



**Veterans
Administration**

September 28, 1989

In Reply Refer To: 652-115

Nuclear Regulatory Commission
Attn: Document Control Desk
Washington, D. C. 20555

Gentlemen:

SUBJ: REPLY TO A NOTICE OF VIOLATION - Docket No. 030-03338
License No. 45-09413-06

1. Your notice of violation of NRC regulations has been reviewed and we consider the findings of the inspection and the followup report correct. We acknowledge that, at the time of the inspection, imaging room 1H-150, used for ventilation studies with Xe-133, was not under negative pressure.
2. This medical center is under a Variable Air Volume (VAV) System. The ventilation in certain areas varies depending on the load of the system at any given time. At the time of the inspection, outside temperatures were upper 80° to 90° with high relative humidity. The two exhaust ducts in room 1H-150 are very close to the room's door which creates local turbulence and makes spot measurement difficult.
3. (a) The ventilation system in room 1H-150 is being totally redesigned. All the exhaust fans will be operated in a manual mode, separate from the VAV System.

(b) The exhaust duct closest to the door will be moved toward the center of the room and a fume-scraper system will be added. Duct work will be built through the wall, all the way to the floor, and a flexible tube will be extended out from the wall, along the floor, to the area of the Xenon ventilation machine and the patient; where most of the Xe would be expected to localize in cases of leaking. A booster fan rated at 600 cfm will be connected to the scavenger and will be turned on during ventilation studies. The rest of the time the tube will be recessed back into the wall, and this duct will be operating under fan No. 14, which is part of the hospital system.
4. Engineering Service will measure and report the airflow values twice a year. They will also notify the Nuclear Medicine Service for any scheduled air-conditioning shortages and /or repair, that might affect the air-flow in room 1H-150. In the case of an unpredictable problem, they will notify Nuclear Medicine as soon as possible. A portable velometer and smoke tubes have been acquired by the Nuclear Medicine Service for spot checks in the event that a problem is suspected.

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5. Engineering Service will have the project completed in approximately one month. No Xe-133 ventilation studies are being performed or will be performed until the problem is solved in compliance with our NRC license. The VAMC Nuclear Medicine Service will submit an amendment to our current license, outlining the above in detail, along with measurements, once the project is complete.

Sincerely,

fa *E. L. M. Holsinger, Jr.*
JAMES W. HOLSINGER, JR., M.D.
Director

cc: Regional Administrator, Region II
U.S. Nuclear Regulatory Commission
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