24-11394-01
030-02364

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

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

Lakeside Hospital
8701 Troost
Kansas City, Missouri 64131

TELEPHONE NO.: AREA CODE (816) 363 6380

1.b. STREET ADDRESS(ES) AT WHICH RADIOACTIVE MATERIAL WILL BE USED *(If different from 1.a.)* INCLUDE ZIP CODE

2. PERSON TO CONTACT REGARDING THIS APPLICATION

TELEPHONE NO.: AREA CODE ( ) ____ ________

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

a. ☐ NEW LICENSE
b. ☐ AMENDMENT TO LICENSE NO. ________
c. ☒ RENEWAL OF LICENSE NO. 24-11394-01

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

See Item 8 on Page 7

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.)*

Hamid Parsa, D.O.

6.a. RADIOACTIVE MATERIAL FOR MEDICAL USE

RADIOACTIVE MATERIAL LISTED IN:	ITEMS DESIRED "X"	MAXIMUM POSSESSION LIMITS (In millicuries)
10 CFR 31.11 FOR IN VITRO STUDIES	X	5.0
10 CFR 35.100, SCHEDULE A, GROUP I	X	AS NEEDED
10 CFR 35.100, SCHEDULE A, GROUP II	X	AS NEEDED
10 CFR 35.100, SCHEDULE A, GROUP III	NA	
10 CFR 35.100, SCHEDULE A, GROUP IV	NA	AS NEEDED
10 CFR 35.100, SCHEDULE A, GROUP V	NA	AS NEEDED
10 CFR 35.100, SCHEDULE A, GROUP VI	NA	

ADDITIONAL ITEMS:	MARK ITEMS DESIRED "X"	MAXIMUM POSSESSION LIMITS (In millicuries)
IODINE-131 AS IODIDE FOR TREATMENT OF HYPERTHYROIDISM	NA	
PHOSPHORUS-32 AS SOLUBLE PHOSPHATE FOR TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA AND BONE METASTASES	NA	
PHOSPHORUS-32 AS COLLOIDAL CHROMIC PHOSPHATE FOR INTRACAVITARY TREATMENT OF MALIGNANT EFFUSIONS.	NA	
GOLD-198 AS COLLOID FOR INTRACAVITARY TREATMENT OF MALIGNANT EFFUSIONS.	NA	
IODINE-131 AS IODIDE FOR TREATMENT OF THYROID CARCINOMA	NA	
XENON-133 AS GAS OR GAS IN SALINE FOR BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES.	NA	

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 MILLICURIES OF EACH FORM	DESCRIBE PURPOSE OF USE

RECEIVED BY LFMS
Date 11/5/82 Nov 6 Reg III
Log ...
By Brown
Orig. To ...
Action Compl 11/8/82

Applicant 27303
Check No. #75478
Amount/Fee Category
Type of Fee Renewal
Date Check Rec'd 11/5/82
Received By Brown

Rec'd OCT 25 1982

8902240365 880315
REG3 LIC30
24-11394-01 PNU

NRC FORM 313M
(9-81)

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 (Page 5)	
X	~~Names and Specialties Attached; and~~ (Page 5)
X	Duties as in Appendix B; or *(Check One)*
	Equivalent Duties Attached
8. TRAINING AND EXPERIENCE (Page 7)	
X	Supplements A & B Attached for Each Individual User; and (Page 7)
	Supplement A Attached for RSO.
9. INSTRUMENTATION *(Check One)* (Page 8)	
X	Appendix C Form Attached; or
	List by Name and Model Number
10. CALIBRATION OF INSTRUMENTS (Page 9)	
X	~~Appendix D Procedures Followed for Survey Instruments; or~~ (Page 9) *(Check One)*
	Equivalent Procedures Attached; and
X	Appendix D Procedures Followed for Dose Calibrator; or *(Check One)*
	Equivalent Procedures Attached
11. FACILITIES AND EQUIPMENT (Page 14)	
X	Description and Diagram Attached
12. PERSONNEL TRAINING PROGRAM (Page 15)	
X	Description of Training Attached
13. PROCEDURES FOR ORDERING AND RECEIVING RADIOACTIVE MATERIAL (Page 16)	
X	Detailed Information Attached
14. PROCEDURES FOR SAFELY OPENING PACKAGES CONTAINING RADIOACTIVE MATERIALS *(Check One)* (Page 17)	
X	Appendix F Procedures Followed; or
	Equivalent Procedures Attached

15. GENERAL RULES FOR THE SAFE USE OF RADIOACTIVE MATERIAL *(Check One)* (Page 18)	
X	Appendix G Rules Followed; or
	Equivalent Rules Attached
16. EMERGENCY PROCEDURES *(Check One)* (Page 19)	
X	Appendix H Procedures Followed; or
	Equivalent Procedures Attached
17. AREA SURVEY PROCEDURES *(Check One)* (Page 20)	
X	Appendix I Procedures Followed; or
	Equivalent Procedures Attached
18. WASTE DISPOSAL *(Check One)* (Page 21)	
X	Appendix J Form Attached; or
	Equivalent Information Attached
19. THERAPEUTIC USE OF RADIOPHARMACEUTICALS *(Check One)*	
NA	Appendix K Procedures Followed; or
	Equivalent Procedures Attached
20. THERAPEUTIC USE OF SEALED SOURCES	
NA	Detailed Information Attached; and
	Appendix L Procedures Followed; or *(Check One)*
	Equivalent Procedures Attached
21. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE GASES (e.g., Xenon – 133)	
X	Detailed Information Attached
22. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE MATERIAL IN ANIMALS	
NA	Detailed Information Attached
23. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE MATERIAL SPECIFIED IN ITEM 6.b	
NA	Detailed Information Attached

24. PERSONNEL MONITORING DEVICES

TYPE (Check appropriate box)			SUPPLIER	EXCHANGE FREQUENCY
a. WHOLE BODY		FILM	R.S. Landauer, Jr. & Co.	Monthly
		TLD		
		OTHER (Specify)		
b. FINGER		FILM		
		TLD	R.S. Landauer, Jr. & Co.	Monthly
		OTHER (Specify)		
c. WRIST		FILM		
		TLD		
		OTHER (Specify)		

d. OTHER (Specify)

This institution is committed to the ALARA program set forth in Appendix O, attached to this application beginning on page 27.

25. FOR PRIVATE PRACTICE APPLICANTS ONLY

a. HOSPITAL AGREEING TO ACCEPT PATIENTS CONTAINING RADIOACTIVE MATERIAL

NAME OF HOSPITAL

MAILING ADDRESS

CITY | STATE | ZIP CODE

b. ATTACH A COPY OF THE AGREEMENT LETTER SIGNED BY THE HOSPITAL ADMINISTRATOR.

c. WHEN REQUESTING THERAPY PROCEDURES, ATTACH A COPY OF RADIATION SAFETY PRECAUTIONS TO BE TAKEN AND LIST AVAILABLE RADIATION DETECTION INSTRUMENTS.

26. CERTIFICATE

(This item must be completed by applicant)

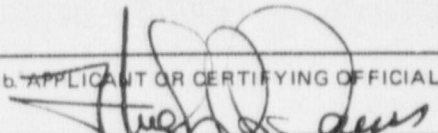
The applicant and any official executing this certificate on behalf of the applicant named in Item 1a certify that this application is prepared in conformity with Title 10, Code of Federal Regulations, Parts 30 and 35, and that all information contained herein, including any supplements attached hereto,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

a. LICENSE FEE REQUIRED
(See Section 170.31, 10 CFR 170)

(1) LICENSE FEE CATEGORY: 7B

(2) LICENSE FEE ENCLOSED: $ 150.00

b. APPLICANT OR CERTIFYING OFFICIAL *(Signature)*



(1) NAME *(Type or Print)*
Hugh Davis

(2) TITLE
Administrator

c. DATE

NRC FORM 313M (9-81)

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(e)(3), enacted into law by section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who supply information to the Nuclear Regulatory Commission on NRC Form 313M. This information is maintained in a system of records designated as NRC-3 and described at 40 Federal Register 45334 (October 1, 1975).

1. **AUTHORITY** Sections 81 and 161(b) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2111 and 2201(b)).

2. **PRINCIPAL PURPOSE(S)** The information is evaluated by the NRC staff pursuant to the criteria set forth in 10 CFR Parts 30-36 to determine whether the application meets the requirements of the Atomic Energy Act of 1954, as amended, and the Commission's regulations, for the issuance of a radioactive material license or amendment thereof.

