

NRC FORM 313M

(9-81)

10 CFR 35

U.S. NUCLEAR REGULATORY COMMISSION

APPLICATION FOR MATERIALS LICENSE — MEDICAL

Approved by OMB

3150-0041

Expires 9-30-86

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

Community General Hospital
145 North 6th Street
Reading, Pennsylvania 19601

TELEPHONE NO.: AREA CODE (215) 376 4881

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

Same

2. PERSON TO CONTACT REGARDING THIS APPLICATION

Michael E. Gordon, M.D.

TELEPHONE NO.: AREA CODE (215) 3

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

a. ☐ NEW LICENSE

b. ☐ AMENDMENT TO LICENSE NO. _____

c. ☒ RENEWAL OF LICENSE NO. 37-14805-01

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

See attachment for Item 8

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.)

Michael E. Gordon, M.D.

6.a. RADIOACTIVE MATERIAL FOR MEDICAL USE

RADIOACTIVE MATERIAL LISTED IN:	ITEMS DESIRED "X"	MAXIMUM POSSESSION LIMITS (In millicuries)	ADDITIONAL ITEMS:	MARK ITEMS DESIRED "X"	MAXIMUM POSSESSION LIMITS (In millicuries)
10 CFR 31.11 FOR IN VITRO STUDIES	X	1 mCi ea.	IODINE-131 AS IODIDE FOR TREATMENT OF HYPERTHYROIDISM		
10 CFR 35.100, SCHEDULE A, GROUP I	X	AS NEEDED	PHOSPHORUS-32 AS SOLUBLE PHOSPHATE FOR TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA AND BONE METASTASES		
10 CFR 35.100, SCHEDULE A, GROUP II	X	AS NEEDED	PHOSPHORUS-32 AS COLLOIDAL CHROMIC PHOSPHATE FOR INTRACAVITARY TREATMENT OF MALIGNANT EFFUSIONS.		
10 CFR 35.100, SCHEDULE A, GROUP III	X	2000	GOLD-198 AS COLLOID FOR INTRACAVITARY TREATMENT OF MALIGNANT EFFUSIONS.		
10 CFR 35.100, SCHEDULE A, GROUP IV		AS NEEDED	IODINE-131 AS IODIDE FOR TREATMENT OF THYROID CARCINOMA		
10 CFR 35.100, SCHEDULE A, GROUP V		AS NEEDED	XENON-133 AS GAS OR GAS IN SALINE FOR BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES.		
10 CFR 35.100, SCHEDULE A, GROUP VI					

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
Log Aug. 1986			
Remitter			
Check No. 107531	8709020148 870305		
Amount 1.550	REG1 LIC30		
Fee Category 7C	37-14805-01	PDR	
Type of Fee Renewal			
Date Check Rec'd. 8/25/86			
Date Completed 8/25/86			
By: [Signature]			

106030

ML10

NRC FORM 313M

(9-81)

"OFFICIAL RECORD COPY"

AUG 19 1986

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		15. GENERAL RULES FOR THE SAFE USE OF RADIOACTIVE MATERIAL (Check One)	
<input type="checkbox"/>	Names and Specialties Attached; and	<input type="checkbox"/>	Appendix G Rules Followed; or
<input type="checkbox"/>	Duties as in Appendix B; or (Check One)	<input checked="" type="checkbox"/>	Equivalent Rules Attached
<input checked="" type="checkbox"/>	Equivalent Duties Attached	16. EMERGENCY PROCEDURES (Check One)	
8. TRAINING AND EXPERIENCE <i>See attached for Item 8</i>		<input type="checkbox"/>	Appendix H Procedures Followed; or
<input type="checkbox"/>	Supplements A & B Attached for Each Individual User; and	<input checked="" type="checkbox"/>	Equivalent Procedures Attached
<input type="checkbox"/>	Supplement A Attached for RSO.	17. AREA SURVEY PROCEDURES (Check One)	
9. INSTRUMENTATION (Check One)		<input type="checkbox"/>	Appendix I Procedures Followed; or
<input type="checkbox"/>	Appendix C Form Attached; or	<input checked="" type="checkbox"/>	Equivalent Procedures Attached
<input checked="" type="checkbox"/>	List by Name and Model Number	18. WASTE DISPOSAL (Check One)	
10. CALIBRATION OF INSTRUMENTS		<input type="checkbox"/>	Appendix J Form Attached; or
<input type="checkbox"/>	Appendix D Procedures Followed for Survey Instruments; or (Check One)	<input checked="" type="checkbox"/>	Equivalent Information Attached
<input checked="" type="checkbox"/>	Equivalent Procedures Attached; and	19. THERAPEUTIC USE OF RADIOPHARMACEUTICALS (Check One)	
<input type="checkbox"/>	Appendix D Procedures Followed for Dose Calibrator; or (Check One)	<input type="checkbox"/>	Appendix K Procedures Followed; or
<input checked="" type="checkbox"/>	Equivalent Procedures Attached	<input type="checkbox"/>	Equivalent Procedures Attached
11. FACILITIES AND EQUIPMENT		20. THERAPEUTIC USE OF SEALED SOURCES	
<input checked="" type="checkbox"/>	Description and Diagram Attached	<input type="checkbox"/>	Detailed Information Attached; and
12. PERSONNEL TRAINING PROGRAM		<input type="checkbox"/>	Appendix L Procedures Followed; or (Check One)
<input checked="" type="checkbox"/>	Description of Training Attached	<input type="checkbox"/>	Equivalent Procedures Attached
13. PROCEDURES FOR ORDERING AND RECEIVING RADIOACTIVE MATERIAL		21. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE GASES (e.g., Xenon - 133)	
<input checked="" type="checkbox"/>	Detailed Information Attached	<input type="checkbox"/>	Detailed Information Attached
14. PROCEDURES FOR SAFELY OPENING PACKAGES CONTAINING RADIOACTIVE MATERIALS (Check One)		22. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE MATERIAL IN ANIMALS	
<input type="checkbox"/>	Appendix F Procedures Followed; or	<input type="checkbox"/>	Detailed Information Attached
<input checked="" type="checkbox"/>	Equivalent Procedures Attached	23. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE MATERIAL SPECIFIED IN ITEM 6.b	
<input type="checkbox"/>		<input type="checkbox"/>	Detailed Information Attached

