

WAYNE COUNTY GENERAL HOSPITAL

2345 Merriman Road
Westland, Michigan 48185

E.J. CONKLIN, M.D.
Director

274-3000 - 722-2500
Area Code 313

April 25, 1984

Director, Office of Nuclear Materials
Safety and Safeguards
U.S. Nuclear Regulatory Commission
Washington, D. C. 20555

Re: N.R.C. #21-02936-01

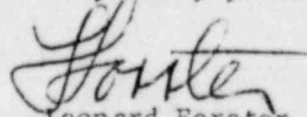
Gentlemen:

Enclosed please find an application for the renewal of the Wayne County General Hospital's Broad License #N.R.C. 21-02936-01 with an expiration date of April 30, 1984.

Also enclosed is a check in the amount of \$150 for the application fee for the above license.

We would appreciate a temporary approval of this Broad License #N.R.C. 21-02936-01 until this application has been properly processed. A letter to this effect from N.R.C. would be most appreciated.

Very truly yours,



Leonard Forster
Associate Administrator

FH:LF:ge

Enclosure: 1 Original Application
1 copy "
cc: Radiology Safety Officer

8604090514 860310
REG3 LIC30
21-02936-01 PDR

NRC FORM 313M (9-81) 10 CFR 35	U.S. NUCLEAR REGULATORY COMMISSION APPLICATION FOR MATERIALS LICENSE -- MEDICAL	Approved by OMB 3150-0041 Expires 9-30-83
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INSTRUCTIONS - Complete Items 1 through 26 if this is an initial application or an application for renewal of a license. Use supplemental sheets where necessary. Item 26 must be completed on all applications and signed. Retain one copy. Submit original and one copy of entire application to: Director, Office of Nuclear Materials Safety and Safeguards, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555. Upon approval of this application, the applicant will receive a Materials License. An NRC Materials License is issued in accordance with the general requirements contained in Title 10, Code of Federal Regulations, Part 30, and the Licensee is subject to Title 10, Code of Federal Regulations, Parts 19, 20 and 35 and the license fee provision of Title 10, Code of Federal Regulations, Part 170. The license fee category should be stated in Item 26 and the appropriate fee enclosed.

1.a. NAME AND MAILING ADDRESS OF APPLICANT (institution, firm, clinic, physician, etc.) INCLUDE ZIP CODE Wayne County General Hospital 2345 Merriman Ave. Westland, Michigan 48185 TELEPHONE NO.: AREA CODE (313) 467-2300	1.b. STREET ADDRESS(ES) AT WHICH RADIOACTIVE MATERIAL WILL BE USED (If different from 1.a.) INCLUDE ZIP CODE
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2. PERSON TO CONTACT REGARDING THIS APPLICATION Florajane Holohan TELEPHONE NO.: AREA CODE (313) 467-2580	3. THIS IS AN APPLICATION FOR: (Check appropriate item) a. <input type="checkbox"/> NEW LICENSE b. <input type="checkbox"/> AMENDMENT TO LICENSE NO. _____ c. <input checked="" type="checkbox"/> RENEWAL OF LICENSE NO. <u>21-02936-01</u>
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4. INDIVIDUAL USERS (Name individuals who will use or directly supervise use of radioactive material. Complete Supplements A and B for each individual.) Designated by Radioisotopes Committee	5. RADIATION SAFETY OFFICER (RSO) (Name of person designated as radiation safety officer. If other than individual user, complete resume of training and experience as in Supplement A.) Florajane Holohan, B.S., R.T.
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6.a. RADIOACTIVE MATERIAL FOR MEDICAL USE					
RADIOACTIVE MATERIAL LISTED IN:	ITEMS DESIRED	MAXIMUM POSSESSION LIMITS	ADDITIONAL ITEMS:	MARK ITEMS DESIRED	MAXIMUM POSSESSION LIMITS
	"X"	(In millicuries)		"X"	(In millicuries)
10 CFR 31.11 FOR IN VITRO STUDIES	x	as needed	IODINE-131 AS IODIDE FOR TREATMENT OF HYPERTHYROIDISM	x	as needed
10 CFR 35.100, SCHEDULE A, GROUP I	x	AS NEEDED	PHOSPHORUS-32 AS SOLUBLE PHOSPHATE FOR TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA AND BONE METASTASES	x	as needed
10 CFR 35.100, SCHEDULE A, GROUP II	x	AS NEEDED	PHOSPHORUS-32 AS COLLOIDAL CHROMIC PHOSPHATE FOR INTRACAVITARY TREATMENT OF MALIGNANT EFFUSIONS.	x	as needed
10 CFR 35.100, SCHEDULE A, GROUP III	x		GOLD-198 AS COLLOID FOR INTRACAVITARY TREATMENT OF MALIGNANT EFFUSIONS.		
10 CFR 35.100, SCHEDULE A, GROUP IV	x	AS NEEDED	IODINE-131 AS IODIDE FOR TREATMENT OF THYROID CARCINOMA	x	as needed
10 CFR 35.100, SCHEDULE A, GROUP V	x	AS NEEDED	XENON-133 AS GAS OR GAS IN SALINE FOR BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	x	as needed
10 CFR 35.100, SCHEDULE A, GROUP VI	x				