3. **ROUTINE USES** The information may be used: (a) to provide records to State health departments for their information and use; and (b) to provide information to Federal, State, and local health officials and other persons in the event of incident or exposure, for their information, investigation, and protection of the public health and safety. The information may also be disclosed to appropriate Federal, State, and local agencies in the event that the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, or local agency to the extent relevant and necessary for a NRC decision or to an appropriate Federal agency to the extent relevant and necessary for that agency's decision about you. A copy of the license issued will routinely be placed in the NRC's Public Document Room, 1717 H Street, N.W., Washington, D.C.

4. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION** Disclosure of the requested information is voluntary. If the requested information is not furnished, however, the application for radioactive material license, or amendment thereof, will not be processed.

5. **SYSTEM MANAGER(S) AND ADDRESS** Director, Division of Fuel Cycle and Material Safety, Office of Nuclear Material Safety and Safeguards, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555.

RADIATION SAFETY/MEDICAL ISOTOPES COMMITTEE

The membership of this committee will consist of at least three members and will include:

1. the radiation safety officer;

2. the hospital administrator or other administrative official directly responsible to the hospital administrator in the hospital's internal chain of command;

3. a physician specialist* from each department where radioactive materials are used; and

4. a representative of the hospital's nursing staff.

*Some departments, such as the nuclear pharmacy, may not be under the supervision of a physician. In these cases, the supervisory paramedical professional will be a member of the committee.

The names and qualifications of the committee members will be documented in the committee's records, will be updated as necessary, and will be available for inspection by the NRC.

APPENDIX B

MEDICAL ISOTOPES COMMITTEE*

Responsibility

The committee is responsible for :

1. Ensuring that all individuals who work with or in the vicinity of radioactive material have sufficient training and experience to enable them to perform their duties safely and in accordance with NRC regulations and the conditions of the license.

2. Ensuring that all use of radioactive material is conducted in a safe manner and in accordance with NRC regulations and the conditions of the license.

Duties

The committee shall:

1. Be familiar with all pertinent NRC regulations, the terms of the license, and information submitted in support of the request for the license and its amendments.

2. Review the training and experience of all individuals who use radioactive material (including physicians, technologists, physicists, and pharmacists) and determine that their qualifications are sufficient to enable them to perform their duties safely and in accordance with NRC regulations and the conditions of the license.

3. Establish a program to ensure that all individuals whose duties may require them to work in the vicinity of radioactive material (e.g., nursing, security, and housekeeping personnel) are properly instructed as required by §19.12 of 10 CFR Part 19.

4. Review and approve all requests for use of radioactive material within the institution.

5. Prescribe special conditions that will be required during a proposed use of radioactive material such as requirements for bioassays, physical examinations of users, and special monitoring procedures.

6. Review the entire radiation safety program at least annually to determine that all activities are being conducted safely and in accordance with NRC regulations and the conditions of the license. The review shall include an examination of all records, reports from the radiation safety officer, results of NRC inspection, written safety procedures, and the adequacy of the institution's management control system.

7. Recommend remedial action to correct any deficiencies identified in the radiation safety program.

8. Maintain written records of all committee meetings, actions, recommendations, and decisions.

9. Ensure that the byproduct material license is amended, when necessary, prior to any changes in facilities, equipment, policies, procedures, and personnel, as specified in the license.

Meeting Frequency

The medical isotopes committee shall meet as often as necessary to conduct its business but not less than once in each calendar quarter.

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* A rule is expected in 1981 that would change the name, composition, and functions of this committee.

NAME OF AUTHORIZED USER*		AUTHORIZATION
Hamid Parsa, D.O.	(Previous License # 24-11394-01)	Groups I, II
Jalil Parsa, D.O.	(Previous License # 24-11394-01)	Groups I, II

*If you wish to add additional names to the list, follow the instructions in Item 8 on page 4 of Regulatory Guide 10.8.

APPENDIX C

INSTRUMENTATION

1. Survey meters

   a. Manufacturer's name: Technical Associates

   Manufacturer's model number: PUG - 1

   Number of instruments available: 1

   Minimum range: 0 CPM 500 CPM

   Maximum range: 0 CPM 50,000 CPM

   b. Manufacturer's name: _____

   Manufacturer's model number: _____

   Number of instruments available: _____

   Minimum range: _____ mR/hr _____ mR/hr.

   Maximum range: _____ mR/hr _____ mR/hr.

2. Dose calibrator

   Manufacturer's name: Picker

   Manufacturer's model number: 632-507

   Number of instruments available: 1

3. Instruments used for diagnostic procedures

Type of Instrument	Manufacturer's Name	Model No.
Gamma Camera	Picker	Dyna Camera 4
Whole Body Table	Picker	Omniview
Scanner	Picker	Magnascanner III
Well Counter	Abbott	7407-02

4. Other (e.g., liquid scintillation counter, area monitor, velometer)

CALIBRATION OF SURVEY INSTRUMENTS

Check appropriate items.

X 1. Survey instruments will be calibrated at least annually and following repair.

X 2. Calibration will be performed at two points on each scale used for radiation protection purposes, i.e., at least up to 1 R/hr.

The two points will be approximately 1/3 and 2/3 of full scale. A survey instrument may be considered properly calibrated when the instrument readings are within ± 10 percent of the calculated or known values for each point checked. Readings within ± 20 percent are considered acceptable if a calibration chart, graph, or response factor is prepared, attached to the instrument, and used to interpret readings to within ± 10 percent. Also, when higher scales are not checked or calibrated, an appropriate precautionary note will be posted on the instrument.

3. Survey instruments will be calibrated

X a. By the manufacturer

_____ b. At the licensee's facility

(1) Calibration source
Radionuclide _____
Manufacturer's name _____
Model no. _____
Activity in millicuries _____
or
Exposure rate at a specified distance _____
Accuracy _____
Traceability to primary standard _____

_____ (2) The calibration procedures in Section I of Appendix D will be used
or

_____ (3) The step-by-step procedures, including radiation safety procedures, are attached.

X c. By a consultant or outside firm

(1) Name Pharmaco Nuclear, Inc.

(2) Location 1734 E. 63rd St. Suite #214 Kansas City, MO 64110

(3) Procedures and sources

X have been approved by NRC and are on file in License No. 24-16617-01MD

_____ have been approved by an Agreement State; a copy of the Agreement State license, the procedures, and a description of the sources are attached, and the consultant's report will contain the information on

_____ the attached "Certificate of Instrument Calibration."
_____ the consultant's reporting form as attached.

_____ are described in the attachment, and the consultant's report will contain the information on

_____ the attached "Certificate of Instrument Calibration."
_____ the consultant's reporting form as attached.

CALIBRATION OF DOSE CALIBRATOR

A. Sources Used for Linearity Test

(Check as appropriate)

_____ First elution from new Mo-99/Tc-99m generator

or

X Other* (specify) If generators are not in use, a source of Tc-99m with activity equivalent to the maximum activity assayed to clinical situations will be used.

B. Sources Used for Instrument Accuracy and Constancy Tests

Radionuclide	Suggested Activity (mCi)	Activity (mCi)	Accuracy
Co-57	3-5	One millicurie or more	within ± 5%
Ba-133	0.1-0.5	100 microcuries or more	within ± 5%
Cs-137	0.1-0.2	100 microcuries or more	within ± 5%
Ra-226	1-2	N/A	N/A
N/A		N/A	N/A

C. X The procedures described in Section 2 of Appendix D will be used for calibration of the dose calibrator

or

_____ Equivalent procedures are attached.

*For licensees who are not authorized for Mo-99/Tc-99m generators, activity must be equivalent to the highest activity used.

Section 2

METHODS FOR CALIBRATION OF DOSE CALIBRATOR*

All radiopharmaceuticals must be assayed for activity to an accuracy of 10 percent. The most common instrument for accomplishing this is an ionization-type dose calibrator. The instrument must be checked for accurate operation at the time of installation and periodically thereafter.

A. Test for the following:

1. Instrument constancy (daily)

2. Instrument accuracy (at installation and annually thereafter)

**3. Instrument linearity (at installation and quarterly thereafter)

4. Geometrical variation (at installation)

B. After repair or adjustment of the dose calibrator, repeat all the appropriate tests listed above (dependent upon the nature of the repairs).

C. Test for Instrument Constancy

Instrument constancy means that there is reproducibility, within a stated acceptable degree of precision, in measuring a constant activity over time. Assay at least one relatively long-lived reference source such as Cs-137, Co-57,** or Ra-226** using a reproducible geometry before each day's use of the instrument. Preferably, at least two reference sources (for example, 3-5 mCi of Co-57 and 100-200 μCi of Cs-137 or 1-2 mg Ra-226 (with appropriate decay corrections) will be alternated each day of use to test the instrument's performance over a range of photon energies and source activities.