24. PERSONNEL MONITORING DEVICES

	TYPE <small>(Check appropriate box)</small>	FILM	SUPPLIER	EXCHANGE FREQUENCY
a. WHOLE BODY	<input checked="" type="checkbox"/>	FILM	R. S. Landauer Jr., & Co., Glenwood, IL	Monthly
	<input type="checkbox"/>	TLD		
	<input type="checkbox"/>	OTHER (Specify)		
b. FINGER	<input type="checkbox"/>	FILM		
	<input checked="" type="checkbox"/>	TLD	" " "	Monthly
	<input type="checkbox"/>	OTHER (Specify)		
c. WRIST	<input type="checkbox"/>	FILM		
	<input type="checkbox"/>	TLD		
	<input type="checkbox"/>	OTHER (Specify)		

d. OTHER (Specify)

See attached ALARA Program

25. FOR PRIVATE PRACTICE APPLICANTS ONLY

a. HOSPITAL AGREEING TO ACCEPT PATIENTS CONTAINING RADIOACTIVE MATERIAL			
NAME OF HOSPITAL N/A		b. ATTACH A COPY OF THE AGREEMENT LETTER SIGNED BY THE HOSPITAL ADMINISTRATOR.	
MAILING ADDRESS		c. WHEN REQUESTING THERAPY PROCEDURES, ATTACH A COPY OF RADIATION SAFETY PRECAUTIONS TO BE TAKEN AND LIST AVAILABLE RADIATION DETECTION INSTRUMENTS.	
CITY	STATE	ZIP CODE	

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 <i>(See Section 170.31, 10 CFR 170)</i>	b. APPLICANT OR CERTIFYING OFFICIAL (Signature)
(1) LICENSE FEE CATEGORY:	(1) NAME (Type of Print) Lawrence Scanlan, Jr. (2) TITLE President
(2) LICENSE FEE ENCLOSED: \$ 580.00	c. DATE August 13, 1986

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 USE(S)** 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 COMMITTEE

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.

Responsibilities

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 any individual who uses radioactive material (including physicians, technologists, physicists, and pharmacists) and determine that the 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 19.2 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, to include the ALARA Program. The review shall include an examination of all records, reports from the radiation safety officer, results of NRC inspections, written safety procedures, and management control system.
7. Recommend remedial action to correct any deficiencies identified in the radiation safety program.

RADIATION SAFETY COMMITTEE

Duties (continued)

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.

Members

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.

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.

ITEM 7

RESPONSIBILITIES OF THE RADIATION SAFETY OFFICER

The specific duties of the Radiation Safety Officer include:

1. Establishing and maintaining operations procedures so that the radiation exposure of each worker is kept as far below the maximum permissible exposure as is practicable.
2. Instructing personnel in safe working practices and in the nature of injuries resulting from overexposure to radiation.
3. Assuring that personnel monitoring devices are used where indicated and that records are kept of the results of such monitoring.
4. Investigating any case of excessive or abnormal exposure to determine the cause and taking steps to prevent its recurrence.
5. Advise radiation workers of any unusual procedures which they must employ in order to reduce unnecessary exposure.
6. See that all license commitments and regulatory requirements have been met. To this end, Health Physics Services, Inc., Potomac, Maryland, will assist the Radiation Safety Officer in managing the overall radiation protection program.
7. Review the radiation survey reports furnished by Health Physics Services, Inc. The surveys will include the following:
 - A. Smears for spreadable contamination
 - B. Survey meter measurements in those areas where radioactive materials are used or stored
 - C. A review of all personnel dosimetry reports
 - D. A review of the records of inventory, isotope receipt, isotope disposal, and other health physics records for completeness and accuracy
 - E. Required dose calibrator instrumentation tests (e.g. accuracy and linearity)
 - F. Sealed source leak testing
 - G. Survey meter calibration results
 - H. Any other health physics records pertinent to license compliance
8. Be available to respond to any radiation emergency.

AUTHORIZED USERS

Radioactive material will be used by or under the supervision of the following:

- | | | |
|----|--------------------------|--------------------------------|
| 1. | Jonathan L. Stolz, M.D. | ALL |
| 2. | Michael E. Gordon, M.D. | ALL |
| 3. | Laurence A. Citro, M.D. | ALL |
| 4. | Lawrence M. Kaplan, M.D. | Groups I, II,
III, In Vitro |

Documentation of training for the above is already in file under license No. 37-14805-01

INSTRUMENTATION

Survey Meters

- (2) Eberline E-120 with HP-190 probe (0-50 mR/hr)
- (1) Eberline E-1305 (0-1000 mR/hr)

Dose Calibrator

- (2) Capintec CRC-12

Other Instrumentation

- (1) Picker Dyna Camera r
- (1) Picker Dyna Camera 4C
- (1) Picker Spectroscaier 4% with well and probe

CALIBRATION OF SURVEY METER INSTRUMENTATION

Survey meter calibrations will be conducted at intervals not to exceed six (6) months by Health Physics Services, Inc., Potomac, Maryland, using sealed a Cesium-137 source of approximately 500 mCi, authorized by the State of Maryland under License Number MD-31-035-01. The calibration procedures are on file with the NRC, under License No. 19-19791-01.

