OCT 12 1988

Docket No. 30-30752
Control No. 109409

Oxford Circle Diagnostic Center
ATTN: John A. Bennett, M.D.
President
6044 Castor Avenue
Philadelphia, Pennsylvania 19149

Gentlemen:

This is in reference to your application dated July 27, 1988, for a byproduct Material License. In order to continue our review, we need the following additional information:

1. 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 10 CFR 35.200 kit radiopharmaceuticals (e.g., lead glass L-block, etc.).

   e. Identify adjacent areas across the walls from use and storage locations and show that adequate steps have been taken to assure that radiation levels in unrestricted areas do not exceed the limits specified in 10 CFR 20.103 (enclosed).

   f. Confirm that a fume hood will be available for the storage of multi-dose volatiles and gases.

2. With regard to the calibration of survey instruments, please provide the following:

   a. Confirm that back-up instruments will be available to replace instruments off-site for calibration;

b. 10 CFR 35.51 requires, that at the time of survey meter calibration, the apparent exposure rate from a built-in or owner-supplied check source be determined and recorded and that each survey instrument be checked with the dedicated check source each day of use. Please confirm that your procedures will include these requirements.

3. 10 CFR 35.70(d) requires licensee's to establish radiation dose rate trigger levels. Please specify your dose rate trigger level in mR/hr for restricted and unrestricted areas. We find 0.5 mR/hr for unrestricted areas and 5.0 mR/hr for restricted areas to be acceptable.

4. Please confirm that you will not administer iodine-131 in dosages greater than 30 millicuries.

5. Describe your thyroid bioassay program. It is recommended that thyroid bioassay be considered for personnel administering millicurie quantities of iodine-131.

We will continue our review upon receipt of this information. Please reply in duplicate to my attention at the Region I office and refer to Mail Control No. 109409.

If we do not receive a reply from you within 30 calendar days from the date of this letter, we shall assume that you do not wish to pursue your application.

Sincerely,

Original Signed By:
John E. Glenn

John E. Glenn, Ph.D., Chief
Nuclear Materials Safety Section A
Division of Radiation Safety
and Safeguards

Enclosures:
1. 10 CFR Part 35
2. Regulatory Guide 10.8

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