From: Jim Norweck
To: Elizabeth Tindle-Engelmann (She/Her)
Cc: Tina Shoemaker; Tim Martin COO
Subject: [External_Sender] Re: Re: *Action requested* RSC Charter follow-up
Date: Thursday, July 6, 2023 1:46:40 PM

Once the daft Charter is finalized, all current RSC members will get the training. Whenever there is a Charter revision, RSC members will be required to read and sign that they have been trained on it. Any new RSC member will be required to receive training on the RSC Charter and their responsibilities as a RSC member as part of the onboarding process.

James Norweck, MS, DABR
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jnorweck@radiology-inc.com

On Thu, Jul 6, 2023 at 2:03 PM Elizabeth Tindle-Engelmann (She/Her) <elizabeth.tindle-engelmann@nrc.gov> wrote:

> Hi Jim,
>
> I will look through the revised charter early next week and get back to you.
>
> Quick question on item 5, do you intend for all the members to get the training? My concern is that folks on the RSC pre-May 1, 2023, wouldn't get the training. I may have misunderstood.
>
> Thanks,
>
> Elizabeth
>
> ---
>
> **From:** Jim Norweck <jnorweck@radiology-inc.com>
> **Sent:** Thursday, July 6, 2023 12:47 PM
> **To:** Elizabeth Tindle-Engelmann (She/Her) <elizabeth.tindle-engelmann@nrc.gov>; Tina Shoemaker <Tina.Shoemaker@mhnetwork.org>; Tim Martin COO <tim.martin@chhi.org>
> **Subject:** [External_Sender] Re: *Action requested* RSC Charter follow-up

Hello Elizabeth - Based on your questions, I made numerous revisions; see attached and responses below.

1. The top of page 3 discusses two items that the RSO is authorized to do (unannounced inspection/surveys and stop work authority). Does the RSO designee or Assistant RSO have these authorizations? If so, please clarify this point in the charter. Yes, done formally as part of my original RSO amendment request for CHH from 2008.
2. The middle of page 3 uses the abbreviation ARSO. Can you define this acronym? I suspect it refers to the Assistant RSO, not an Associate RSO. ARSO = Assistant RSO, this was defined on page 1; I have added it to the Definition of Terms on page 1.
3. On page 3 in the reporting structure diagram, two questions:

    a. It appears the Assistant RSO has a reporting relationship with the RSC subcommittees, but the RSO does not. Is this correctly depicted? The primary line of communication to/from the RSO and the RSC SCs is through the ARSO, this does not prevent any direct communication to/from the RSO and a RSC SC or SC member. Hopefully, the revised Charter does a better job of explaining this.
    b. Can you clarify the reporting relationships on the diagram? I am unclear what the straight lines indicate. For example, do the straight line between the COO and RSO indicate the RSO reports to the COO or that the COO reports to the RSO? The reporting structure flows upward and laterally, the lines show primary to/from lines of communication. The RSO reports to the COO, CEO, and RSC. Hopefully, the revised Charter does a better job of explaining the illustration.

4. On page 4, the RSC Chair criteria is vague. NUREG 1556 Volume 11 speaks to NRC views on who should be the RSC Chair in the following excerpt: “There are several factors to consider when making this selection. An individual with a knowledge of radiation safety issues, good leadership abilities, the authority and credibility by virtue of his or her position within the facility, and a desire to serve as chairperson will facilitate the effectiveness of the RSC. Additionally, the individual chosen as the chairperson must have the time to devote to the position in addition to other responsibilities he or she might have within the facility. Executive management should delegate a level of authority to the position so that the chairperson is effective. In general, the RSO should not be appointed as the chairperson of the committee, since the RSO is responsible for the day-to-day operation of the radiation safety program and may be too closely involved with the licensed activities to be objective.” Many licensees select the management representative, an AU who is a department chair, or a lead researcher. The ability to build coalitions and engage with a variety of stakeholders is critical for this individual. Can you revise to this section to be more prescriptive on what type of individual will fulfill this role? Based on Appendix 2, I understand Tim will serve as the Chair when the charter goes into effect. I am interested in ensuring the charter continues to require that level of engagement from senior management in the future. Agree, see revised Charter.
5. On page 5 you indicate only members selected on or after May 1, 2023, must review

and sign the training. What is the rationale for this? Would it be possible to have all members receive the training and make the commitment to the RSC? The rationale is that we wanted to use the revised Charter as part of the training.