For instruments used to monitor lower energy radionuclides such as Tc-99m, etc., a correction factor is determined. After calibration with Cesium-137, a Tc-99m factor is determined by measuring the response of the instrument to a calibrated source of Cobalt-57. The exposure rate at an arbitrary distance for the Cobalt-57 source is determined using the inverse square law and verified with a calibrated dose rate meter.

DOSE CALIBRATOR CALIBRATION AND LINEARITY PROCEDURES

1. On a daily basis, the constancy of the dose calibrator will be determined with two sources: 200uCi of Cesium-137, and greater than one millicurie of Cobalt-57. These sources are NBS traceable with an accuracy of $\pm 5\%$. Should the error of the constancy measurement be greater than $\pm 5\%$, appropriate adjustment or instrument repair will be affected.
2. At intervals not to exceed six (6) months, Health Physics Services, Inc., Potomac, Maryland, will conduct the dose calibrator accuracy test under Maryland License No. MD-31-035-01. A Cobalt-57 source of approximately 10 millicuries will be used to insure the dose calibrator accuracy. Should the calibration deviate by greater than $\pm 5\%$, appropriate adjustment or instrument repair will be conducted. This semi-annual procedure will be repeated using a Cesium-137 and a Barium-133 source of approximately 0.2 millicuries each. The three calibration sources are NBS traceable with an accuracy of $\pm 5\%$.
3. The linearity of the dose calibrator will be determined quarterly, by Health Physics Services, Inc., in accordance with the NRC Medical Licensing Guide, Appendix D, Section 2.E., over the full range of activities of Technetium used. Should the linearity (measured versus calculated) vary by greater than $\pm 5\%$, appropriate corrective action will be conducted.
4. Test for geometrical variation will be conducted in accordance with Appendix D, Section 2, Item F., of the NRC Medical Licensing Guide, unless certified data is supplied by the dose calibrator manufacturer.

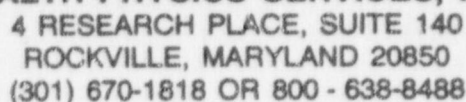
CALIBRATION OF DIAGNOSTIC INSTRUMENTATION

Calibrations of diagnostic instrumentation, to include gamma cameras and associated instrumentation will be conducted in accordance with the manufacturers' instructions.

Daily floods will be conducted to insure integrity of the camera.

LEAK TESTING OF SEALED SOURCES

At intervals not to exceed six (6) months, all sealed sources of radioactive material will be leak tested by Health Physics Services, Inc., in accordance with their Maryland license, No. MD-31-035-01.



Health Physics Technican

FACILITIES AND EQUIPMENT

Radiation Handling Equipment

To enable personnel to work safely with unsealed radioactive materials, the Nuclear Medicine laboratory will have the proper radiation handling equipment. The following is a list of basic radiation handling equipment which is available in the Nuclear Medicine Departments.

Shielding/Handling Equipment

Lead bricks (e.g., 2" x 4" x 8")

Lead syringe holders for transporting syringes containing radioactivity

Lead syringe shields for reducing exposure during injection of radiopharmaceuticals

Lead vial and container shields (pigs) for reducing exposure during transport and storage of vials, etc., that contain radioactive material

Remote handling devices (tongs)

If applicable, generators will be maintained in the manufacturer's lead shielding or addition lead shielding, e.g. bricks, will be utilized

Contamination Control

Laboratory coats or uniforms

Absorbent pads (absorbent layer backed by non-absorbent plastic material) for covering work surfaces

Disposal gloves

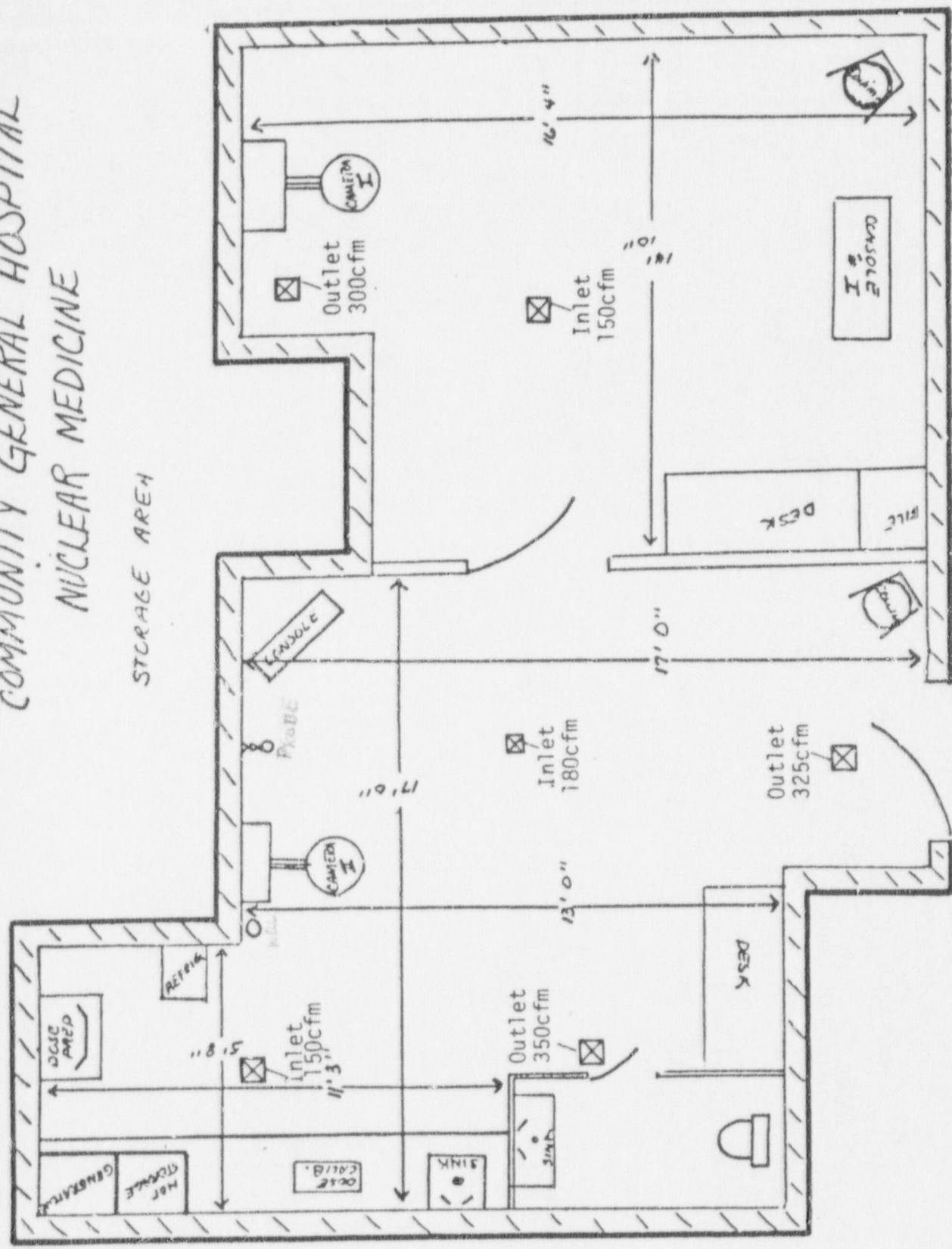
Decontaminating agents for decontaminating hands, utensils, work areas, etc.

