considerations.
- Describe any additional equipment available at this facility for handling PET isotopes such as remote handling systems, shielded containers or syringes, or automatic dispensing systems.

b. PET Shielding Calculations - 12188 N. Meridian Ave.

Please provide simple and complete shielding calculations; show your work; explain assumptions; define terms, equations, constants, substitutions and parameters, to demonstrate that radiation levels in all adjacent areas, including above and below the rooms where the material is used will not exceed the levels in 10 CFR 35.1301 for members of the public and radiation workers.

- Please clearly correlate all points for which dose levels are calculated with points on the diagram so corroboration is possible. Provide distances from the patient to the adjacent areas/rooms which will be occupied in each direction, including above.
- In your evaluation, describe the isotope used (F-18), the maximum activity used for F-18, uptake and scan times per patient, how many patients per day and how many days per week, and occupancy factors. Describe the type of shielding material in each room for all adjacent areas and specify the barrier thickness.

4. In Item 5 of your application you request that the possession limit for material authorized under 10 CFR 35.300 be as needed, with a 1 Ci limit for I-131. Please note that unlike 35.100 and 35.200, licensed material permitted by 10 CFR 35.300 is not licensed with an "as needed" possession limit. The 1 Ci possession limit currently listed on your license applies to all material authorized under 35.300, including both sodium iodide I-131 and radioisotopes administered parenterally.