

NMSS:JEW
Control No. 461335

Tulsa Diagnostic & Imaging Center
ATTN: Kenneth K. Wheatley, Jr., M.D.
Radiation Safety Officer
2927 E. 93rd Place South, #1908
Tulsa, Oklahoma 74137

FEB 10 1987

Gentlemen:

This is in reference to your request for a byproduct material license in the name of Tulsa Diagnostic & Imaging Center. In order for us to complete our review of your request, please supply the following:

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 nuclear medicine area, describe how you will secure the material. Confirm that this location will be surveyed at least weekly.)
 - d. Preparation and dispensing of Group III kit radiopharmaceuticals (e.g., lead glass L-block, etc.).

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 20.105 (enclosed).

2. Radiation workers (technologists, etc.) must receive instruction as specified in 10 CFR 19.12 (enclosed). Note that many of these items pertain to circumstances at your particular institution; therefore, you may not assume that this instruction has been adequately covered by prior occupational training, Board certification, etc. Outline and submit your program for providing the necessary instruction initially when workers are hired and annually thereafter on a refresher basis.

RIV: NMSS
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3. Ancillary personnel (clerical, nursing, housekeeping, security, etc.) whose duties may require them to work in the vicinity of radioactive material (whether escorted or not) need to be informed about radiation hazards and appropriate precautions. Outline your method to assure that these employees receive the necessary instruction initially when they are hired and annually thereafter on a refresher basis.
4. Describe your procedures for receiving packages containing radioactive materials during off-duty hours and for notification of responsible persons upon receipt of these materials. You should refer to Appendix E of Regulatory Guide 10.8 for guidance.
5. Your application of December 31, 1986, included a copy of Appendix J of Regulatory Guide 10.8 that had not been filled out. Fill out and resubmit Appendix J with information representative of your waste disposal program.
6. State the fraction of the air exhausted from your nuclear medicine laboratory that is recirculated to other areas of the medical facility. You should take this recirculated fraction into account in your xenon-133 calculations.
7. You should remeasure the airflow ratings of each air supply vent and each air exhaust vent at least semiannually to determine that the system continues to operate in accordance with the specifications that you submitted. Specify the frequency you plan to follow when remeasuring air flow ratings.
8. Describe how you will ensure that collection and trapping devices are performing according to specifications, both initially and on a continuing basis. Include in your description how you will monitor traps to determine when saturation occurs and the filter must be replaced.
9. Saturated charcoal cartridges from the xenon trap may be a source of xenon room air contamination. These cartridges should be capped if possible and/or sealed in a polyethylene bag before storing for disposal. Describe the precautionary measures that you will observe.
10. With regard to the required semiannual leak testing of your sealed source:
 - a. Describe the manner in which leak test samples are taken.
 - b. Specify the name and address of the organization that will perform the analysis of the leak test swipe.

11. As required by 10 CFR 35.12(a)(3), specify the name and address of a hospital where your patients containing radioactive material may be admitted should the need arise. A letter of authorization from the administrator of the hospital is sufficient to address this requirement.
12. On a detailed facility diagram, indicate the location where the bone mineral analyzer will be located.
13. Describe the source changing procedures for the Lunar Radiation Corporation Model DP3 bone mineral analyzer to be used in replacing spent sources with new sources.

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. Please reply in duplicate and refer to Control No. 461335.

Sincerely,

Original signed by
JACK E. WHITTEN

Jack E. Whitten
Nuclear Materials Safety Section

Enclosures:

1. Regulatory Guide 10.8
2. 10 CFR Part 20

bcc:

R. L. Bangart



ROUGH DRAFT !!!! *Double Space*

UNITED STATES

NUCLEAR REGULATORY COMMISSION

REGION IV

611 RYAN PLAZA DRIVE, SUITE 1000
ARLINGTON, TEXAS 76011

Document Name:
OPTIONAL DEFICIENCY LETTER

Requestor's ID:
OP9

Author's Name:
Whitten;df

NMSS: JEW
Control No. 461335

Tulsa Diagnostic & Imaging Center
ATTN: Kenneth K. Wheatley, Jr., M.D.
Radiation Safety Officer
2927 E. 93rd Pl. So. #1908
Tulsa, Oklahoma 74137

Document Comments:
STANDARD DEFICIENCY LETTER

Gentlemen:

This is in reference to your request for a byproduct material license in the name of _____. In order for us to complete our review of your request, please supply the following:

1. IV.J.1.
2. IV.P.1.
3. IV.P.2.
4. Describe your procedures for receiving packages containing radioactive materials during off-duty hours, and for notification of responsible persons upon receipt of these materials. _____

NEW LICENSES AND AMENDMENTS - (delete this line)

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.

RENEWALS - (delete this line)

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. _____.

Sincerely,

(Signature)

Nuclear Materials Safety Section

Enclosure(s):

5. Your application of December 31, 1986 included a copy of Appendix J of Regulatory Guide 10.8 that had not been filled out. Fill out and resubmit Appendix J with information representative of your waste disposal program.
6. IV.W.1. replace department with nuclear medicine laboratory
replace hospital with medical facility
7. IV.W.8. delete last sentence....Specify the frequency you plan to follow when remeasuring air flow ratings.
8. IV.W.10
9. IV.W.5
10. I.G.1
SEE BACK!

11. IV.X.1.

12. On a detailed facility diagram indicate the location where the bone mineral analyzer will be located.

On a detailed facility diagram indicate the location where the bone mineral analyzer will be located.

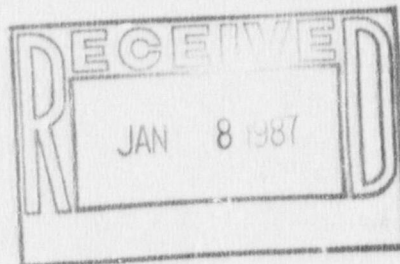
13. Describe the source changing procedures for the Lunar Radiation Corporation Model DP3 bone mineral analyzer to be used in replacing spent sources with new sources.

14. Identify the individual responsible for exchanging spent sources and outline his training. If this training is covered by the manufacturer during installation, only state this.



UNITED STATES
NUCLEAR REGULATORY COMMISSION

REGION IV
611 RYAN PLAZA DRIVE, SUITE 1000
ARLINGTON, TEXAS 76011



BETWEEN: William O. Miller, Chief
License Fee Management Branch
Office of Administration

R. J. Everett, Chief
Material Radiation Protection Section, TPB,
DV&TP, RIV

LICENSEE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee:

Application Dated:

Control No.:

License No.:

Gulsa Diagnostic & Imaging Ctr.

12/31/86

461335

(030-29694) L+L 26864

2. FEE ATTACHED

Amount:

Check No.:

\$580

1026

3. COMMENTS

Signed

Date

Laura Husley

1/2/87

B. LICENSEE FEE MANAGEMENT BRANCH

1. Fee Category and Amount:

2. Correct Fee Paid. Application may be processed for:

Amendment _____

Renewal _____

License ☒ _____

Signed

Date

M. Hussar

1/5/87