Signs and labels indicating the presence of radioactive materials in areas or rooms where they are being used or stored. Labels on containers indicating radionuclide, activity, and date.

Monitoring

Appropriate survey instrumentation relative to the types and quantities of radioactive materials requested. Refer to the equipment/instrumentation listing.

COMMUNITY GENERAL HOSPITAL NUCLEAR MEDICINE



TO GENERATOR
STORAGE ROOM →

HALLWAY

8' CEILINGS
TOTAL AREA 4000 Sq. Ft.

STORAGE
AREA

COMMUNITY GENERAL
HOSPITAL

NUCLEAR MEDICINE
HUT LAB

^{99m}Tc Generator
FORTRESS

Composed of 2" Thick
Pb bricks 12" H x 17" W x 22" L
THIS FORTRESS IS IN
ADDITION TO mfg. Shielding

RADIONUCLIDE STORAGE
AREA

Composed of 2" Thick
Pb bricks 8" H x 16" W x 18" L

ITEM 11
37-14805-0
8-17-81

^{99m}Tc
Generator

SEALED
SOURCE
& RADIONUCLIDE
STORAGE

RADIOACTIVE WASTE STORAGE

DOSE PREP
AREA

LEAD
LINED
REFRIGERATOR

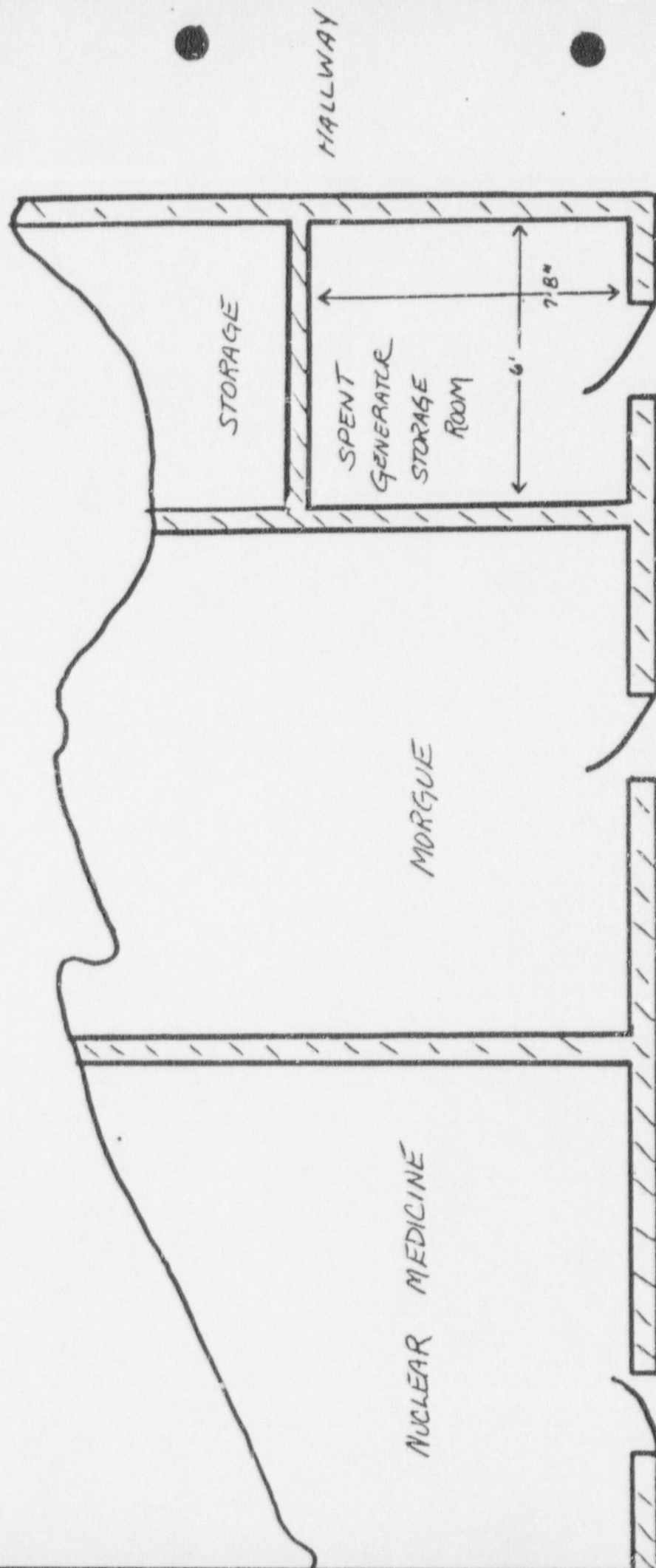
DOSE PREP
AREA

Commercial Shield
(Atomic products) with
LEAD GLASS WINDOW
1 cm. Thick Pb

LEAD LINED
REFRIGERATOR

1/8" Thick Pb
for STORAGE OF
perishable re-
agent kits &
RADIONUCLIDES

WASTE STORAGE
TH. THICKNESS IS
UNDER THE GENERATOR
& NUCLEIDE STORAGE
AREAS
2 CANS OF SHORT T_{1/2}
AND 1 CAN LONG T_{1/2}
BEHIND Pb BRICK (2")



HALLWAY

HALLWAY

COMMUNITY GENERAL HOSPITAL

BASEMENT CENTER WING

PERSONNEL TRAINING PROGRAM

The personnel training program will be given to all personnel who work with or in the vicinity of radioactive materials. The training will be in the form of lectures and the duration of each session will depend on the extent of applicability to the employees involved. The training program will be of sufficient scope to ensure that all personnel, including technical, clerical, nursing, housekeeping, and security personnel receive proper instruction in the items specified in 19.12 of 10 CFR Part 19, to include:

- A. Areas where radioactive materials are used or stored.
- B. Potential hazards associated with radioactive material
- C. Radiological safety procedures appropriate to their respective duties.
- D. Pertinent NRC regulations.
- E. Rules and regulations of the licensee.
- F. Pertinent terms of the license.
- G. Their obligation to report unsafe conditions.
- H. Appropriate response to emergencies or unsafe conditions.
- I. Their 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.

Personnel will be properly instructed as follows:

- 1. Before assuming duties with or in the vicinity of radioactive materials.
- 2. During annual refresher training.
- 3. Whenever there is a significant change in duties, regulations, or the terms of the license.

COMMUNITY GENERAL HOSPITAL

145 North Sixth St., Reading, Pa. 19601 • Phone (215) 378-8355

DEPARTMENT of RADIOLOGY

— DIAGNOSIS, NUCLEAR MEDICINE, ULTRASOUND, COMPUTERIZED TOMOGRAPHY —

Jonathan L. Stolz, M.D., Director
Michael E. Gordon, M.D.
Laurence A. Citro, M.D.
Lawrence M. Kaplan, M.D.
John C. Stolz, M.D.
Paul K. Stolz, M.D.

Patricia Elstration, R.T.
Administrative Technologist

August 13, 1986

To: Security Personnel
From: Lawrence Scanlan, Jr., President
Re: RECEIPT OF PACKAGES CONTAINING RADIOACTIVE MATERIALS

Any packages containing radioactive material that arrive between 4:30 p.m. and 7:00 a.m. or on Sundays, will be signed for by the Radiologic Technologist on duty and placed in the designated radiographic room, Mammogram Room.

Place the package in the radiographic room and lock the door upon leaving.

If the package is wet or appears to be damaged, immediately contact the hospital Radiation Safety Officer and/or the Chief Technologist of the department.

