Bluefield Community Hospital ATTN: Mr. J. Valeyko Administrator 500 Cherry Street Bluefield, WY 24701

Gentlemen:

SUBJECT: CONFIRMATION OF ACTION

This refers to the telephone conversations between you and Mr. W. Cline and Mr. E. Kline of this office on June 29, 1989, concerning the actions you will take to improve radiation controls at your facility.

With regard to the matters discussed, it is our understanding that you will immediately take action to (1) assign to and require the use of whole body TLD or film badges by the nursing staff responsible for providing care for brachytherapy patients, (2) assign to and require the use of TLD finger rings for the nursing staff who provide extended personal care for brachytherapy patients, and (3) maintain the entrances to the teletherapy treatment room and brachytherapy storage area in the Oncology Department, locked except during periods when access to the areas is required, and maintain positive access control over each individual entry into the areas.

Please inform this office immediately if your understanding of this matter is different from that stated above.

> Sincerely. ORIGINAL SIGNED BY W. E. CLINE

J. Philip Stohr, Director Division of Radiation Safety and Safequards

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State of West Virginia

bcc: Document Control Desk J. Lieberman, OE

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