1. Assay each reference source using the appropriate instrument setting (i.e., Cs-137 setting for Cs-137).

2. Measure background level at same instrument setting, or check that automatic background subtraction is operating properly when blanks are inserted in the calibrator.

3. Calculate net activity of each source subtracting out background level.

*4. For each source, plot net activity versus the day of the year on semilog graph paper.

5. Log the background levels.

6. Indicate the predicted activity of each source based on decay calculations and the $\pm$5 percent limits on the graph.

7. Repeat the procedure used for the Cs-137 source for all the commonly used radionuclide settings.

8. Variations greater than $\pm$5 percent from the predicted activity indicate the need for instrument repair or adjustment.

9. Investigate higher than normal background levels to determine their origin and to eliminate them if possible by decontamination, relocation, etc.

D. Inspect the instrument on a quarterly basis to ascertain that the measurement chamber liner is in place and that instrument zero is properly set (see manufacturer's instructions).

**E. Test of Instrument Linearity

The linearity of a dose calibrator should be ascertained over the entire range of activities employed. This test will use a vial of Tc-99m whose activity is equivalent to the maximum anticipated activity to be assayed (e.g., the first elution from a new generator).

1. Assay the Tc-99m vial in the dose calibrator, and subtract background level to obtain net activity in millicuries.

2. Repeat step 1 at time intervals of 6, 24, 30, and 48 hours after the initial assay.

3. Using the 30-hour activity measurement as a starting point, calculate the predicted activities at 0, 6, 24, and 48 hours using the following table:

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* See ANSI N42.13-1978, "Calibration and Usage of Dose Calibrator Ionization Chambers for the Assay of Radionuclides" (American National Standards Institute, Inc., 1430 Broadway, New York, N.Y. 10018).

** Co-57 and Ra-226 are not subject to NRC licensing; the respective State agency should be consulted to determine its requirements for possessing this material.

Assay Time (hr)*	*Correction Factor*
0	31.633
6	15.853
24	1.995
30	1
48	0.126

Example: If the net activity measured at 30 hours was 15.625 mCi, the calculated activities for 6 and 48 hours would be 15.625 mCi x 15.853 = 247.7 mCi and 15.625 mCi x 0.126 = 1.97 mCi, respectively.

4. On semi-log corrdinate paper, plot the measured net activity (for each time interval) versus the calculated activity (for the same time interval).

5. The activities plotted should be within ±5 percent of the calculated activity if the instrument is linear and functioning properly. Errors greater than ±5 percent indicate the need for repair or adjustment of the instrument.

6. If instrument linearity cannot be corrected, it will be necessary in routine assays to use either (a) an aliquot of the eluate that can be accurately measured or (b) the graph constructed in step 4 to relate measured activities to calculated activities.

F. Test for Geometrical Variation

There may be significant geometrical variation in activity measured as a function of sample volume or configuration, depending on the volume and size of the ionization chamber used in the dose calibrator. The extent of geometrical variation should be ascertained for commonly used radionuclides and appropriate correction factors computed if variations are significant, i.e., greater than ±2 percent. (Even though correction factors may be provided by the manufacturer, the accuracy of these should be checked.) When available from the manufacturer, certified data on geometrical variations may be used in lieu of these measurements.

To measure variation with volume of liquid, a 30-cc vial containing 2 mCi of Co-57 or other appropriate radionuclide in a volume of 1 ml will be used.

1. Assay vial at the appropriate instrument setting, and subtract background level to obtain net activity.

2. Increase the volume of liquid in the vial in steps to 2, 4, 8, 10, 20, and 25 ml by adding the appropriate amount of water or saline. After each addition, gently shake vial to mix contents and assay at in step 1. (Follow good radiation safety practices to avoid contamination and to minimize radiation exposure.)

3. Select one volume as a standard (such as the volume of reference standard used in performing the test for instrument accuracy), and calculate the ratio of measured activities for each volume to the reference volume activity. This represents the volume correction factor (CF).

Example: If activities of 2.04, 2.02, and 2.00 mCi are measured for 4, 8, and 10 ml volumes and 10 ml is the reference volume selected,

$$4 \text{ ml Volume CF} = \frac{2.00}{2.04} = 0.98$$

4. Plot the correction factors against the volume on linear graph paper. Use this graph to select the proper volume correction factors for routine assay of that radionuclide.

5. The true activity of a sample is calculated as follows:

True Activity = Measured Activity x Correction Factor

where the correction factor used is for the same volume and geometrical configuration as the sample measured.

6. Similarly, the same activity of Co-57 in a syringe may be compared with that of 10 ml in a 30-cc vial, and a correction factor may be calculated.

7. It should be noted that differences of 200 percent in dose calibrator readings between glass and plastic syringes have been observed for lower-energy radionuclides such as I-125, which should be assayed in a dose calibrator only if the reliability of such an assay can be established. Glass tubes and syringes may also vary enough in thickness to cause significant errors in assaying I-125. Hence, adequate correction factors must be established.

An alternative to providing syringe calibration factors is to simply assay the stock vial before and after filling the syringe. The activity in the syringe is then the difference in the two readings (with a volume correction if significant).

G. Test for Instrument Accuracy

Check the accuracy of the dose calibrator for several radionuclides, including Cs-137, Co-57, and Ba-133, using appropriate reference standards whose activities have been calibrated by comparisons with standard sources that have been assayed by NBS and documented.

* Assay times should be measured in whole hours and correction factors should be used to the third decimal place as indicated. The more recent half-life of $T_{1/2}$ = 6.02 hours has been used in calculating these correction factors.

The activity levels of the reference sources used should approximate those levels normally encountered in clinical use (e.g., Co-57, 3-5 millicuries) giving adequate attention to source configuration. Identify in your application the three sources that you will use. State nuclide, activity, and calibration accuracy. The lower-energy reference standards (Tc-99m, Xe-133, I-125) must be in vials with the same thickness of glass as the actual samples to be measured for best accuracy.

1. Assay the reference standard in the dose calibrator at the appropriate setting, and subtract the background level to obtain the net activity.

2. Repeat step 1 for a total of 3 determinations, and average results.

3. The average activity determined in step 2 should agree with the certified activity of the reference source within ±5 percent after decay corrections.

4. Repeat the above steps for other commonly used radionuclides for which adequate reference standards are available.

5. Keep a log of these calibration checks.

6. Calibration checks that do not agree within ±5 percent indicate that the instrument should be repaired or adjusted. If this is not possible, a calibration factor should be calculated for use during routine assays of radionuclides.

7. At the same time the instrument is being initially calibrated at the licensee's facility with the reference standards, place a long-lived source in the calibrator, set the instrument, in turn, at the various radionuclide settings used (Cs-137, I-131, Tc-99m, I-125, etc.), and record the readings. These values may later be used to check instrument calibration at each setting (after correcting for decay of the long-lived source) without requiring more reference standards. Keep a log of these initial and subsequent readings.

* Actual % Variation will be calculated and recorded rather than plotting a graph.