Ask the carrier to remain at the hospital until it can be determined that neither he nor the delivery vehicle is contaminated.

RADIATION SAFETY OFFICER: MICHAEL E. GORDON, M.D.

OFFICE PHONE: 378-8355

HOME PHONE: 678-4425

CHIEF TECHNOLOGIST: ANN T. REARDEN, CNMT

OFFICE PHONE: 378--8319

HOME PHONE: 779-7871

PROCEDURES FOR ORDERING AND RECEIVING RADIOACTIVE MATERIAL

1. The Chief Nuclear Medicine Technologist, or his designee, will place all orders for radioactive material, ensure that the requested materials and quantities are authorized by the license, and that possession limits are not exceeded.
 2. During normal working hours, carriers will be instructed to deliver radioactive packages directly to the Nuclear Medicine Department.
 3. During off-duty hours security personnel will accept delivery of radioactive packages in accordance with the procedures outlined in the enclosed memorandum.
 4. 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 shipments.
 - 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.
- * 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.

PROCEDURES FOR SAFELY OPENING PACKAGES
CONTAINING RADIOACTIVE MATERIAL

For safely opening packages containing radioactive material, the technologist will:

1. Put on gloves to prevent hand contamination.
2. Visually inspect packages for any sign of damage (wetness, crushed, etc.). If damage is noted, the procedure will be stopped and the radiation safety officer notified.
3. Measure exposure rate at 3 feet from package surface and record. If greater than 10 mR per hour, the procedure will be stopped and the radiation safety officer notified.
4. Measure surface exposure rate and record. If greater than 200 mR per hour, the procedure will be stopped and the radiation safety officer notified.
5. Wipe external surface of shipping container and remove wipe to low background area. Assay the wipe and record amount of removable radioactivity (e.g., dpm/100 sq. cm., etc.). Check wipes with a thin end window GM survey meter. The procedure will be stopped if removable contamination is greater than 22,000 dpm/100 sq. cm. above background. The radiation safety officer and health physics consultant shall be notified to determine the "exempt" status of the package with respect to wipe testing. If the package is not exempt, then appropriate notification of regulatory offices will be made.
6. Open the package with the following precautionary steps:
 - A. Open the outer package following manufacturer's instructions, if supplied, and remove packing slip.
 - B. Open inner package and verify that contents agree with those on packing slip. Compare requisition, packing slip, and label on bottle.
 - C. Check integrity of final source container (i.e., inspect for breakage of seals or vials, loss of liquid, and discoloration of packaging material).
 - D. Check also that shipment does not exceed possession limits.
7. Wipe external surface of final source container and remove wipe to low background area. Assay the wipe and record amount of removable radioactivity (e.g., dpm/100 cu. cm., etc.). Check wipes with a well counter/scintillation detector or thin end window GM survey meter, and take precautions against the spread of contamination as necessary. The acceptable level of removable contamination will be 200 dpm/ 100 sq. cm. above background. The procedure will be stopped and the radiation safety officer notified if this level is exceeded.
8. Monitor the packing material and packages for contamination before discarding. If contaminated, treat as radioactive waste. If not contaminated, radiation labels will be obliterated before discarding in regular trash.

