



# Pulaski Community Hospital

Trust Your Health To Us

2400 Lee Highway, Post Office Box 759  
Pulaski, Virginia 24301-0759  
Phone (540) 994-8100 Fax (540) 994-8333  
Internet: <http://www.pch-va.com>

JCAHO Accredited / ISO-9002 Certified

12 January 2005

05  
JAN 14 P2:10

RECEIVED  
REGION 1

Licensing Assistant Section  
Nuclear Materials Safety Branch  
U.S. Nuclear Regulatory Commission, Region I  
475 Allendale Road  
King of Prussia, PA 19406-1415

03019931

**Re: Amendment to USNRC License # 45-21206-01 HCA Pulaski Community Hospital**

To Whom It May Concern:

Pulaski Community Hospital (PSK) wishes to amend its current USNRC materials license to reflect changes in staff. In the near future (approximately through April 2004) we will be operating with several temporary physicians. The Radiation Safety Committee convened on 11 December 2004 and discussed the credentials of the physicians involved and found them to be sufficient to meet the qualifications as listed in 10 CFR part 35 for their respective uses. Below please find a tentative outline of the authorized users we plan to have provide radiology coverage at PSK for the first part of 2005, and the change of Radiation Safety Officer. We will inform the Commission in writing when we have permanent nuclear medicine authorized users.

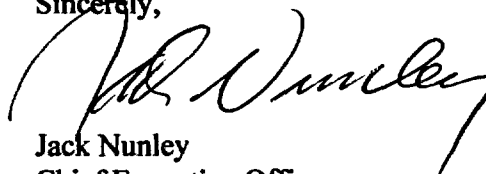
1. Add Authorized User(s): We would like to add **Rathnakara Sherigar, MD and Mohammed Naseem, MD** as Authorized Users to our materials license for uses as described in 10 CFR 35.100, 200, and 300. Drs. Sherigar and Naseem are currently listed on VHA permit #45-09669-02 (Salem, Virginia VAMC). Drs. Sherigar and Naseem will be providing weekend coverage to PSK for the foreseeable future.
2. Add Authorized User: We would like to add **Ricardo Burgos, MD** as an Authorized User to our materials license for uses as described in 10 CFR 35.100, 200. Dr. Burgos is certified by the American Board of Radiology in **Diagnostic Radiology** (June 2003), and you will find attached to this letter a copy of his medical license, board certification certificate, and USNRC form 313A. Dr. Burgos will be providing coverage at PSK from 1/10-14/2005.
3. Add Authorized User: We would like to add **D. Darrell Vaughn, MD** as an Authorized User to our materials license for uses as described in 10 CFR 35.100, and 200. Dr. Vaughn is certified by the American

Board of Radiology in Diagnostic Radiology (June 1997), and you will find attached to this letter a copy of his medical license, board certification certificate, and USNRC form 313A. Dr. Vaughn will be providing coverage at PSK from 1/17-28/2005.

4. **Add Authorized User:** We would like to add **Robert L. Cirillo, Jr., MD** as an Authorized User to our materials license for uses as described in 10 CFR 35.100, and 200. Dr. Cirillo is certified by the American Board of Radiology in Diagnostic Radiology (May 2000), and you will find attached to this letter a copy of his medical license, board certification certificate, and USNRC form 313A. Dr. Cirillo will be practicing at PSK from February 1, 2004 through April 2004.
5. **Add Authorized User:** We would like to add **David Buck, MD** as an Authorized User to our materials license for uses as described in 10 CFR 35.400, and 600. Dr. Buck is listed on USNRC License 45-09207-01 (Lewis-Gale Medical Center Salem Virginia) Dr. Buck will practicing in our cancer care center (New River Valley Cancer Care Center) **until further notice.**
6. **Add Authorized User:** We would like to add **John W. Rogers, MD** as an Authorized User to our materials license for uses as described in 10 CFR 35.400, and 600. Please find attached to this letter a copy of Dr. Buck's Virginia license to practice medicine and a copy of USNRC form 313A filled out by his preceptor at Wake Forest University Medical Center. Dr. Buck will practicing in our cancer care center (New River Valley Cancer Care Center) **until further notice.**
7. **Remove Authorized User:** We would like to **remove James Matthews, MD** from our radioactive materials license. Dr. Matthews is no longer practicing nuclear medicine at Pulaski Community Hospital.
8. **Remove Authorized User:** We would like to **remove David M Randolph, MD** from our radioactive materials license. Dr. Randolph is no longer practicing at Pulaski Community Hospital.
9. **Radiation Safety Officer:** We would like to change radiation safety officers from **James D. Matthews, MD** to **Lee S. Anthony, Ph.D.** Dr. Anthony has comprehensive certifications by the American Board of Health Physics and Certification in Radiologic Physics by the American Board of Radiology. He is also listed on our license as the Authorized Medical Physicist for 10 CFR 35.600 activities. Dr. Anthony is currently listed on VHA materials permit # 45-09669-02 as Radiation Safety Officer. Please find attached to this letter the signed delegation of authority for Dr. Anthony from the CEO of PSK.