6. On page 5 under subcommittees, it would be worthwhile to outline how the subcommittees will go inactive. For example, who gets to determine when the subcommittee goal has been achieved? What is the process for a subcommittee to become inactive? Agree, see revised Charter.
7. On page 5 under attendance, what is the attendance goal for essential individual members? 100%, 100%, clarified in revised Charter.
8. Which members are essential, and which are nonessential? Consider outlining who is essential and nonessential on page 4 and Appendix 2 where the members are discussed. Clarified in revised Charter.
9. The second paragraph of Appendix 1 says "… and should communicate RSC activates…", is this correct? Should it be activities instead of activates? Typo, should be activities; corrected in revised Charter.

Hopefully, the above responses and attached revision addresses your questions. Feel free to give me a call if you would like to discuss. Thanks - Jim

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On Wed, Jun 28, 2023 at 9:53 AM Elizabeth Tindle-Engelmann (She/Her) <elizabeth.tindle-engelmann@nrc.gov> wrote:

> Hi Jim,
>
> I hope you're doing well and getting some time off with your family this summer! Can you confirm receipt of this email?

I am in the process of reviewing your May 3, 2023, correspondence on the topic of the RSC charter. I have a couple of clarifying questions/requests:

1. The top of page 3 discusses two items that the RSO is authorized to do (unannounced inspection/surveys and stop work authority). Does the RSO designee or Assistant RSO have these authorizations? If so, please clarify this point in the charter.
2. The middle of page 3 uses the abbreviation ARSO. Can you define this acronym? I suspect it refers to the Assistant RSO, not an Associate RSO.
3. On page 3 in the reporting structure diagram, two questions:

    a. It appears the Assistant RSO has a reporting relationship with the RSC subcommittees, but the RSO does not. Is this correctly depicted?
    b. Can you clarify the reporting relationships on the diagram? I am unclear what the straight lines indicate. For example, do the straight line between the COO and RSO indicate the RSO reports to the COO or that the COO reports to the RSO?

4. On page 4, the RSC Chair criteria is vague. NUREG 1556 Volume 11 speaks to NRC views on who should be the RSC Chair in the following excerpt: "There are several factors to consider when making this selection. An individual with a knowledge of radiation safety issues, good leadership abilities, the authority and credibility by virtue of his or her position within the facility, and a desire to serve as chairperson will facilitate the effectiveness of the RSC. Additionally, the individual chosen as the chairperson must have the time to devote to the position in addition to other responsibilities he or she might have within the facility. Executive management should delegate a level of authority to the position so that the chairperson is effective. In general, the RSO should not be appointed as the chairperson of the committee, since the RSO is responsible for the day-to-day operation of the radiation safety program and may be too closely involved with the licensed activities to be objective." Many licensees select the management representative, an AU who is a department chair, or a lead researcher. The ability to build coalitions and engage with a variety of stakeholders is critical for this individual. Can you revise to this section to be more prescriptive on what type of individual will fulfill this role? Based on Appendix 2, I understand Tim will serve as the Chair when the charter goes into effect. I am interested in ensuring the charter continues to require that level of engagement from senior management in the future.
5. On page 5 you indicate only members selected on or after May 1, 2023, must review and sign the training. What is the rationale for this? Would it be possible to have all members receive the training and make the commitment to the RSC?
6. On page 5 under subcommittees, it would be worthwhile to outline how the subcommittees will go inactive. For example, who gets to determine when the subcommittee goal has been achieved? What is the process for a subcommittee to become inactive?
7. On page 5 under attendance, what is the attendance goal for essential individual members?
8. Which members are essential, and which are nonessential? Consider outlining who is essential and nonessential on page 4 and Appendix 2 where the members are discussed.

9. The second paragraph of Appendix 1 says "… and should communicate RSC activates…", is this correct? Should it be activities instead of activates?

Please let me know if you have any questions on these items. I would be happy to set up a call for us to discuss the items in more detail.

If possible, please respond within 30 days by providing an email response and/or revised RSC charter via email.