Records will be maintained of the results of checking each package.

GENERAL RULES FOR THE SAFE USE OF RADIOACTIVE MATERIAL

1. Laboratory coats and other protective clothing will be worn at all times in areas where radioactive materials are used.
2. Disposable gloves will be worn at all times while handling radioactive materials.
3. Hands and clothing will be monitored for contamination at the end of each working day.
4. Syringe shields for preparation of patient doses and administration to patients will be used except in circumstances such as pediatric cases when their use would compromise the patient's well-being.
5. There will be no eating, drinking, smoking, or application of cosmetics in any area where radioactive material is stored or used.
6. Each patient dose will be assayed in the dose calibrator just prior to administration. Any doses that differ from the prescribed dose by more than 10% will not be used.
7. Personnel monitoring devices (film badge or TLD) will be worn at all times while in areas where radioactive materials are used or stored.*
8. TLD finger badges will be worn during elution of generator and preparation, assay, and injection of radiopharmaceuticals.
9. Radioactive waste will be disposed of only in specially designated receptacles.
10. There will be no pipetting by mouth.
11. Kit preparation, and injection areas will be surveyed for contamination after each procedure or at the end of the day and will be decontaminated if necessary.
12. Radioactive solutions will be confined in covered containers, plainly identified and labeled with name of compound, radionuclide, date, activity, and radiation level, if applicable.
13. Radioactive material will always be transported and maintained in shielded containers.

* Personnel monitoring devices will be stored in a designated low background area when not being worn.

GENERAL RULES FOR THE SAFE USE OF RADIOACTIVE MATERIAL (cont'd)

14. The laboratory will be locked when personnel are not present.
15. Emergency notification home telephone numbers will be posted on the door.
16. There will be no storage of food, drink, or personal effects with radioactive material.
17. If therapeutic doses are authorized, the following will be verified with the order written by the physician who will perform the procedure:
 - A. Patient's name
 - B. Radionuclide
 - C. Chemical form
 - D. Activity

USE OF MOLY/TECH GENERATORS, PREPARATION OF REAGENT KITS
AND DOSE ADMINISTRATION

1. In all cases, all instructions supplied by the manufacturers of the generators and radiopharmaceutical kits will be followed precisely, including procedures for elution, assay, kit preparation, radiation precautions and the use of special equipment such as syringe shields, and other accessories.
2. Areas used for elution of Mo-99/Tc-99m generators, for preparation of radiopharmaceuticals from reagent kits, and for preparation of individual patient doses will be surveyed for contamination after each procedure or at the end of each work day.
3. Every elution of generators will be assayed by use of the dose calibrator for technetium-99m activity and molybdenum-99 breakthrough contamination. The eluates will not be used if there is more than one (1) microcurie of Moly-99 per millicurie of technetium-99m or more than five (5) microcuries of Moly-99 per administered dose of technetium-99m.

NOTE: Molybdenum breakthrough tests will be performed in accordance with the instructions provided in the Operating/Instruction Manual for the dose calibrator.

4. Individuals who elute Mo-99/Tc-99m generators, prepare radiopharmaceuticals from reagent kits, and all personnel who prepare patient doses or work in areas used for elution of generators, preparation of radiopharmaceuticals or preparation of individual patient doses will monitor their hands and clothing for contamination before leaving those areas.
5. The activity of all radionuclides or radiopharmaceutical doses to be administered to patients will first be determined by mathematical calculations. Once drawn, the total activity contained in the syringe will be double checked by use of the dose calibrator. Except for this determination, the syringe will be kept in the syringe shield and/or pig. All radiopharmaceuticals will be assayed just prior to administration to the patient.
6. Patient dose information of administered technetium-99 and all other administered radioactive materials will be recorded in the patient dose log.

WASTE DISPOSAL PROCEDURES

Radioactive waste will be divided into two groups:

- A. Short lived-material with a half life less than 24 hours.
(e.g. ^{99m}Tc , ^{123}I)
- B. Long lived-material with a half life greater than 24 hours,
(e.g. ^{67}Ga , ^{201}Tl , ^{133}Xe , ^{111}In)

Adequate lead or other suitable shielding will be provided as necessary to reduce radiation exposure levels to the lowest reasonable level while radioactive waste is in temporary storage.

All radioactive waste will be held for decay for a minimum of 10 Half Lives of the longest lived radioisotope to be disposed. Radiation levels are measured in a low background area with a low level GM Survey meter.

When unshielded waste material has reached background level, all radiation labels will be removed or obliterated and the waste will be disposed of in normal trash. Appropriate documentation will be maintained.

Generators are returned to the manufacturer in accordance with applicable DOT, NRC and/or state regulations governing the transport of radioactive materials.

Note: The radioactive waste area is located within the hot lab which is locked when staff personnel are not present.

Radiation surveys are conducted at least weekly.

Records are maintained for each of the described disposal methods. Such records include the date of disposal, disposition of materials, and initials of disposing individual.

EMERGENCY PROCEDURES

Minor Spills

1. All persons in the area will be notified when a spill has occurred.
2. The spill will be covered with absorbent paper to prevent its spread.
3. Disposable gloves and remote handling tongs will be used to clean up the spill. The absorbent paper and pad will be carefully folded, inserted into a plastic bag and disposed of in the radioactive waste container. All other contaminated materials such as disposable gloves will also be inserted into the plastic bag.
4. The survey will be conducted using a low-range, G-M survey meter. The area around the spill, hands, and clothing will be checked for contamination.
5. The incident will be reported to the radiation safety officer.

