Northeastern Hospital of Philadelphia

"Directing You Toward a Healthy Life"

DEPARTMENT OF RADIOLOGY

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August 29, 1983

U.S. Nuclear Regulatory Commission
Region I
631 Park Avenue
King of Prussia, Pa. 19406

Attn: John Glenn, PhD.

Dear Dr. Glenn:

Enclosed is our application for renewal of our NRC license.

We have followed the instructions for use of the preprinted application form, which we received from the NRC. The requirements needed were added to the application on the proper item number and page number. If no room was alotted a supplementry sheet was attached.

Thankyou.

Sincerely,

Michael Nalbantian, M.D.
Radiation Safety Officer

MN:dmp
Enclosures

8604140124 860228
REG1 LIC30
37-18253-01 PDR

2301 East Allegheny Avenue • Philadelphia, PA 19134 • (215) 291-3630

INSTRUCTIONS FOR USE OF THE PREPRINTED APPLICATION FORM

This preprinted application form specifies the minimum radiation safety program that NRC finds acceptable for medical programs.

You may specify changes to the preprinted procedures provided that they are at the same level of detail and offer the same level of protection. Do not make changes directly on the preprinted form. Identify any changes or additions in the form of a letter that is dated and signed by the hospital administrator. Refer to each item that you wish to change by page number and item number.

After completing the application, make two copies. Retain one copy. Forward the application and one copy to the U.S. Nuclear Regulatory Commission, Nuclear Materials Section B, 631 Park Avenue, King of Prussia, PA 19406.

The following parts of the preprinted application require your input:

1. Item 9, page 8. List the instruments that you have available in your laboratory. The instruments that we require are described in Item 9 on page 3 of Regulatory Guide 10.8.

2. Item 10, page 9. Describe your method of survey meter calibration by completing the blank spaces in Section 3. If you need additional information, refer to Item 10 on page 5 of Regulatory Guide 10.8.

3. Item 11, page 14. Submit a laboratory diagram that shows the type, dimensions, position and thickness of shielding that you have available. There is a sample diagram in Item 11 on page 6 of Regulatory Guide 10 8.

4. Item 24, page 3. Indicate the supplier and exchange frequency for your whole body and finger type personnel monitoring devices.

5. Item 26, page 3. The hospital administrator should review the application and sign and date it. Unless your institution is fee exempt, provide renewal fee of $150 payable to the U.S. Nuclear Regulatory Commission.

6. Item 21, page 2. Attach a description of your facilities for handling xenon-133. Refer to Appendix M of Regulatory Guide 10.8.

7. Item 20, page 2. Attach a description of your facilities and procedures for handling Group VI sealed sources. Refer to Item 20 of Regulatory Guide 10.8.