Thanks,

Elizabeth Tindle-Engelmann (she/her)

Health Physicist, Materials Inspection Branch

U.S. Nuclear Regulatory Commission, Region III

(630) 829-9681 office

Radiation Safety Committee Charter

Policy Title:	**Mountain Health Network Radiation Safety Charter**	**Policy #**
Effective Date:	**Pending**	
Revised Date:	7/6/2023	

Reference: Radiation Safety Officer (**RSO**); Assistant Radiation Safety Officer (**ARSO**) Radiation Safety Committee (**RSC**) Nuclear Regulatory Commission (**NRC**).

Policy: Radiation Safety Committee Charter

Scope: For all services and sections under the Mountain Health Network (Cabell Huntington Hospital, St. Mary's Medical Center, Pleasant Valley Hospital, and all associated Affiliates and Clinics) that use or store radioactive materials and/or use radiation-generating devices.

Purpose: The regulations require that a licensee authorized for two or more different types of use of radioactive material under 10 CFR 35 Subparts E (procedures requiring a written directive), F (manual brachytherapy), or H (remote afterloader, etc.), shall establish a **R**adiation **S**afety **C**ommittee (**RSC**) to oversee all uses of permitted radioactive material (**10CFR35.24(f)**). The committee must include an authorized user of each type of use permitted by the license, an RSO, a representative of the nursing service, and a representative of management who is neither an authorized user nor a RSO. The committee may include other members the licensee considers appropriate. This charter will define the authority and responsibilities, the terms of membership if applicable, and the operational process and procedures of the RSC.

Definition of Terms:
NRC: Nuclear Regulatory Commission
RSO: Radiation Safety Officer
ARSO: Assistant Radiation Safety Officer
RSC: Radiation Safety Committee
AU: Authorized User

Radiation Safety Committee Charge:

The RSC is charged to provide oversight for all aspects of radiation safety in the **M**ountain **H**ealth **N**etwork (**MHN**) related to the use of ionizing and non-ionizing radiation sources, equipment or devices in facilities owned or controlled by MHN. The RSC will ensure that all acquisition, possession, storage, use and disposal of radioactive materials and ionizing radiation complies with all Federal, (*U.S. Nuclear Regulatory Commission*), and State, (*West Virginia, Ohio and Kentucky*), regulations, and in accordance with the specific conditions prescribed in the radioactive materials license issued to **C**abell **H**untington **H**ospital Inc (**CHH**). The RSC will also ensure that appropriate radiation protection measures are in place to maintain radiation exposures **A**s **L**ow **A**s **R**easonably **A**chievable (**ALARA**).

Responsibilities and Authority

The RSC will ensure radioactive materials and radiation producing devices are being used safely and in accordance with applicable regulations and the facility's radioactive material requirements. The RSC has the authority to approve, decline, require changes or withdraw permission for the use of radioactive materials, radiation producing equipment or other

radioactive sources at MHN to ensure compliance with applicable regulations and standards for health and safety.

The primary duties and responsibilities of the RSC include (*but are not limited to*):

- Being familiar with all pertinent laws and regulations and the terms of all licenses and amendments, license applications and permits;
- Overseeing all uses of radioactive material and radiation producing equipment;
- Monitoring the Radiation Safety Program to maintain individual and collective doses ALARA;
- Reviewing procedures and policies to keep MHN in compliance with all radiation protection regulations;
- Ensuring that radiation generating equipment is used only for those procedures for which it is designed;
- Reviewing and approving or disapproving any changes to the Radiation Safety Program;
- Reviewing quarterly occupational radiation exposure records of all personnel working with radiation, and giving attention to individuals or groups of workers whose occupational exposure seems excessive;
- Establishing investigational levels for occupational doses and approve investigation levels within the ALARA program;
- Ensure approval of and continuous coverage by an RSO qualified in accordance with 10 CFR 35.50;
- Review at least annually the RSO's summary report of the entire radiation protection program to determine that all activities are being conducted safely, according to Department regulations and the conditions of the license, and consistent with the radiation safety program and ALARA philosophy. The review must include an examination of records, reports from the RSO, results of Department inspections, written safety procedures, and the adequacy of the management control system;
- Review incidents involving radioactive material or radiation producing equipment root cause and corrective actions to prevent recurrence;
- Prior to initiating human research studies conducted under the Institutional Review Board that involve exposure to ionizing radiation that would not have been otherwise received, review the research protocol and provide a recommendation to approve or disapprove, and, if approved, provide recommended radiation risk consent form language;
- Reviewing inspection reports and violations, radiation safety training programs and any other issues regarding radiation safety;
- Establishing a program to ensure that all individuals who work with or in the vicinity of radioactive materials are properly instructed as required by all applicable laws, regulations and the NRC license;
- Provides advice, assistance and management-level support to the RSO and delegates;
- Voting to approve, disapprove or amend proposals;
- Maintaining a roster of RSC members and their relevant roles;
- Maintain written minutes of all Committee meetings, including attendance, discussion, actions, recommendations, and decisions;
- Ensure that the radioactive material license is amended prior to any changes in facilities, equipment, policies, procedures, and personnel;
- Ensure that adequate resources are provided to implement the Radiation Protection Program; and
- Take appropriate programmatic actions to protect worker and patient health and safety from ionizing radiation.

