NMSS:RSH
Control No. 461229

MAR 18 1987

Brookings Hospital and Brookview Manor
ATTN: Maurice A. Tajiran
Medical Physicist
300 22nd Avenue
Brookings, South Dakota 57006

Gentlemen:

This refers to your application dated September 1, 1986, requesting renewal of your byproduct material license. We have completed review of your application and have the following comments and need for additional information.

1. Your application should have been signed by the hospital administrator. Please submit a letter from the hospital administrator indicating that he or she has reviewed the application and concurs in the statement and representations contained therein. Note also that the hospital administrator should sign all future correspondence, requests for amendment, renewal, etc.

2. You did not specify the revision number and date requested at the top of page 2 on Form NRC-313M. The correct reference is: Regulatory Guide 10.8, Revision 1, October 1980. Please confirm.

3. On a detailed version of your facility diagram, please indicate the type, dimensions, position and thickness of shielding that you will use for:

   a. Use and storage of Tc-99m generators.

   b. Storage of radiopharmaceuticals (refrigerated and nonrefrigerated).

   c. Storage of radioactive waste, including decay-in-storage prior to disposal as nonradioactive waste. (This area should be large enough to handle an accumulation of used Tc-99m generators as well as other solid waste. If this area is located ancillary to your department, describe how you will secure the material. Confirm that this area will be surveyed at least weekly.)

   d. Preparation and dispensing of Group III kit radiopharmaceuticals (e.g., lead glass L-block, etc.).

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4. McKennan Hospital is not authorized to provide wipe test analysis for your hospital.

   If access to an instrument (e.g. solid scintillation counter) sufficiently sensitive to detect 200 dpm/100 cm^2 is limited, you may assay your area wipe samples with your GM survey meter provided you submit the following information:

   a. State the sensitivity of the instrument in cpm or mR/hr.

   b. State the efficiency of the instrument for common medical isotopes.

   c. Confirm that the wipes will be counted in a low background area.

   d. Confirm that the beta shield (if present) will be removed from the probe before counting the wipes.

   e. Describe the optimum counting geometry for the particular instrument and confirm that you will adhere to it.

   f. State the instrument response time and the equilibration time that you will allow for counting each wipe.

   g. Confirm that your action level will be any instrument response greater than background.

5. You did outline your disposal procedures, however, you did not indicate whether the waste will be monitored prior to disposal. Also you did not attach Appendix J.

In order to continue prompt review of your application, we request that you submit your response to this letter within 30 calendar days from the date of this letter. Please reply in duplicate and refer to Control No. 461229.

Sincerely,

Ralph S. Heyer
Nuclear Materials Safety Section

Enclosure:
Regulatory Guide 10.8
(Revision 1, October 1980)

bcc w/o enclosure:
R. L. Bangart