



MS 16
P3

January 16, 1986

Mr. John Miller
NRC Region I
Materials Safety & Safeguards Br.
631 Park Avenue
King of Prussia, PA 19406

Dear Mr Miller,

Enclosed are the materials per your request of January 16th.
These procedures and record sheets should satisfy the requirements
of item 17 appendix I of the amendment.

Licensee: Anna Jaques Hospital
25 Highland Avenue
Newburyport, MA 01950

License # 20-13391-01

RSO Neal M. Boucher
617 462 6601 X 392

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Thank you for your attention and cooperation in this matter.

8604090354 860131
REG1 LIC30
20-13391-01 PDR

RECEIVED-REGION 1
JAN 21 1986

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"OFFICIAL RECORD COPY"

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JAN 21 1986

25 Highland Avenue • Newburyport, MA 01950 • (617) 462-6600

RADIATION PROTECTION

F. ENVIRONMENTAL RADIATION SURVEYS

1. Surveys shall be conducted on a daily basis and documented.
 - a. All areas where radioisotopes are handled, stored, or administered to patients shall be checked for contamination.
 - b. All equipment and parts thereof coming in contact or used where radioisotopes are handled shall be checked for contamination.
2. Spot checks shall be done at least monthly or when deemed necessary to check for residual contamination, small spills, and decontamination checks. Spot checks shall be directed towards those areas and items not covered in daily surveys.
3. Swipes are taken by rubbing a 1"-2" diameter circle or square of gauze or filter paper over 100 cm² and counting with appropriate instrument. The swipe may be moistened for Beta and Gamma, but not Alpha contamination.
4. Sealed sources shall be included in spot checks for leaks.
5. All spot checks shall be recorded on proper form. See record of surveys and spot check forms.
6. Adjacent areas to radiation areas shall be monitored by survey meter and or film badge to determine amount of exposure if any to other workers, visitors, or patients in those areas.
7. Control film badges shall be placed at radiopharmaceutical preparation area and non-radiation area.
8. Sealed check sources shall be leak tested every 6 months for contamination with the spectrometer and well.

Last Reviewed

Neil M. Brasher 6/22/85

Chief Nuclear Med Tech Date

Allen 6/20/85

Pathologist Date

DAILY INSTRUMENT FUNCTION CHECKS & SURVEYS

	Month	Year			Hospital		
Survey Meter		X		X		X	X
Shipment Rcpt							
Dose Calibr.							
Camera Flood							
Waste Survey							
<u>Final Environmental</u> <u>Surveys mR/hr</u>		Day of the Month					
Waste Baskets		X		X		X	X
Imaging Cot							
Bench Top							
Computer							
Camera Console							
Collimators							
Injection Chair							
Technologist							

Action Levels: Any surveys that exceed .06 mR/hr or three times background should be wipe tested. If wipe test exceeds 200 DPM/100 cm², the area is to be decontaminated and resurveyed.

Corrective Actions: _____ Survey Meter _____
 _____ DPM = CPM X _____

ANNA JACQUES HOSPITAL RECORD of SURVEYS and SPOT CHECKS

DEPT. _____ ROOM _____ PRINCIPAL USER _____ DATE _____
SURVEYING INSTRUMENT _____ DPM = CPM X _____ correction factor _____

Spot checks shall be conducted at least monthly or when deemed necessary. Areas or items not included in daily surveys shall be spot checked.

Swipes are taken by rubbing a 1"-2" diameter circle or square of gauze or filter paper over 100 cm² and counting with appropriate instrument. The swipe may be moistened for beta and gamma but not alpha contamination. Glassware may be checked by counting rinsings.

NOTE: Appropriate detectors must be used for each type of contamination.

DESCRIPTION of AREA
or SOURCE

Survey
INITIAL READINGS in mR/hr AFTER DECONTAMINATION
at 3 meters at 1 cm 1st 2nd 3rd

1. _____
2. _____
3. _____
4. _____
5. _____

Wipe Test
INITIAL READINGS in DPM

DRAW DIAGRAM of AREA SURVEYED and LABEL IF NECESSARY

COMMENTS:

CORRECTIVE ACTIONS TAKEN:

SURVEYOR:

ANNA JAKES HOSPITAL
RECORD of SURVEYS and SPOT CHECKS

DEPT. _____ ROOM _____ PRINCIPAL USER _____ DATE _____

SURVEYING INSTRUMENT _____ DPM = CPM X _____ correction factor

Spot checks shall be conducted at least monthly or when deemed necessary. Areas or items not included in daily surveys shall be spot checked.

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NOTE: Appropriate detectors must be used for each type of contamination.

DESCRIPTION of AREA or SOURCE	Survey				
	INITIAL READINGS in mR/hr		AFTER DECONTAMINATION		
	at 3 meters	at 1 cm	1st	2nd	3rd
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
Wipe Test					
INITIAL READINGS in DPM					
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____

DRAW DIAGRAM of AREA SURVEYED and LABEL IF NECESSARY

COMMENTS:

CORRECTIVE ACTIONS TAKEN:

SURVEYOR:

1/16/86

TELEPHONE OR VERBAL CONVERSATION RECORD

TIME

☒ A.M.
☐ P.M.

☐ INCOMING CALL

☐ OUTGOING CALL

☐ VISIT

PERSON CALLING

Miller

OFFICE/ADDRESS

R1 King of Prussia

PHONE NUMBER

EXTENSION

215-337-5204

PERSON CALLED

Neal Boucher RSO

OFFICE/ADDRESS

Anna Jaques
Hospital, Newburyport, MA

PHONE NUMBER

EXTENSION

617-462-6601 X392

CONVERSATION

SUBJECT

Request for license amendment

SUMMARY

Miller phoned Mr. Boucher and informed that he needed to confirm that a survey will be performed following NRC Med procedures at Anna Jaques Hospital. In addition, please specify the action levels that will be considered acceptable for release for unrestricted use.

Mr. Boucher agreed to submit info in immediate.

REFERRED TO:

ACTION REQUESTED

Submit info in letter

☐ ADVISE ME OF ACTION TAKEN.

INITIALS

DATE

GBM
1/16/86

ACTION TAKEN

INITIALS

DATE

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