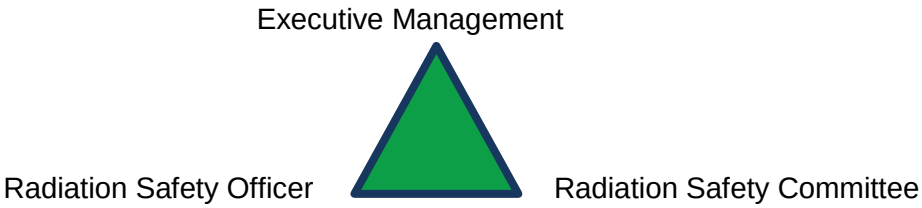
With the assistance of the Assistant RSO, the RSO, (*or designee*), is responsible to ensure compliance and to ensure the protection of MHN employees, visitors, the public and the environment. The RSO and ARSO is authorized to:

1. Carry out unannounced inspections and radiation surveys of any MHN facility.
2. The RSO and the ARSO (with the concurrence of the RSO) has been granted the authority to order immediate shutdown on cessation of work in any facility where it is evident that safety hazards exist to the extent of endangering health, safety, property, or to the extent that continued operation would result in any violation of exiting federal, state, or MHN regulations.

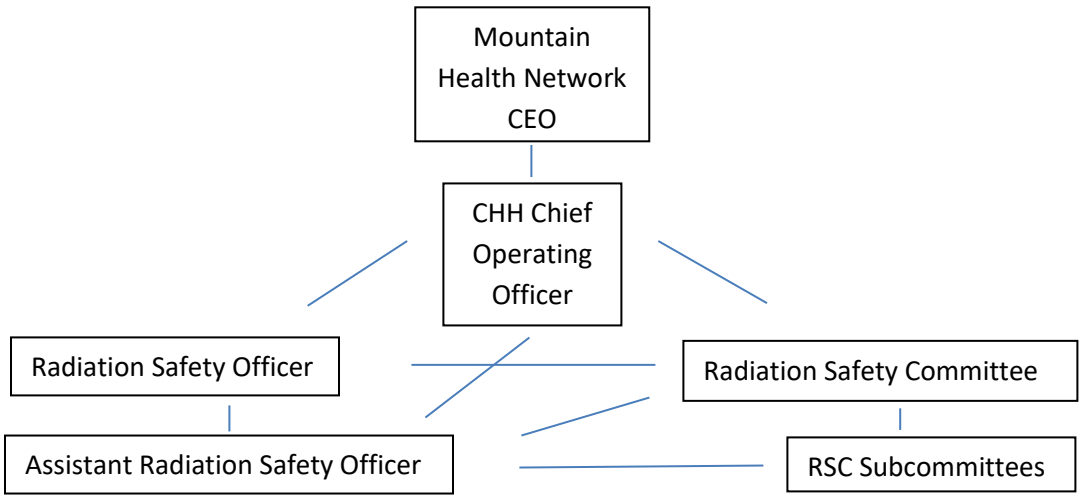
Executive Management and Reporting Structure

MHN adheres to the principle of effective radiation safety management with three distinct interactive elements: an individual responsible for implementing the radiation safety program, (*the Radiation Safety Officer or RSO, or delegation to ARSO*), a committee to develop, promote, and evaluate a quality radiation program, (*the Radiation Safety Committee or RSC*), and a senior executive management individual. The triangle below represents a team approach in which the success of the team is dependent upon the contribution of each element. Executive Management is ultimately responsible for the radiation safety program; however, they rely on the RSO or delegate to oversee the implementation of the program.

