

From: [VonEhr, Jason](#)
To: rbentley@gvmh.org
Cc: [Nguyen, Jan](#)
Subject: NRC License Renewal - Golden Valley Memorial Hospital - Request for Additional Information
Date: Friday, October 22, 2021 1:52:00 PM
Attachments: [image003.jpg](#)

Licensee: Golden Valley Memorial Hospital
License No. 24-16597-01
Docket No. 030-11317
Mail Control No. 628240

Dear Mr. Robert Bentley:

This is in reference to your application dated July 21, 2021, requesting to renew NRC License No. 24-16597-01. Some of the items noted below reference NUREG-1556, Volume 9, Revision 3, which can be found online at: <https://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/v9/index.html>. In order to continue our review, we need the following additional information:

1. Your application under Item 9: "Radiation Monitoring Instruments" stated the instruments that you presently possess.
 - a. Regarding your survey meter instrumentation, please commit to the following:

"We reserve the right to upgrade our radiation monitoring instruments as necessary, as long as they are adequate to measure the type and level of radiation for which they are intended to be used in accordance with the associated criteria in NUREG-1556, Volume 9, Revision 3, Appendix K."
 - b. Regarding your dosage measuring equipment, please commit to the following:

"We reserve the right to upgrade our dosage measuring equipment as necessary, as long as they are adequate to measure the type and level of radiation for which they are intended to be used."
2. Your application includes the NUREG-1556, Volume 9, Revision 3, Checklist found in Appendix C.
 - a. Under the requested 10 CFR 35.300 authorization, no selection was made regarding the "purpose of use." Please respond with whether you wish to authorize in-patient procedures, or out-patient only. If you wish for in-patient procedures, please provide additional facility diagrams describing the areas in which patients will be held, including shielding calculations. Include information about the type, thickness, and density of any necessary shielding to enable independent verification of shielding calculations. The calculations should include any workload assumptions used. In addition, please provide principal use of adjacent rooms (e.g., office, file, toilet, closet, hallway), including areas above, besides, and below therapy treatment rooms. For

radiopharmaceutical therapies, please provide a description of surrounding areas, including the occupancy factors, and indicate whether the areas are restricted or unrestricted, as defined in 10 CFR 20.1003. For calculations of the maximum exposure in any given hour, an occupancy factor will not be used.

- b. Your checklist did not indicate the selection for Item 8 "Training for Individuals Working In or Frequenting Restricted Areas." Please commit to the following:

"We have developed and will implement and maintain written procedures for a program for training required under 10 CFR 19.12 for each group of workers, including (i) topics covered, (ii) qualifications of the instructors, (iii) method of training, (iv) method for assessing the success of the training, (v) initial training, and (vi) annual refresher training."

- c. Your facility diagram did not specify the location of byproduct material preparation, use, and storage. Please identify the location, room numbers, and principal use of each room (e.g., "hot lab," waiting area, injection area, imaging area) on your provided diagram, including patient treatment rooms or area where byproduct material is prepared, used, and storage. In addition, for your radiopharmaceutical therapy program, please describe where the material is stored and indicate any additional equipment (e.g., fume hood) for this use, as applicable.
3. Please confirm that you will not be using Positron Emission Tomography (PET) radioisotopes. If you wish to be authorized for PET radioisotopes, please provide shielding calculations for PET facilities. Include information about the type, thickness, and density of any necessary shielding to enable independent verification of shielding calculations. The calculations should include any workload assumptions used. In addition, please provide principal use of adjacent rooms (e.g., office, file, toilet, closet, hallway), including areas above, besides, and below PET areas. For PET, provide a description of surrounding areas, including the occupancy factors, and indicate whether the areas are restricted or unrestricted, as defined in 10 CFR 20.1003. For calculations of the maximum exposure in any given hour, an occupancy factor will not be used. In addition, please describe additional specialized equipment for this use (e.g., lead cave, syringe shields, etc. specific to 511 keV).

Please note that since your use of 10 CFR 35.300 materials is limited to the use of Iodine-131, the byproduct material under License Condition 6.C. will be limited to "Iodine-131 permitted by 10 CFR 35.300."

Your reply must be an originally signed and dated letter. The letter may be scanned and submitted as a pdf document attached to an email. Please provide your response within 30 calendar days from the date of this e-mail. **Please respond by e-mail** to acknowledge that you have received the e-mail request for additional information. Please also provide email contact information for the Radiation Safety Officer, Michael A. Gilbert, D.O., and provide him a courtesy copy of the above.

Thank you for your assistance. Please contact me with any questions,

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Jason vonEhr

Health Physicist

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