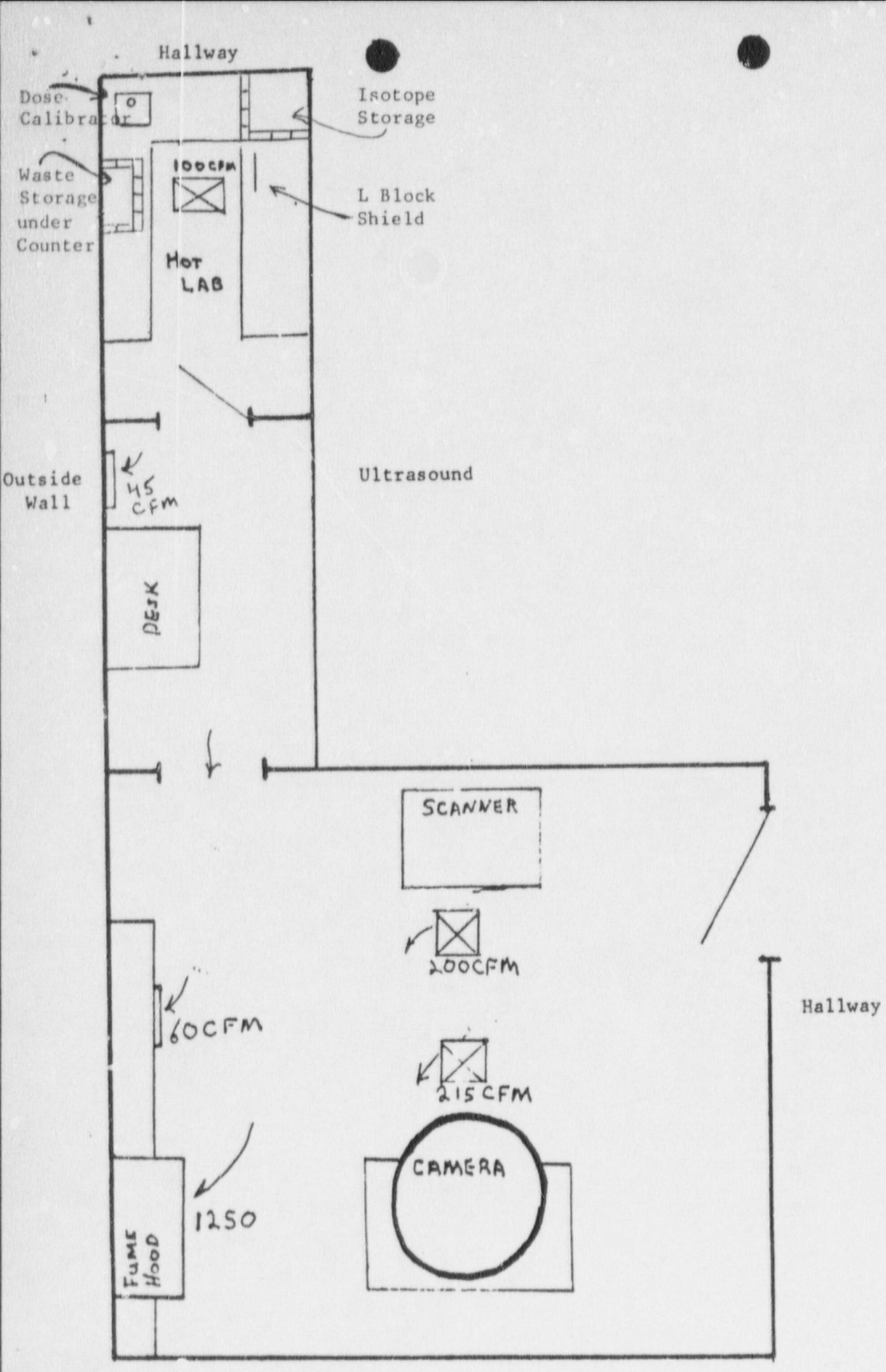
** As an option, we request authorization to perform instrument linearity with the Calicheck ™, supplied by Calcorp, Inc. Cleveland, Ohio.

FACILITIES & EQUIPMENT

All radiopharmaceuticals are stored in their shipping containers or in the two inch lead brick enclosure designated as Isotope Storage. (Page 14a). All solid waste is stored in plastic bags in the waste storage area in the Hot Lab (Page 14a). All storage areas or Hot Lab will be locked and labeled, with keys made available only to authorized personnel. Weekly surveys will be made in this area.

The following items are provided for safe use and handeling of Radioactive Materials.

1. Disposable Gloves
2. Syringe Shields
3. Tongs & Forceps
4. 2" x 4" x 8" Lead Bricks
5. ½" L Block shield with lead glass window
6. Absorbent papers for work areas


Hallway
Dose Calibrator
Isotope Storage
Waste Storage under Counter
100CFM
L Block Shield
HOT LAB
Outside Wall
45 CFM
Ultrasound
DESK
SCANNER
200CFM
Hallway
60CFM
215 CFM
CAMERA
1250
FUME HOOD
X-ray Room

Scale 1" = 4'

PERSONNEL TRAINING PROGRAM

I. Individuals who work in or frequent restricted areas will be instructed in the items specified in 10 CFR 19.12 at the time of initial employment and at least annually thereafter.

This instruction will include:

a. All terms of the license pertinent to radiation safety.

b. Areas where radioactive material is used or stored.

c. Potential hazards associated with radioactive material.

d. Radiological safety procedures appropriate to their respective duties.

e. Pertinent NRC regulations.

f. Rules and regulations of the license.

g. Obligation to report unsafe conditions to the radiation safety officer.

h. Appropriate response to emergencies or unsafe conditions.

i. Right to be informed of their radiation exposure and bioassay results.

j. Locations where the licensee has posted or made available notices, copies of pertinent regulations, and copies of pertinent licenses and license conditions (including applications and applicable correspondence), as required by 10 CFR Part 19.

II. Individuals whose duties may require them to work in the vicinity of licensed material will be informed about radiation hazards and appropriate precautions at the time of initial employment and at least annually thereafter. This information will be provided initially at hospital employee orientation sessions and annually thereafter at in-service meetings.

APPENDIX E

PROCEDURES FOR ORDERING AND ACCEPTING DELIVERY OF RADIOACTIVE MATERIAL

1. The Supervisory Nuclear Medicine Technologist will place all orders for radioactive materials and will ensure that the requested materials and quantities are authorized by the license and that possession limits are not exceeded.

2. A system for ordering and receiving radioactive materials will be established and maintained. The system will consist minimally of the following:

   a. Ordering of routinely used materials

      (1) Written records that identify the isotope, compound, activity levels, and supplier, etc., will be used.

      (2) The written records will be referenced when opening or storing radioactive shipment.

   b. Ordering of specially used materials (e.g., therapeutic uses)

      (1) A written request* will be obtained from the physician who will perform the procedure.

      (2) Persons ordering the materials will reference the physician's written request when placing the order. The physician's request will indicate isotope, compound, activity level, etc.

      (3) The physician's written request will be referenced when receiving, opening, or storing the radioactive material.

   c. It is essential that written records* be maintained for all ordering and receipt procedures.

3. During normal working hours, carriers will be instructed to deliver radioactive packages directly to the Nuclear Medicine Department.

4. During off-duty hours, security personnel or other designated individuals will accept delivery of radioactive packages in accordance with the procedures outlined in the sample memorandum below.

*In the case of special orders, the physician's written request and appropriate shipping/receipt records will be referenced and the dose assayed prior to its administration.

SAMPLE** MEMORANDUM

MEMORANDUM FOR: Security Personnel

FROM: Hospital Administrator

SUBJECT: RECEIPT OF PACKAGES CONTAINING RADIOACTIVE MATERIAL

Any packages containing radioactive material that arrive between 4:30 p.m. and 7 a.m. or on Sundays shall be signed for by the Security Guard on duty and taken immediately to the Nuclear Medicine Department. Unlock the door, place the package on top of the counter immediately to the right of the door, and relock the door.

If the package is wet or appears to be damaged immediately contact the Radiation Safety Officer. Ask the carrier to remain until it can be dtermined that neither he nor the delivery vehicle is contaminated.

**RADIATION SAFETY OFFICER _____

**OFFICE PHONE _____

**HOME PHONE _____

**On the actual memo that is used, this information will be filled in and updated as necessary.

APPENDIX F

PROCEDURES FOR SAFELY OPENING PACKAGES CONTAINING RADIOACTIVE MATERIAL

1. Special requirements will be followed for packages containing quantities of radioactive material in excess of the Type A quantity limits as specified in paragraphs 20.205(a)(1) and (c)(1) of 10 CFR Part 20 (more than 20 Ci for Mo-99 and Tc-99m). They will be monitored for surface contamination and external radiation levels within 3 hours after receipt if received during working hours or within 18 hours if received after working hours, in accordance with the requirements of paragraphs 20.205(a) through (c). All shipments of liquids greater than exempt quantities will be tested for leakage. The NRC Regional Office will be notified in accordance with the regulations if removable contamination exceeds 0.01 μCi/100 cm^2 or if external radiation levels exceed 200 mR/hr at the package surface or 10 mR/hr at 3 feet (or 1 m).

2. For all packages, the following additional procedures for opening packages will be carried out:

   a. Put on gloves to prevent hand contamination.

   b. Visually inspect package for any sign of damage (e.g., wetness, crushed). If damage is noted, stop procedure and notify Radiation Safety Officer.

   c. Measure exposure rate at 3 feet (or 1 m) from package surface and record. If >10 mR/hr, stop procedure and notify Radiation Safety Officer.

   d. Measure surface exposure rate and record. If >200 mR/hr, stop procedure and notify Radiation Safety Officer.

   e. Open the package with the following precautionary steps:

      (1) Open the outer package (following manufacturer's directions, if supplied) and remove packing slip.

      (2) Open inner package and verify that contents agree with those on packing slip. Compare requisition,* packing slip, and label on bottle.

      (3) Check integrity of final source container (i.e., inspect for breakage of seals or vials, loss of liquid, and discoloration of packaging material).

      (4) Check also that shipment does not exceed possession limits.

   f. Wipe external surface of final source container shield and remove wipe to low background area. Check wipes with a thin-end-window G-M survey meter, and take precaution against the spread of contamination as necessary.

   g. Monitor the packing material and packages for contamination before discarding.

      (1) If contaminated, treat as radioactive waste.