Illustration of cooperative nature of Radiation Safety Program:



Organizational reporting and communication structure illustration:



As in this illustration, reporting is upward. For example, the RSO reports to the COO and RSC. The lines indicate primary pathways of communication. For example, the ARSO may communicate and report directly to the COO, and the ARSO has a lead role in communicating

between the RSO and RSC subcommittees. However, this does not prevent the RSO from communicating directly with the RSC subcommittees or the subcommittee members from reporting or communicating directly to the RSO, as needed.

Membership

Membership of the RSC must include the RSO, faculty who are knowledgeable in the use of ionizing and non-ionizing radiation sources, a senior administrative officer of the organization who is not the RSO or an authorized user, a representative of the nursing service, and one authorized user for each type of use authorized by the license set forth in 10 CFR 35.34(f). Members are expected to attend all meetings. To plan for temporary absences, each Committee member may appoint a designated alternate for a particular meeting. If an alternate is used, the minutes shall reflect who the alternate is substituting for on the committee. The alternate will hold a similar position within the institution as the regular member, *(i.e. a member of nursing will be an alternate for another member of nursing*).

Therefore, the RSC shall include the following essential members:

- The CHH COO, or designee, as the management representative;
- The MHN RSO;
- The MHN ARSO;
- An **A**uthorized **U**ser (**AU**) for each type of human use of radioactive material currently authorized under the **R**adio**a**ctive **M**aterials **L**icense, (**RAML**);
- A representative of the nursing service.

A representative of major departments, programs or modalities where radioactive materials are stored or used. At a minimum this will include representation from the following services as applicable to the facility:

- Department of Radiology and Nuclear Medicine/PET
- Department of Radiation Oncology and Physics

A representative of major departments, programs or modalities where radiation producing machines are used. At a minimum this will include representation from the following services as applicable to the facility:

- Department of Radiology
- Department of Radiation Oncology and Physics
- Department of Heart Catherization/Interventional Radiology
- Other members as deemed necessary by a majority vote of the RSC

RSC Chair

The Chairperson has the responsibility for conducting regular RSC meetings and implementing the control functions. These control functions include guiding the RSC in setting goals and objectives, guiding actions so the goals and objectives are reached, build coalitions, engage a variety of stakeholders across the system, ensure follow-up on action items, and represent the RSC to system leadership as needed or requested. The Chair should be an individual, (*staff*), with expertise and appropriate background of radiation safety practices, good leadership abilities and the desire to serve as chair. In order for the RSC to address issues across the MHN system with authority, the RSC Chair will be a member of senior management. The RSO shall not be appointed as the chairperson. The Chair works closely with the RSC to ensure that the directives of the RSC are properly implemented.

RSO

The primary responsibility of the RSO is to implement the radiation safety program with the assistance and support of the RSC and management. The highest priority for the RSO or designee is to ensure day-to-day operations are conducted to adequately protect the health and safety of staff and the public and to maintain exposures ALARA. In addition to administering the Radiation Safety program, the RSO reviews and recommends approval of all applications to use radiation sources.

RSC Members

It is the responsibility of the RSC members to serve as liaisons to the departments or units they are representing. RSC members are expected to attend and engage in meetings, report issues or concerns, assist in review of the radiation safety program, and to assist with implementation of the radiation safety program guidelines or practices. Members that are representing areas or services where radioactive materials are used or stored and radiation producing equipment is used are responsible for providing accurate and proficient department reports including but not limited to: department status/events, reportable/recordable medical events, security events, audits/inspections, therapeutic procedures, equipment changes, observations, regulatory issues, patient safety and radiation dose management program issues and follow up.

The RSC Membership may also include additional faculty or authorized users who are knowledgeable in the use of ionizing and non-ionizing radiation sources and have a leadership role in the organization. Each RSC member has an institutional responsibility to support the RSC and its activities by providing equipment, facilities, and procedures that are adequate to minimize danger to public health and safety or property.