6.b. RADIOACTIVE MATERIAL FOR USES NOT LISTED IN ITEM 6.a. (Sealed sources up to 3 mCi used for calibration and reference standards are authorized under Section 35.14(d), 10 CFR Part 35, and NEED NOT BE LISTED.)			
ELEMENT AND MASS NUMBER	CHEMICAL AND/OR PHYSICAL FORM	MAXIMUM NUMBER OF MILLCURIES OF EACH FORM	DESCRIBE PURPOSE OF USE
See Supplement A			

INFORMATION REQUIRED FOR ITEMS 7 THROUGH 23

For Items 7 through 23, check the appropriate box(es) and submit a detailed description of all the requested information. Begin each item on a separate sheet. Identify the item number and the date of the application in the lower right corner of each page. If you indicate that an appendix to the medical licensing guide will be followed, do not submit the pages, but specify the revision number and date of the referenced guide: Regulatory Guide 10.8, Rev. _____ Date: _____

7. MEDICAL ISOTOPES COMMITTEE		15. GENERAL RULES FOR THE SAFE USE OF RADIOACTIVE MATERIAL <i>(Check One)</i>	
<input checked="" type="checkbox"/>	Names and Specialties Attached; and	<input type="checkbox"/>	Appendix G Rules Followed; or
<input checked="" type="checkbox"/>	Duties as in Appendix B; or <i>(Check One)</i>	<input checked="" type="checkbox"/>	Equivalent Rules Attached
<input type="checkbox"/>	Equivalent Duties Attached	16. EMERGENCY PROCEDURES <i>(Check One)</i>	
8. TRAINING AND EXPERIENCE		<input type="checkbox"/>	Appendix H Procedures Followed; or
<input checked="" type="checkbox"/>	Supplements A & B Attached for Each Individual User; and <i>(curriculum vitae)</i>	<input checked="" type="checkbox"/>	Equivalent Procedures Attached
<input checked="" type="checkbox"/>	Supplement A Attached for RSO. <i>(curriculum vitae)</i>	17. AREA SURVEY PROCEDURES <i>(Check One)</i>	
9. INSTRUMENTATION <i>(Check One)</i>		<input type="checkbox"/>	Appendix I Procedures Followed; or
<input type="checkbox"/>	Appendix C Form Attached; or	<input checked="" type="checkbox"/>	Equivalent Procedures Attached
<input checked="" type="checkbox"/>	List by Name and Model Number	18. WASTE DISPOSAL <i>(Check One)</i>	
10. CALIBRATION OF INSTRUMENTS		<input type="checkbox"/>	Appendix J Form Attached; or
<input type="checkbox"/>	Appendix D Procedures Followed for Survey Instruments; or <i>(Check One)</i>	<input checked="" type="checkbox"/>	Equivalent Information Attached
<input checked="" type="checkbox"/>	Equivalent Procedures Attached; and	19. THERAPEUTIC USE OF RADIOPHARMACEUTICALS <i>(Check One)</i>	
<input type="checkbox"/>	Appendix D Procedures Followed for Dose Calibrator; or <i>(Check One)</i>	<input type="checkbox"/>	Appendix K Procedures Followed; or
<input checked="" type="checkbox"/>	Equivalent Procedures Attached	<input checked="" type="checkbox"/>	Equivalent Procedures Attached
11. FACILITIES AND EQUIPMENT		20. THERAPEUTIC USE OF SEALED SOURCES	
<input checked="" type="checkbox"/>	Description and Diagram Attached	<input checked="" type="checkbox"/>	Detailed Information Attached; and
12. PERSONNEL TRAINING PROGRAM		<input type="checkbox"/>	Appendix L Procedures Followed; or <i>(Check One)</i>
<input checked="" type="checkbox"/>	Description of Training Attached	<input checked="" type="checkbox"/>	Equivalent Procedures Attached
13. PROCEDURES FOR ORDERING AND RECEIVING RADIOACTIVE MATERIAL		21. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE GASES (e.g., Xenon -- 133)	
<input checked="" type="checkbox"/>	Detailed Information Attached	<input checked="" type="checkbox"/>	Detailed Information Attached
14. PROCEDURES FOR SAFELY OPENING PACKAGES CONTAINING RADIOACTIVE MATERIALS <i>(Check One)</i>		22. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE MATERIAL IN ANIMALS	
<input type="checkbox"/>	Appendix F Procedures Followed; or	<input checked="" type="checkbox"/>	Detailed Information Attached
<input checked="" type="checkbox"/>	Equivalent Procedures Attached	23. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE MATERIAL SPECIFIED IN ITEM 6.b	
<input checked="" type="checkbox"/>	Equivalent Procedures Attached	<input checked="" type="checkbox"/>	Detailed Information Attached