      (2) If not contaminated, obliterate radiation labels before discarding in regular trash.

3. Maintain records of the results of checking each package, using "Radioactive Shipment Receipt Record" (see next page) or a form containing the same information.

---

*In the case of special orders (e.g., therapy doses), also compare with physician's written request.

APPENDIX G

GENERAL RULES FOR SAFE USE OF RADIOACTIVE MATERIAL

1. Wear laboratory coats or other protective clothing at all times in areas where radioactive materials are used.

2. Wear disposable gloves at all times while handling radioactive materials.

3. Monitor hands and clothing for contamination after each procedure or before leaving the area.

4. Always use syringe shields for routine preparation of patient doses and administration to patients, except in circumstances such as pediatric cases when their use would compromise the patient's well-being. In these exceptional cases, use other protective methods such as remote delivery of the dose (e.g., through use of a butterfly valve).

5. a. Do not eat, drink, smoke, or apply cosmetics in any area where radioactive material is stored or used.

   b. Do not store food, drink, or personal effects with radioactive material.

6. a. Assay each patient dose in the dose calibrator prior to administration. Do not use any doses that differ from the prescribed dose by more than 10 percent.

   b. For therapeutic doses, also check the patient's name, the radionuclide, the chemical form, and the activity vs. the order written by the physician who will perform the procedure.

7. Wear personnel monitoring devices (film badge or TLD) at all times while in areas where radioactive materials are used or stored. These devices should be worn at chest or waist level. Personnel monitoring devices when not being worn to monitor occupational exposures should be stored in a designated low background area.

8. Wear TLD finger badges during elution of generator and preparation, assay, and injection of radiopharmaceuticals.

9. Dispose of radioactive waste only in specially designated and properly shielded receptacles.

10. Never pipette by mouth.

11. Survey generator, kit preparation, and injection areas for contamination after each procedure or at the end of the day. Decontaminate if necessary.

12. Confine radioactive solutions in covered containers plainly identified and labeled with name of compound, radionuclide, date, activity, and radiation level, if applicable.

13. Always transport radioactive material in shielded containers.

APPENDIX H

EMERGENCY PROCEDURES

Minor Spills

1. NOTIFY: Notify persons in the area that a spill has occurred.

2. PREVENT THE SPREAD: Cover the spill with absorbent paper.

3. CLEAN UP: Use disposable gloves and remote handling tongs. Carefully fold the absorbent paper and pad. Insert into a plastic bag and dispose of in the radioactive waste container. Also insert into the plastic bag all other contaminated materials such as disposable gloves.

4. SURVEY: With a low-range, thin-window G-M survey meter, check the area around the spill, hands, and clothing for contamination.

5. REPORT: Report incident to the Radiation Safety Officer.

Major Spills

1. CLEAR THE AREA: Notify all persons not involved in the spill to vacate the room.

2. PREVENT THE SPREAD: Cover the spill with absorbent pads, but do not attempt to clean it up. Confine the movement of all personnel potentially contaminated to prevent the spread.

3. SHIELD THE SOURCE: If possible, the spill should be shielded, but only if it can be done without further contamination or without significantly increasing your radiation exposure.

4. CLOSE THE ROOM: Leave the room and lock the door(s) to prevent entry.

5. CALL FOR HELP: Notify the Radiation Safety Officer immediately.

6. PERSONNEL DECONTAMINATION: Contaminated clothing should be removed and stored for further evaluation by the Radiation Safety Officer. If the spill is on the skin, flush thoroughly and then wash with mild soap and lukewarm water.

*RADIATION SAFETY OFFICER: _____
*OFFICE PHONE: _____
*HOME PHONE: _____

*ALTERNATE NAMES AND TELEPHONE NUMBERS DESIGNATED BY RADIATION SAFETY OFFICER:

_____
_____
_____

*On the actual copy that is posted in the nuclear medicine department, this information will be filled in and updated as necessary.

APPENDIX I

AREA SURVEY PROCEDURES

1. All elution, preparation, and injection areas will be surveyed daily with an appropriately low-range survey meter and decontaminated if necessary.*

2. Laboratory areas where only small quantities of radioactive material are used (less than 200 μCi) will be surveyed monthly.

3. Waste storage areas and all other laboratory areas will be surveyed weekly.

4. The weekly and monthly surveys will consist of:

   a. A measurement of radiation levels with a survey meter sufficiently sensitive to detect 0.1 mR/hr.

   b. A series of wipe tests to measure contamination levels. The method for performing wipe tests will be sufficiently sensitive to detect 200 dpm per 100 cm^2 for the contaminant involved. Wipes of elution and preparation areas or other "high background" areas will be removed to a low background area for measurement.

5. A permanent record will be kept of all survey results, including negative results. The record will include:

   a. Location, date, and identification of equipment used, including the serial number and pertinent counting efficiencies.

   b. Name of person conducting the survey.

   c. Drawing of area surveyed, identifying relevant features such as active storage areas, active waste areas, etc.

   d. Measured exposure rates, keyed to location on the drawing (point out rates that require corrective action).

   e. Detected contamination levels, keyed to locations on drawing.

   f. Corrective action taken in the case of contamination or excessive exposure rates, reduced contamination levels or exposure rates after corrective action, and any appropriate comments.

6. Area will be cleaned if the contamination level exceeds 200 dpm/100 cm^2.

* For daily surveys where no abnormal exposures are found, only the date, the identification of the person performing the survey, and the survey results will be recorded.

APPENDIX J

WASTE DISPOSAL

Note: In view of the recent problems with shallow-land burial sites used by commercial waste disposal firms, NRC is encouraging its licensees to reduce the volume of wastes sent to these facilities. Important steps in volume reduction are to segregate radioactive from nonradioactive waste, to hold short-lived radioactive waste for decay in storage, and to release certain materials in the sanitary sewer in accordance with §20.303 of 10 CFR Part 20.

1. Liquid waste will be disposed of (check as appropriate)

X — In the sanitary sewer system in accordance with §20.303 of 10 CFR Part 20.

-or-

N/A — By commercial waste disposal service (see also Item 4 below).

X — Other (specify): See #3

2. Mo-99/Tc-99m generators will be (check as appropriate)

X — Returned to the manufacturer for disposal.

-or-

X — Held for decay* until radiation levels, as measured in a low background area with a low-level survey meter and with all shielding removed, have reached background levels. All radiation labels will be removed or obliterated, and the generators will be disposed of as normal trash.**

N/A — Disposed of by commercial waste disposal service (see also Item 4 below).

N/A — Other (specify): _____

3. Other solid waste will be (check as appropriate)

X — Held for decay* until radiation levels, as measured in a low background area with a low-level survey meter and with all shielding removed, have reached background levels. All radiation labels will be removed or obliterated, and the waste will be disposed of in normal trash.

N/A — Disposed of by commercial waste disposal service (see also Item 4 below).

N/A — Other (specify): _____

4. The commercial waste disposal service used will be

N/A

(Name) (City, State)

NRC/Agreement State License No. N/A

* Be sure that waste storage areas were described in Item 11 and that they are surveyed periodically (Item 17).

** These generators may contain long-lived radioisotopic contaminants. Therefore, the generator columns will be segregated so that they may be monitored separately to ensure decay to background levels prior to disposal.

XENON - 133 SUPPLEMENT

The following information is in support for our use of Xenon-133 for ventilation lung scans and is based on NRC "Guide 10.8 Appendix M"

1. Quantities to be used

   a. Patient information

      1. Three patients are expected to be studied per week.
      2. Dose per patient is 20 millicuries

   b. Possession Limit: 200 millicuries

2. Use and Storage Areas.

   a. Xenon-133 will be used in the imaging area and stored until use in the fume hood located along the wall in this same area. Since we are using the service of a centralized Radiopharmacy, Xenon-133 is ordered and used on the same day; therefore, only vials containing waste quantities of Xenon-133 are stored. Lead bricks are available for use as shielding in the waste storage area and vials will be stored until use in their shipping containers. This fume hood is located 22 feet from the closest entrance to an unrestricted area.

   b. See enclosed sketch and air flow measurement information.

      1. Supply 415 CFM
      2. Return 60 CFM
      3. Exhaust (fume hood) 1250 CFM
      4. Fraction of air recirculated less than 1%.

      The fume hood exhaust is directed to the outside through the wall and is located over 500 feet from any intake vent and 100 feet and two floor levels up from the hospital employee parking lot.

   c. When Xenon-133 is on hand or used, the fume hood will be on insuring good negative pressure relative to the hall at all times. Periodic, preventive maintenance inspections will be performed by the hospital maintenance department to insure that air flow rates are maintained as specified.