RSC Member Training

All MHN Radiation Safety Committee members selected on or after the effective date of this RSC Charter must review and sign the **Appendix 1, MHN RSC Member Training and Reporting Attestation Form.**

Subcommittees

The RSC may establish subcommittees or working groups to perform specific functions that aid in achieving the goals and objectives of the organization and the purpose of the RSC. All such subcommittee workgroups and functional teams will be responsible for ensuring success in the key processes assigned to them. Each subcommittee/workgroup shall submit a report of its activities and actions to the RSC for each calendar quarter in which it was active. Reporting will include an overview of group activities and any issues requiring resolution. Once the assigned goals/objectives are considered achieved, a subcommittee workgroup may be discontinued by majority vote of the RSC to include agreement by the RSC Chair and RSO.

Attendance, Alternates and Replacements

Regular attendance of RSC members at RSC meetings is expected. The RSC meeting attendance goal for nonessential (members other than the Chair, the RSO, and the Nursing representative) individual members is at least 75% (miss no more than 1 meeting per year). It is understood that meeting this goal may be difficult for some members, especially those with critical clinical duties. If a member does not attend at least one meeting a year, at the discretion of the Chair, the RSC may vote to open nominations for the replacement member. To plan for temporary absences, each RSC member may, with the approval of the Chair or delegate, appoint an alternate member to attend meetings. If an alternate is used, the minutes shall reflect

the substitution for the committee. The alternate will hold a similar position within the institution as the regular member, (*i.e. a member of nursing will be an alternate for another member of nursing*.).

Meetings and Committee Activities

The RSC shall meet at least semi-annually, or more frequently, at the discretion of the committee Chair. A quorum consists at least fifty percent of the current membership, and must include the Chair, the RSO, and the Nursing representative. RSC meeting shall have a written agenda, minutes, and tracking of action items. All members present are entitled to vote. Members who have a personal interest in certain issues shall not vote on those issues. Between meetings, interim decisions may be made by established subcommittees or by email ballot. RSC decisions are made by the majority vote of quorum of committee members. The RSC Chair will have the tie-breaker vote. Presenters are asked to provide sufficient information to the committee as required for a decision to be made (e.g. description of the issue, proposed and alternate courses of action to correct the issue, positive and negative impacts, required resources, projected return on investment, implementation timeline).

Minutes and other Reports

The minutes of the Committee meetings, together with other reports submitted to the Committee, serve as the official documentation of the radiation protection program of MHN. The minutes of each meeting shall include the date of the meeting, the members present and absent, a summary of deliberations and discussions, and recommended action items. Following each meeting, minutes shall be prepared in draft form and copies sent to all members for review. A majority vote at the next meeting shall be taken to approve the minutes. A copy of all meeting minutes, including reports and attachments from subcommittees, shall be kept in the appropriate Radiation Safety drive or other facility permanent storage, where it shall be maintained until disposal is allowed in accordance with Federal and State regulations.

Applicable Governing Documents and Resources:

- U.S. NRC Radioactive Materials License #47-00404-02
- MHN Radiation Safety Program Comprehensive Policy
- MHN Nuclear Medicine and Radiation Safety Policy and Procedures
- MHN Fluoroscopy Dose Management Policy
- 10 CFR 19-21, 35, and 71
- 29 CFR 1910.1096 OSHA
- U.S. NRC Program-Specific Guidance About Medical Use Licenses, NUREG-1556, Volume 9, Revision 3 (or current)
- Radiological Health Rule 64-CSR-23, WV Department of Health & Human Resources
- Radiation Generating Equipment Chapter 3701:1-66, OH Department of Health
- Title 902 Chapter 100, KY Department of Public Health
- National Council on Radiation Protection and Measurements Reports

Appendix 1, MHN RSC Member Training and Reporting Attestation Form

The MHN Radiation Safety Committee (RSC) is a diverse team of experienced professionals providing service and oversight regarding ionizing and non-ionizing radiation safety to ensure a safe and healthy work environment for students, faculty, staff and community while ensuring that all State and Federal regulations are followed. The RSC is responsible for ensuring that an adequate safety program is developed, implemented and supported.

RSC Members are expected to:

- Review all information provided prior to the meeting,
- Attend all scheduled RSC meetings,
- Report pertinent issues and initiatives within their domain to the RSC,
- Communicate RSC activities and initiatives to other members of the departments or service they represent,
- Promptly follow up on RSC action items that correspond to functions they oversee.