Major Spills

1. All persons not involved in the spill will be notified to vacate the room.
2. The spill will be covered with absorbent pads, but no attempt to clean it up will be made. The movement of all personnel potentially contaminated will be confined to prevent the spread.
3. If possible, the spill will be shielded, but only if it can be done without further contamination or without significantly increasing your radiation exposure.
4. The room will be vacated, and the door(s) locked to prevent entry.
5. The radiation safety officer will be notified immediately.
6. Contaminated clothing will be removed and stored for further evaluation by the radiation safety officer. If the spill is on the skin, the area will be flushed thoroughly and washed with mild soap and lukewarm water.

RADIATION SAFETY OFFICER Michael E. Gordon, M.D.

OFFICE PHONE: 215-378-8355

HOME PHONE: 215-678-4425

ALTERNATE NAMES AND TELEPHONE NUMBERS DESIGNATED BY RADIATION SAFETY

OFFICER: Ann T. Rearden, CNMT

Office: 215-378-8319 Home: 215-779-7871

COMMUNITY GENERAL HOSPITAL

145 North Sixth St., Reading, Pa. 19601 • Phone (215) 378-8355

DEPARTMENT of RADIOLOGY

— DIAGNOSIS, NUCLEAR MEDICINE, ULTRASOUND, COMPUTERIZED TOMOGRAPHY —

Jonathan L. Stolz, M.D., Director

Michael E. Gordon, M.D.

Laurence A. Citro, M.D.

Lawrence M. Kaplan, M.D.

John C. Stolz, M.D.

Paul K. Stolz, M.D.

Patricia Efstration, R.T.
Administrative Technologist

FOREWORD

Ionizing radiation is among the most versatile and useful tools of modern medicine, and biomedical research. Like many other instrumentalities of medicine, ionizing radiation is potentially hazardous unless used with strict adherence to safety rules and procedures. Thus, the safety rules which govern the uses of radiation are concerned with preventing genetic damage as well as with protecting the health of the exposed individual.

The rules and procedures set forth here have one single, straight-forward purpose: to protect the patients, employees, and visitors from unnecessary and potentially harmful radiation.

The existing radiation safety program has many facets designed to keep the levels of exposure to personnel at a minimum. This program has three main phases:

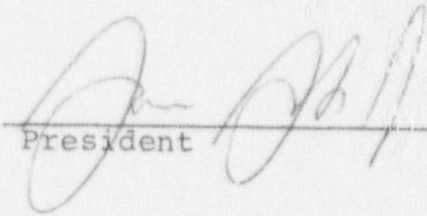
PHASE I

Achieve the objective of maintaining radiation exposures to "As Low As Reasonably Achievable" (ALARA) to employees, visitors, students, and patients who are not under medical supervision for the administration of radiation or radioactive materials for diagnostic or therapeutic purposes.

PHASE II

Evaluate the radiation safety program performed by the Radiation Safety Officer, health physics consultant, and the Radiation Safety Committee.

We, the management of this hospital, are committed to the program procedures and develop new procedures as appropriate to implement the ALARA concept.



President

Date

1. INTRODUCTION

A. Purpose

This program sets forth the philosophy and general management policies that are established by this hospital to achieve the objective of maintaining radiation exposures to "as low as reasonably achievable" (ALARA), for employees, visitors, students, and patients not under medical supervision for the administration of radiation or radioactive materials for diagnostic or therapeutic purposes.

B. Policy

In addition to complying with the limits set forth in pertinent regulations, guides, and standards, users and supervisors of radiation sources shall make every reasonable effort to maintain radiation exposures, and releases of radioactive materials in effluents to unrestricted areas to as low as reasonably achievable.

II. MANAGEMENT COMMITMENT

- A.** The management and the entire staff of this hospital are committed to the program described herein for keeping radiation exposures, individual and collective, to as low as reasonably achievable.
- 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.

- E. The services of Health Physics Services, Inc., have been contracted to assist in the program management to insure that all pertinent hospital staff and employees receive appropriate briefings and training in radiation safety including ALARA concepts.

III. RADIATION SAFETY COMMITTEE

In addition to other responsibilities delineated in pertinent radiation control standards, the Radiation Safety Committee (RSC) shall:

- A. Determine whether current procedures are, in fact, maintaining radiation exposures to ALARA. The efforts of the radiation safety officer (RSO), health physics consultant, users and supervisors of radiation sources will be reviewed during the committee meeting.
- B. 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.
- C. Perform an annual audit of all aspects of the radiation safety program to insure that the overall philosophy and policies of the ALARA program are being accomplished.
- D. The RSC will thoroughly review the qualifications of each applicant with respect to the types and quantities of materials and the uses for which he has applied, to assure that the applicant will be able to take appropriate measures to maintain exposure ALARA.
- E. Delegation of Authority
1. The RSC will delegate authority to the RSO and his consultant staff 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 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.
- F. Review of the 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 1 below are exceeded. The principle 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.
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.

IV. RADIATION SAFETY OFFICER, AND HIS CONSULTANT STAFF ARE RESPONSIBLE FOR THE FOLLOWING:

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 paragraph VII 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 an ALARA Program

1. The RSO will schedule briefings and educational sessions to inform workers of ALARA program efforts.
2. The RSO will assure that authorized users, workers, and ancillary personnel who may be exposed to radiation will be instructed in 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 the 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 suggestion of individual workers for improving health physics practices and 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, determine the causes. When the cause is known, the RSO will require changes in the program to maintain exposures ALARA.