3. Procedures for routine use.

   a. See enclosed procedure. (Enclosure A)
   b. Atomic Development Corporation Disposable Xenon-133 Rebreathing System - Model DX-133 (Enclosure B)

4. Emergency Procedure (See Enclosure C)

5. Air Concentration on Xe-133 in restricted areas.

   a. Maximum amount of activity to be used per week (A)
      A = 20 mCi/patient x 3 patients/week = 60 mCi/week

b. Estimate a 20% fractional loss of Xe-133
60 mCi x .20 = 12 mCi

c. Ventilation rate in the area of interest = 1250 CFM

d. For restricted areas, Section 20.103 of CFR Part 20 Requires that $\frac{A}{V} \times f \leq 1 \times 10^{-5}$ uCi/ml

e. A = 60 mCi/week x 1×10^{3} uCi/mCi

A = 6.0×10^{4} uCi/week

Assume a loss rate of 20% (f)

$$V = \frac{A \times f}{1 \times 10^{-5} \text{ uCi/ml.}}$$

$$V = \frac{6.0 \times 10^{4} \text{ uCi/week} \times .2}{1 \times 10^{-5} \text{ uCi/ml.}}$$

$= 1.2 \times 10^{9}$ ml/week

The required ventilation rate is:

$$\frac{1.2 \times 10^{9} \text{ ml/week}}{40 \text{ hr/week}} \times \frac{\text{ft}^3/\text{min}}{1.7 \times 10^{6} \text{ml/hr}}$$

= 18 CFM

The answer shows that the ventilation in this area as stated on 5c, more than meets the requirements of Section 20.103 of 10 CFR Part 20.

6. Air concentrations of Xe-133 in Unrestricted Area

a. Dilution through exhaust system

Sample problem: $C = \frac{A}{V} \leq 3 \times 10^{-7}$ uCi/ml

$$A = \frac{3 \text{ patients}}{\text{week}} \times \frac{20 \text{ mCi}}{\text{patient}} \times \frac{10^{3} \text{ uCi}}{\text{mCi}} \times \frac{52 \text{ weeks}}{\text{year}}$$

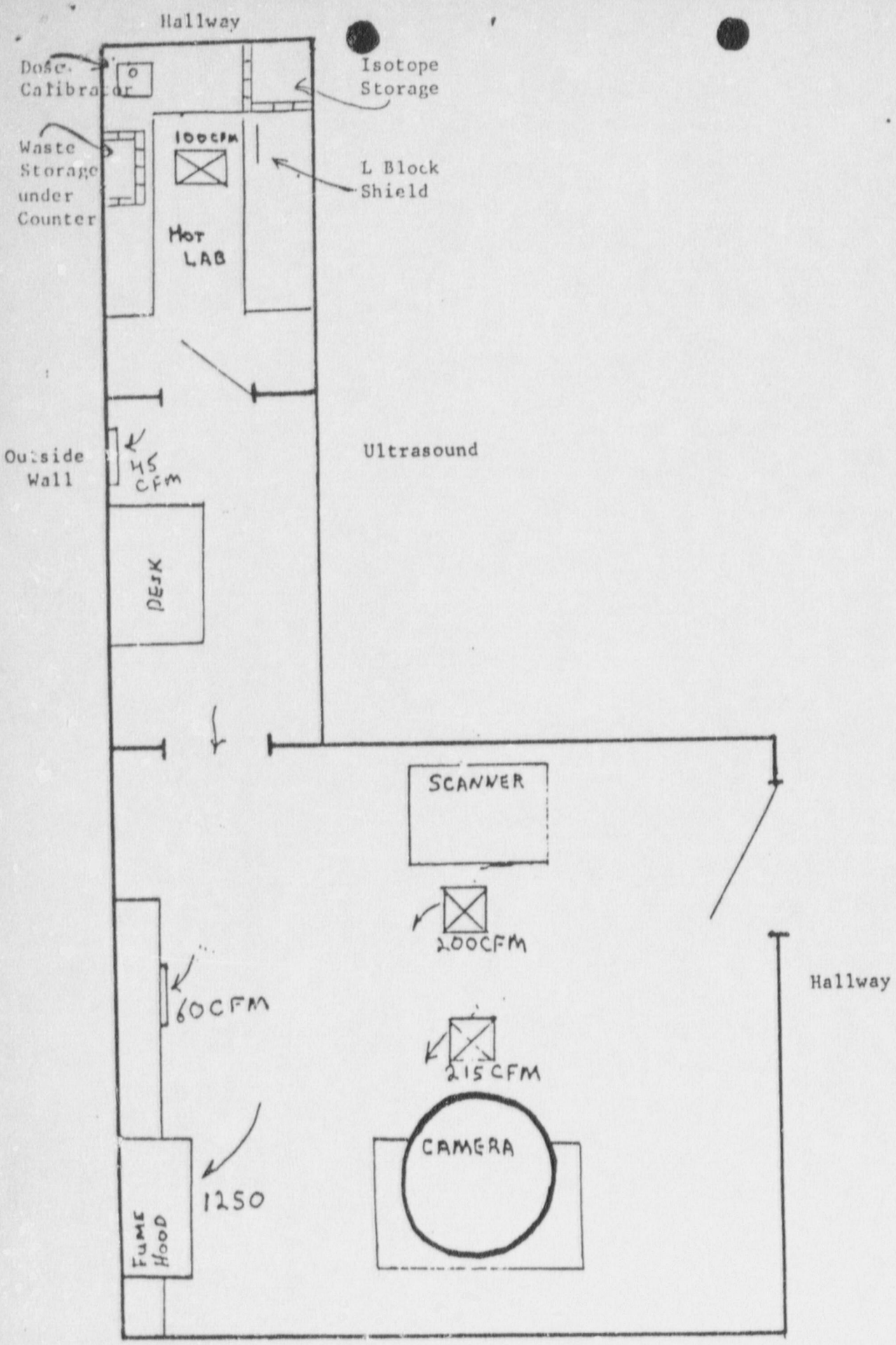
A = 3.12×10^{6} uCi/year

$$V = 1250 \text{ CFM} \times 1.49 \times 10^{10} \frac{\text{ml/year}}{\text{ft}^3/\text{min}}$$

V = 1.86×10^{13} ml/year

$$C = \frac{3.12 \times 10^{6} \text{ uCi/year}}{1.86 \times 10^{13} \text{ ml/year}} = 1.68 \times 10^{-7} \text{ uCi/ml.}$$

This concentration is within those limits required by Section 20.103 of 10 CFR Part 20.

