

APPLICATION FOR MATERIALS LICENSE - TELETHERAPY

INSTRUCTIONS - Complete Items 1 through 22 if this is an initial application or an application for renewal of a license. Use supplemental sheets where necessary. Item 22 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. 20585. 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, 21, 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 22 and the appropriate fee enclosed.

1A. NAME AND MAILING ADDRESS OF APPLICANT (Indicate firm, state, physician, etc.)
INCLUDE ZIP CODE

University of Virginia
Rectors and Visitors
Office of Environmental Health & Safety
P.O. Box 3425, Edgemont Road
Charlottesville, VA 22903

TELEPHONE AREA CODE 804 NUMBER 924-7334

2. PERSON TO CONTACT REGARDING THIS APPLICATION

Brian G. Copcutt, Ph.D.

TELEPHONE AREA CODE 1 804 NUMBER 924-7334

4. INDIVIDUAL USERS (Name individuals who will use or directly supervise use of radioactive material. Complete Supplements A and B for each individual.)

User information has been submitted previously
on July 23, 1986

1B. STREET ADDRESS(E) AT WHICH RADIOPACTIVE MATERIAL WILL BE USED
(If different from 1A) INCLUDE ZIP CODE

University of Virginia Hospital
Division of Radiation Oncology
Main Floor, Room B-961A
Jefferson Park Avenue
Charlottesville, VA 22908

3. THIS IS AN APPLICATION FOR: (Check appropriate items)

 NEW LICENSE AMENDMENT TO LICENSE NO. 45-00034-09 RENEWAL OF LICENSE NO. _____

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.)

Brian G. Copcutt, Ph.D. (Supplement A has
been submitted for Dr. Copcutt on July 23, 1986)

6. SEALED SOURCES TO BE USED IN TELERTHERAPY UNITS (Attach additional pages if necessary)

BYPRODUCT MATERIAL (Element and Atom No.)	NAME OF SOURCE MANUFACTURER	SOURCE MODEL NUMBER	MAXIMUM ACTIVITY PER SOURCE	NUMBER OF SOURCES
A. Cobalt 60	A.E.C.L.	A.E.C.L. 146 or 151	9500 Curies	Two (2)
B.				
C.				

7. TELERTHERAPY UNITS (Attach supplement A page, if necessary)

NAME OF MANUFACTURER (Indicate description, if var. & mod. no.)	MODEL NUMBER
A. A.E.C.L.	Theratron 780C
B.	
C.	

8. USE (Attach supplement A page, if necessary)

A	B	C
X		

HUMAN USE ONLY

HUMAN AND OTHER USE
(Specify all sources above)

Exhibits for Statement of Use have been submitted
previously (July 23, 1986)

9. PERSONNEL MONITORING DEVICES

TYPE (Check and/or complete as appropriate)	SUPPLIER (Service Company)	EXCHANGE FREQUENCY
(1) FILM BADGE - WHOLE BODY		
(2) THERMOLUMINESCENCE DOSIMETER (TLD) - WHOLE BODY		
(3) OTHER (Specify): BB10180470 BB0512 REG2 LIC30 45-00034-09 PNU		

INFORMATION REQUIRED FOR ITEMS 10 THROUGH 21

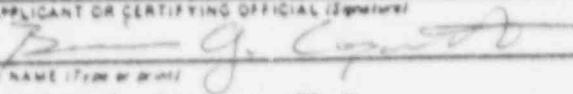
For Items 10 through 21, check the appropriate box(es) and submit a detailed description of all the requested information. Begin each item on a separate sheet. Identify the item number and the date of the application in the lower right corner of each page. If you indicate that an appendix to the teletherapy licensing guide will be followed, do not submit the page, but specify the revision number and date of the referenced guide: Regulatory Guide 10.

Rev. _____ Date: March, 1982

10. MEDICAL ISOTOPE COMMITTEE		16. BEAM STOPS <input checked="" type="checkbox"/> Description of stops used to restrict beam orientation attached.
<input checked="" type="checkbox"/> Names and specialties attached; and (check one)		
a. Duties as in Appendix A, or		18. SHIELDING EVALUATION
b. Equivalent duties attached.		Evaluation of proposed shielding attached.
11. TRAINING AND EXPERIENCE		17. OPERATING AND EMERGENCY PROCEDURES
a. Supplements A & B attached for each individual user; and		<input checked="" type="checkbox"/> Description of operating procedures attached; and
b. Supplement A attached for RSO		<input checked="" type="checkbox"/> Copy of emergency procedures attached.
12. INSTRUMENTATION (check one)		19. INSTRUCTION OF PERSONNEL (check one)
a. Appendix C form attached, or		<input checked="" type="checkbox"/> Training program and schedule in Appendix H followed, or
b. List manufacturer's name and model number		<input checked="" type="checkbox"/> Description of instruction program for employees attached
13. CALIBRATION OF INSTRUMENTS (check one)		20. LEAK TESTS OF SEALED SOURCES
a. Appendix D, Part 2 procedures followed for instrumentation calibration, or		Description of leak-test procedures attached.
b. Description of sources, calibration frequency and equivalent procedures attached.		20. QUALIFIED EXPERT (Use only if the individual fails to meet 10 CFR 35.24 requirements.) Statement of qualifications of the expert who will perform teletherapy calibrations attached.
14. FACILITIES AND EQUIPMENT		(ALARA Program has been previously accepted by NRC)
a. Description and drawing of facilities attached; and		21. ALARA PROGRAM (check one) <input checked="" type="checkbox"/> ALARA Program as in Appendix I, or
<input checked="" type="checkbox"/> b. Description of patient viewing and communicating systems attached; and		
c. Description of area safeguards attached.		Equivalent ALARA program attached

22. CERTIFICATE
(The item must be completed by the applicant)

The applicant and/or official executing this certificate on behalf of the applicant named in Item 1a certifies that this application is prepared in conformity with Title 10, Code of Federal Regulations, Parts 30 and 35, and that all information contained herein, including supplements attached hereto, is true and correct to the best of our knowledge and belief.

a. LICENSE FEE REQUIRED (See sections 170.21, 10 CFR 170)		b. APPLICANT OR CERTIFYING OFFICIAL (Signature)  b. NAME (Type or Print) Brian G. Copcutt, Ph.D.
(1) LICENSE FEE CATEGORY Exempt under 10 CFR 170.11(a)(9)		(2) TITLE Radiation Safety Officer
(3) LICENSE FEE ENCLOSED \$		(4) DATE February 10, 1988

WARNING: 18 U.S.C. Section 1001; Act of June 25, 1948; 62 Stat. 748, makes it a criminal offense to make a wilfully false statement or representation to any department or agency of the United States as to any matter within its jurisdiction.

DESCRIPTION OF PATIENT VIEWING AND COMMUNICATION SYSTEMS

The continuous patient viewing system consists of two closed-circuit TV cameras coupled to 9-inch monitors. One of the cameras has a zoom lens plus pan and tilt features. The treatment room is also equipped with a leaded glass window and a viewing mirror as a backup to the TV system.

The thickness and density of the leaded glass are sufficient to reduce exposure rates on the outside surface of the glass to levels less than 2 mR/hr for all possible beam geometrics within the room.

Voice communication with patients is accomplished via an intercom system.

BEAM STOPS

The head of the AECL Theratron-780C teletherapy unit will be used in a position that always points towards the primary beamstopper. Thus, the primary beam of radiation is always restricted to the beamstopper and never directly strikes any portion of the treatment room walls, floor, or ceiling. There is no limit to gantry rotation.