V. 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 radiation sources for a new procedure.
 2. The authorized user will evaluate all procedures before using radiation sources to ensure that exposures will be kept ALARA. This may be enhanced through the application of trial runs.
- B. Responsibility of the Authorized User to Those He Supervises
1. The authorized user will explain the ALARA concept and his commitment to maintain exposures ALARA to all of those he supervises.
 2. The authorized user will ensure that those under his supervision who are subject to occupational radiation exposure are trained and educated in good health physics practices and in maintaining exposures ALARA.

VI. PERSONS WHO RECEIVE OCCUPATIONAL RADIATION EXPOSURE

- A. The worker will be instructed in the ALARA concept and its relationship to his working procedures and work conditions.
- B. The worker will know what recourses are available if he feels that ALARA is not being promoted on the job.

VII.

ESTABLISHMENT OF INVESTIGATIONAL LEVELS IN ORDER TO MONITOR INDIVIDUAL OCCUPATIONAL EXTERNAL RADIATION EXPOSURES

This institution hereby establishes Investigational Levels for occupational external radiation exposure which, when exceeded, will initiate review or investigation by the Radiation Safety Officer or consultant staff. The Investigational Levels that we have adopted are listed in Table 1 below. These levels apply to the exposure of individual workers.

TABLE 1

	Investigational Levels - (arems 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 medical facilities except those using significant quantities of beta emitting isotopes.

The Radiation Safety Officer will review the results of personnel monitoring, film badge report, not less than once in any calendar quarter, as is required by 10 CFR 20, 20.401. The following actions will be taken at the Investigational Levels as stated in Table 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 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. He will report the results of his 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, take action. A report of the investigation, actions taken, if any, and a copy of the individual's film badge record 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 Committee 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. Re-establishment of an individual occupational worker's Investigational Level II above that listed in Table 1.

In cases where a worker's or a group of workers' exposure needs 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 Radiation Safety Committee will review the justification for, and will approve, all revisions of Investigational Levels II. In such cases, when the exposure equals or exceeds the newly established Investigational Level II, those actions listed in paragraph C above will be followed.

VIII. SIGNATURE OF CERTIFYING OFFICIAL

I hereby certify that this institution has implemented the ALARA Program set forth above.


Signature of Administrator

Lawrence Scanlan, Jr.

Name (type or print)

President

Title

AREA SURVEY PROCEDURES

The following area survey procedures will be conducted by the Chief Technologist of the department or his designee, in each area where radioactive material is used or stored:

1. Preparation and injection areas will be surveyed on a daily basis with an appropriately low range G-M survey meter and decontaminated if necessary.
2. All other laboratory areas will be surveyed weekly.
3. The weekly survey will consist of:
 - A. A measurement of radiation levels with a survey meter sufficiently sensitive to detect 0.1 mRem per hour.
 - 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 sq. cm. for the contamination involved.
4. A permanent record will be kept of all survey results, including negative results. The record will include:
 - A. Location, date, and type of equipment used.
 - B. Name of person conducting the survey.
 - C. A drawing of the 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.
5. The area will be cleaned if the contamination level exceeds 200 dpm per 100 sq. cm.

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

011-211: William O. Miller, Chief
License Fee Management Branch
Office of Administration

John E. Glenn, Chief
Nuclear Materials Section B
Division of Engineering and
Technical Programs

03 00 84 90

02120

9/86

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: Community General Hospital

Application Dated: 8/13/86

Control No.: 106030

License No.: 37-14805-01

2. FEE ATTACHED

Amount: \$580.00

Check No.: 107531

3. COMMENTS

Signed Brandi Platchek

Date 8/20/86

B. LICENSE FEE MANAGEMENT BRANCH

1. Fee Category and Amount: RC \$580

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

Amendment

Renewal

License

Signed L. Kimberly

Date 8/25/86

Note To: License Fee Management Section, ADM

From: Region I

Subject: VOIDED APPLICATION

Control Number 105889

Applicant Community General Hosp.

Date Voided 8-29-86

Reason for Void:

Combined w/CN 106030
(renewal).

OK LPMB
SLT | 8/29/86
Signature there Date
Not to be used

Attachment:
Official Record Copy
of Voided Action

Glenda - I put the ORC of
CN 105889 w/CN 106030 (Renewal).
If this is a problem please
call.

SLT
MLD

I don't follow directions very well

RECEIVED-REGION 1
1986 SEP -5 PM 2:24

7

CONVERSATION RECORD

TIME

DATE

8/25/86

TYPE

☐ VISIT

☐ CONFERENCE

☒ TELEPHONE

☒ INCOMING

☐ OUTGOING

ROUTING

NAME/SYMBOL

INT

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU

ORGANIZATION (Office, dept., bureau, etc.)

TELEPHONE NO.

Dr. Gordon

Comm. Gen Hosp

SUBJECT

See for 7/23/86 ltr. re: close-out

Control No. 105889- Lia No 39-14805-01

SUMMARY

Dr. Gordon said that he wanted the close-out to be combined with his recent renewal. He had called R I & they referred him to me. I told him I would check w/ R I & let him know because there might be a problem using the area for unrestricted use prior to amendment, and renewals take longer.

John Glenn, R I, called me to say that they will combine 105889 w/ 106030.

Called Dr. Gordon to let him know the audit fee is not required & he should ignore our 8/2/86 letter

ACTION REQUIRED

No fee required - Notify Dr. Gordon

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

G Jackson

8/25/86

ACTION TAKEN

Dr. Gordon notified (see above) R I notified & void Control 105889

SIGNATURE

TITLE

DATE

G Jackson

8/25/86

50271-101

U.S. G.P.O. 1983-381-526/8346

CONVERSATION RECORD

OFFICIAL RECORD COPY ML10

OPTIONAL FORM 271 (12-76)
DEPARTMENT OF DEFENSE