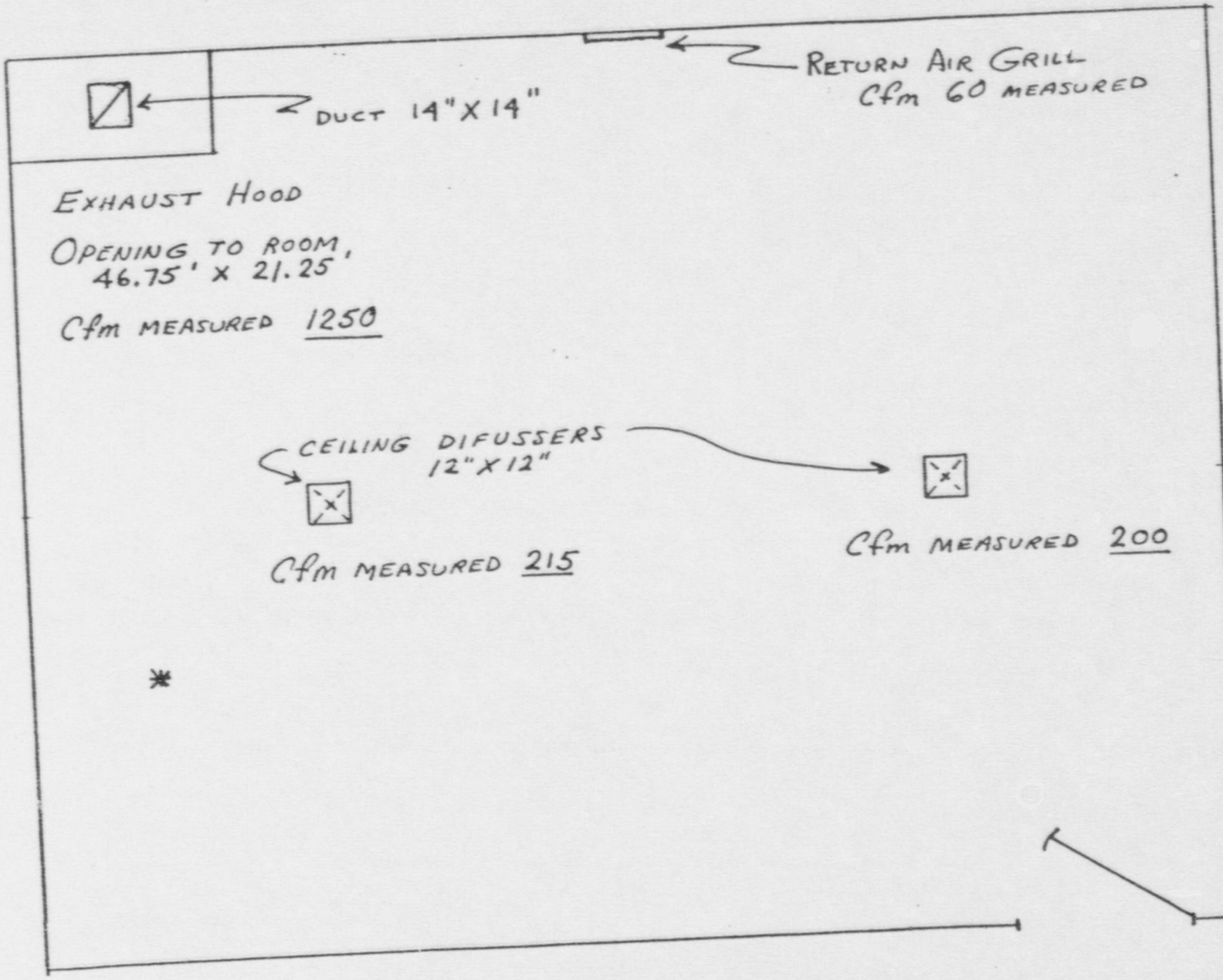

Hallway
Dose Calibrator
Isotope Storage
Waste Storage under Counter
100CFM
L Block Shield
HOT LAB
Outside Wall
45 CFM
Ultrasound
DESK
SCANNER
200CFM
Hallway
60CFM
215 CFM
CAMERA
1250
FUME HOOD
X-ray Room

Scale 1" = 4'

LAKESIDE HOSPITAL
P.O. 3184 AIR QUANITY TEST

PRECISIONAIRE INC.
R #1 GAMMON ROAD
LEE'S SUMMIT, MO 64063

1-5-79



ATOMIC DEVELOPMENT CORP
DISPOSABLE XENON-133
REBREATHING SYSTEM
Model DX-133

METHOD:

1. Assemble disposable system according to manufacturer's instructions. Fill cartridge with carbon dioxide absorber. Fill collection bag with four liters of oxygen and clamp outlet.

2. Explain procedure to patient. Position patient in front of detector in upright position, change orientation to 3 upright. If patient cannot be done upright, supine position with detector underneath cart and orientation on 4 normal is adequate.

3. Place mouthpiece of disposable trap system in patient's mouth, instructing patient to hold tightly and seal lips around mouthpiece to prevent leakage.

4. Clamp patient's nose. Unclamp system hose and let patient get used to breathing on system.

5. Use NEN gun type dispensing system. Discharge vial into Xenon inlet of system. Simultaneously instruct patient to inhale deeply and hold breath.

6. INSPIRATION-BREATH HOLDING PHASE. Patient holds breath as long as possible or until 100K are obtained.

7. REBREATHING PHASE. Patient is instructed to breath normally in and out on system and to keep lips tightly sealed on mouthpiece to prevent leakage. Collect 100K.

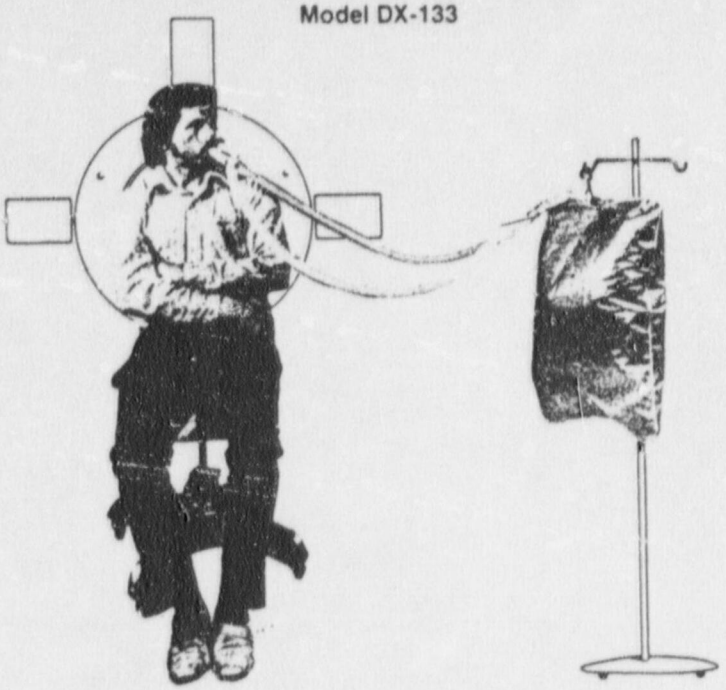
8. WASHOUT PHASE. Hose is reclamped above room air vent of system. Room air vent of system is opened. Xenon washing out of patient is trapped in collection bag of system. 60 second pictures are obtained until patients lungs are empty according to count rate of camera.

9. When patient is fully evacuated, system is placed in fume hood and collection bag is emptied.

DISPOSABLE XENON-133 REBREATHING SYSTEM

ENCLOSURE B

Model DX-133



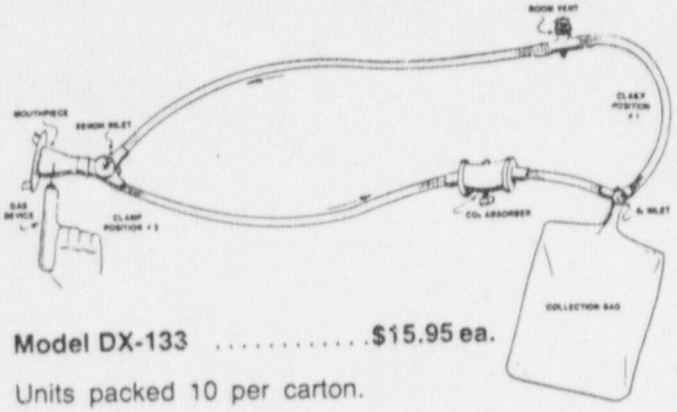
- **Disposable combination inhalation and trap system**
- **Inexpensive, easy to use**
- **No sterilization of mouthpiece required**
- **No cross-contamination between patients**

This inexpensive, disposable system device is used to both administer Xenon-133 and to collect the expired gas. Made entirely of plastic, the system is used for one patient only, and then discarded after the Xenon has been allowed to decay or has been exhausted from the collection bag.

The system consists of the following:

Mouthpiece
Gas inlet valve for admission of Xenon-133
CO_2 absorber
Gas inlet for admission of oxygen to a 35 liter collection bag.

Xenon-133 is injected into the system and inhaled by the patient when the camera is turned on. The patient then holds his breath until sufficient counts are collected or until he must breathe. While the patient is breathing through the system, "equilibrium phase" data are collected. When sufficient data has been compiled, the appropriate valves are opened, and the patient inhales outside air and exhales into the collection bag until the bag is full enough to offer resistance. The entire rebreathing apparatus is then removed and placed in a hood or other area for storage and/or release of the gas.



Model DX-133 ..... **$15.95 ea.**

Units packed 10 per carton.

Min. order one carton.

ENCLOSURE C

EMERGENCY PROCEDURE

In case of accidental release of Xenon-133 into the counting room proceed as follows:

A. Evacuate Area, close hall door, and procure survey meter (survey meter will be at hand as part of the normal operating procedure for a Xenon-133 ventilation study).

*B. Wait 25 minutes, survey area. Room air must have returned to background levels before room may be entered for routine work.

* The 25 minutes period is based on the room volume and the amount of air being exchanged by the normal ventilation system. With the fume hood exhaustion, this represents a very conservative waiting period.