Acknowledgement:

By signature below, “I acknowledge that I reviewed the MHN Radiation Safety Committee Charter and any relevant and applicable Governing Documents and Resources, that I understand this material, and that I accept my responsibilities as a Radiation Safety Committee Member”.

Printed Name: _____ Title: _____

Signature: _____ Date: _____

IMPORTANT: Retain a copy of this completed document for a period of at least 3 years after completion.

Committee Members	***Name***	***E-Mail***
Admin, CHH COO, **CHAIRMAN**	Tim Martin	Tim.Martin@chhi.org
Admin, SMMC VP Service Lines	Vera Rose, MD,	vera.rose@st-marys.org
Admin, MHN CMO	Hoyt Burdick, MD	Hoyt.Burdick@mhnetwork.org
Admin, MHN VP Chief Nursing Officer	Regina Campbell	Regina.Campbell@mhnetwork.org
AU Diag, MHN RSC	Jason Akers, MD	mjakers@radiology-inc.com
AU Y-90	James Reynolds, MD	jreynolds@radiology-inc.com
AU HDR ECCC Rad Onc	John Varlotto, MD	John.Varlotto@chhi.org
AU HDR & .300 SMMC Rad Onc	Sanjeev Sharma, MD	sharmalahr@comcast.net
MU Cardiology Service	Mehiar El-Hamdani, MD	elhamdani@marshall.edu
MU Endocrinology Service	OPEN	
CHH Dir Radiology	Nancy Godby	Nancy.Godby@chhi.org
CHH Asst. Dir of Radiology	Stacy Davis	Stacy.Davis@chhi.org
CHH ECCC Dir Rad Onc	Angela Hayes	Angela.Hayes@chhi.org
CHH NM Supervisor	Meredith Henderson	Meredith.Henderson@chhi.org
CHH Cath Lab Manager	Darrell Morrison	Darrell.Morrison@chhi.org
CHH IR Supervisor	Holly Blatt	Holly.Blatt@chhi.org
CHH Dir Surgical Services	Phillip Conley	Phillip.Conley@chhi.org
SMMC Dir Radiology	Jeff Adkins	Jeff.Adkins@st-marys.org
SMMC Asst. Dir of Radiology	OPEN	
SMMC Dir Rad Onc	Jenna Adkins	Jenna.Adkins2@st-marys.org
SMMC NM Supervisor	Jill Stevens	Jill.Stevens@st-marys.org
SMMC Cath Lab Manager	Latisha Smith	Latisha.Smith@st-marys.org
SMMC IR Supervisor	Sandra Donahoe	Sandra.Donahoe@st-marys.org
SMMC Off-Site Radiology Manager	Chad Blair	Chad.Blair@st-marys.org
SMMC Dir Surgical Services	Angela Martin	Angela.Martin@st-marys.org
PVH Dir of Imaging	Jennifer Jenkins	jjenkins@pvalley.org
PVH Lead NM Tech	Latonya Dillon	ldillon@pvalley.org
RSO, Diag Physicist	James Norweck	jnorweck@radiology-inc.com
MHN ARSO	Tina Shoemaker	Tina.Shoemaker@mhnetwork.org
AMP, CHH Therapy Physicist	Sam John Jothi	Sam.JohnJothi@chhi.org
AMP, SMMC Therapy Physicist	Yu-Cing (Nicole) Lin	Yu-Cing.Lina@st-marys.org
Ad Hoc Members	***Designation***	***E-Mail***
MHN Dir of Quality & Patient Safety	Denise Gabel-Comeau	Denise.Gabel-Comeau@mhnetwork.org
MHN Dir Risk Mgt Claims	Jennifer Ball	Jennifer.Ball@mhnetwork.org
SMMC Dir Quality and Accreditation	Wendy Maynard	Wendy.Maynard@st-marys.org
MHN Dir Risk Mgt Claims	Jo A Rakes	JRakes@mhnetwork.org
PVH Dir Quality & Patient Safety	Karen Meadows	kmeadows@pvalley.org
Revised:	5/3/2023	Approved

Appendix 3, Revisions to Charter

Revision History	
Date	Revisions
5/3/2023	DRAFT policy created for Mountain Health Network Radiation Safety Program to replace existing Radiation Safety Charter policies across all facilities
7/6/2023	Reviewed and revised DRAFT RSC Charter based on NRC feedback