APPENDIX O

MODEL PROGRAM FOR MAINTAINING OCCUPATIONAL RADIATION EXPOSURES AT MEDICAL INSTITUTIONS ALARA

_____

(Licensee's Name)

_____

(Date)

1. Management Commitment

a. We, the management of this (medical facility, hospital, etc.), are committed to the program described in this paper for keeping exposures (individual and collective) as low as is reasonably achievable (ALARA). In accord with this commitment, we hereby describe an administrative organization for radiation safety and will develop the necessary written policy, procedures, and instructions to foster the ALARA concept within our institution. The organization will include a Radiation Safety Committee (RSC)[1] and a Radiation Safety Officer (RSO).

b. We will perform a formal annual review of the radiation safety program, including ALARA considerations. This shall include reviews of operating procedures and past exposure records, inspections, etc., and consultations with the radiation protection staff or outside consultants.

c. Modification to operating and maintenance procedures and to equipment and facilities will be made where they will reduce exposures unless the cost, in our judgment, is considered to be unjustified. We will be able to demonstrate, if necessary, that improvements have been sought, that modifications have been considered, and that they have been implemented where reasonable. Where modifications have been recommended but not implemented, we will be prepared to describe the reasons for not implementing them.

d. In addition to maintaining doses to individuals as far below the limits as is reasonably achievable, the sum of the doses received by all exposed individuals will also be maintained at the lowest practicable level. It would not be desirable, for example, to hold the highest doses to individuals to some fraction of the applicable limit if this involved exposing additional people and significantly increasing the sum of radiation doses received by all involved individuals.

2. Radiation Safety Committee (RSC)[2]

a. Review of Proposed Users and Uses

(1) The RSC will thoroughly review the qualifications of each applicant with respect to the types and quantities of materials and uses for which he has applied to ensure that the applicant will be able to take appropriate measures to maintain exposure ALARA.

(2) When considering a new use of byproduct material, the RSC will review the efforts of the applicant to maintain exposure ALARA. The user should have systematized procedures to ensure ALARA and shall have incorporated the use of special equipment such as syringe shields, rubber gloves, etc., in his proposed use.

(3) The RSC will ensure that the user justifies his procedures and that dose will be ALARA (individual and collective).

b. Delegation of Authority

(The judicious delegation of RSC authority is essential to the enforcement of an ALARA program.)

(1) The RSC will delegate authority to the RSO for enforcement of the ALARA concept.

(2) The RSC will support the RSO in those instances where it is necessary for the RSO to assert his/her authority. Where the RSO has been overruled, the Committee will record the basis for its action in the minutes of the Committee's quarterly meeting.

---

[1] Private practice physician licenses do not include an RSC.

[2] The RSO on private practice physician licenses will assume the responsibilities of the RSC under Section 2.

c. Review of ALARA Program

(1) The RSC will encourage all users to review current procedures and develop new procedures as appropriate to implement the ALARA concept.

(2) The RSC will perform a quarterly review of occupational radiation exposure with particular attention to instances where Investigational Levels in Table 0-1 below are exceeded. The principal purpose of this review is to assess trends in occupational exposure as an index of the ALARA program quality and to decide if action is warranted when Investigational Levels are exceeded (see Section 6).[3]

(3) The RSC will evaluate our institution's overall efforts for maintaining exposures ALARA on an annual basis. This review will include the efforts of the RSO, authorized users, and workers as well as those of management.

3. Radiation Safety Officer (RSO)

a. Annual and Quarterly Review

(1) Annual review of the radiation safety program. The RSO will perform an annual review of the radiation safety program for adherence to ALARA concepts. Reviews of specific procedures may be conducted on a more frequent basis.

(2) Quarterly review of occupational exposures. The RSO will review at least quarterly the external radiation exposures of authorized users and workers to determine that their exposures are ALARA in accordance with the provisions of Section 6 of this program.

(3) Quarterly review of records of radiation level surveys. The RSO will review radiation levels in unrestricted and restricted areas to determine that they were at ALARA levels during the previous quarter.

b. Education Responsibilities for ALARA Program

(1) The RSO will schedule briefings and educational sessions to inform workers of ALARA program efforts.

(2) The RSO will ensure that authorized users, workers, and ancillary personnel who may be exposed to radiation will be instructed in the ALARA philosophy and informed that management, the RSC, and the RSO are committed to implementing the ALARA concept.

c. Cooperative Efforts for Development of ALARA Procedures

Radiation workers will be given opportunities to participate in formulation of the procedures that they will be required to follow.

(1) The RSO will be in close contact with all users and workers in order to develop ALARA procedures for working with radioactive materials.

(2) The RSO will establish procedures for receiving and evaluating the suggestions of individual workers for improving health physics practices and will encourage the use of those procedures.

d. Reviewing Instances of Deviation from Good ALARA Practices

The RSO will investigate all known instances of deviation from good ALARA practices and, if possible, will determine the causes. When the cause is known, the RSO will require changes in the program to maintain exposures ALARA.

4. Authorized Users

a. New Procedures Involving Potential Radiation Exposures

(1) The authorized user will consult with and receive the approval of, the RSO and/or RSC during the planning stage before using radioactive materials for a new procedure.

(2) The authorized user will evaluate all procedures before using radioactive materials to ensure that exposures will be kept ALARA. This may be enhanced through the application of trial runs.

b. Responsibility of Authorized User to Persons Under His/Her Supervision

(1) The authorized user will explain the ALARA concept and his/her commitment to maintain exposures ALARA to all persons under his/her supervision.

(2) The authorized user will ensure that persons under his/her supervision who are

[3] The NRC has emphasized that the Investigational Levels in this program are not new dose limits but, as noted in ICRP Report 26, "Recommendations of the International Commission on Radiological Protection," serve as check points above which the results are considered sufficiently important to justify further investigations.

subject to occupational radiation exposure are trained and educated in good health physics practices and in maintaining exposures ALARA.

5. **Persons Who Receive Occupational Radiation Exposure**

   a. The worker will be instructed in the ALARA concept and its relationship to working procedures and work conditions.

   b. The worker will know what recourses are available if he/she feels that ALARA is not being promoted on the job.

6. **Establishment of Investigational Levels In Order to Monitor Individual Occupational External Radiation Exposures**

   This institution (or private practice) hereby establishes Investigational Levels for occupational external radiation exposure which, when exceeded, will initiate review or investigation by the RSC and/or the RSO. The Investigational Levels that we have adopted are listed in Table O-1 below. These levels apply to the exposure of individual workers.

Table O-1

	Investigational Levels (mrems per calendar quarter)	
	Level I	*Level II*
1. Whole body; head and trunk; active blood-forming organs; lens of eyes; or gonads	125	375
2. Hands and forearms; feet and ankles	1875	5625
3. Skin of whole body*	750	2250

*Not normally applicable to nuclear medicine operations except those using significant quantities of beta-emitting isotopes.

The Radiation Safety Officer will review and record on Form NRC-5, "Current Occupational External Radiation Exposures," or an equivalent form (e.g., dosimeter processor's report), results of personnel monitoring not less than once in any calendar quarter as required by § 20.401 of 10 CFR Part 20. The following actions will be taken at the Investigational Levels as stated in Table O-1:

a. Quarterly exposure of individuals to less than Investigational Level I.

   Except when deemed appropriate by the RSO, no further action will be taken in those cases where an individual's exposure is less than Table O-1 values for the Investigational Level I.

b. Personnel exposures equal to or greater than Investigational Level I, but less than Investigational Level II.

   The RSO will review the exposure of each individual whose quarterly exposures equal or exceed Investigational Level I and will report the results of the reviews at the first RSC meeting following the quarter when the exposure was recorded. If the exposure does not equal or exceed Investigational Level II, no action related specifically to the exposure is required unless deemed appropriate by the Committee. The Committee will, however, consider each such exposure in comparison with those of others performing similar tasks as an index of ALARA program quality and will record the review in the Committee minutes.

c. Exposure equal to or greater than Investigational Level II.

   The RSO will investigate in a timely manner the cause(s) of all personnel exposures equaling or exceeding Investigational Level II and, if warranted, will take action. A report of the investigation, actions taken, if any, and a copy of the individual's Form NRC-5 or its equivalent will be presented to the RSC at the first RSC meeting following completion of the investigation. The details of these reports will be recorded in the RSC minutes. Committee minutes will be sent to the management of this institution for review. The minutes, containing details of the investigation, will be made available to NRC inspectors for review at the time of the next inspection.

d. Reestablishment of an individual occupational worker's Investigational Level II to a level above that listed in Table O-1.

   In cases where a worker's or a group of workers' exposures need to exceed Investigational Level II, a new, higher Investigational Level II may be established on the basis that it is consistent with good ALARA practices for that individual or group. Justification for a new Investigational Level II will be documented.

   The RSC will review the justification for, and will approve, all revisions of Investigational Level II. In such cases, when the exposure equals or exceeds

the newly established Investigational Level II, those actions listed in paragraph 6.c above will be followed.

7. **Signature of Certifying Official**[4]

I hereby certify that this institution (or private practice) has implemented the ALARA Program set forth above.

Hugh Davis
Signature

Hugh Davis
Name (print or type)

Administrator
Title

Institution (or Private Practice) Name and Address:

[4]The person who is authorized to make commitments for the administration of the institution (e.g., hospital administrator) or, in the case of a private practice, the licensed physician.