If you have any further questions regarding this amendment request or would like to discuss it further do not hesitate to contact Dr. Anthony or myself. Dr. Anthony may be reached at (540) 563-0165 (office) or (540) 353-3139 (cell)

Sincerely,

A handwritten signature in black ink, appearing to read "Jack Nunley", written in a cursive style.

Jack Nunley  
Chief Executive Officer  
Pulaski Community Hospital

**TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT**

**PART I – TRAINING AND EXPERIENCE**

**Note:** Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations.

1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)

Ricardo Burgos, MD Authorized User (10 CFR 35.100 and 200)

2. For Physicians, Podiatrists, Dentists, Pharmacists – State or Territory Where Licensed

Virginia (license attached)

**3. CERTIFICATION**

Specialty Board	Category	Month and Year Certified
American Board of Radiology	Diagnostic Radiology	June 2003

*Stop here when using Board Certification to meet 10 CFR Part 35 training and experience requirements.*

**4. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)**

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation			
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of Radioactivity			
Radiation Biology			
Chemistry of Byproduct Material for Medical Use			
OTHER			

**COMMONWEALTH OF VIRGINIA**  
DEPARTMENT OF HEALTH PROFESSIONS

*Robert A. Nebiker, Director*

**William L. Harp, M.D.**  
Executive Director  
(804) 662-9908

**BOARD OF MEDICINE**

6603 West Broad Street, 5<sup>th</sup> Floor  
Richmond, VA 23230-1712  
[www.dhp.state.va.us/medicine](http://www.dhp.state.va.us/medicine)

**License to Practice**  
**Medicine & Surgery**

**Ricardo M. Burgos, MD**

**Issued**  
**04/08/2003**

**Expires**  
**05/31/2006**

**Number**  
**0101234641**

**To Provide Information or File a  
Complaint About a Licensee, Call: 1-800-533-1560**

# The American Board of Radiology

*Organized through the cooperation of the  
American College of Radiology, the American Roentgen Ray Society,  
the American Radium Society, the Radiological Society of North America,  
the Section on Radiology of the American Medical Association,  
the American Society for Therapeutic Radiology and Oncology, the Association of  
University Radiologists, and American Association of Physicists in Medicine*

*Hereby certifies that*

**Ricardo M. Burgos, MD**

*Has pursued an accepted course of graduate study  
and clinical work, has met certain standards and qualifications and  
has passed the examinations conducted under the authority of*

*The American Board of Radiology*

*On this fourth day of June, 2003*

*Thereby demonstrating to the satisfaction of the Board  
that he is qualified to practice the specialty of*

**Diagnostic Radiology**



Certificate No. 50385

*William H. ...*  
President

*Philip O. Addison MD*  
Secretary-Treasurer

*R.P. Hatten MD*  
Executive Director



Valid through 2013

**TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT**

**PART I – TRAINING AND EXPERIENCE**

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1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)

David D. Vaughn, MD Authorized User (10 CFR 35.100 and 200)

2. For Physicians, Podiatrists, Dentists, Pharmacists – State or Territory Where Licensed

Virginia (license attached)

**3. CERTIFICATION**

Specialty Board	Category	Month and Year Certified
American Board of Radiology	Diagnostic Radiology	June 1997

*Stop here when using Board Certification to meet 10 CFR Part 35 training and experience requirements.*

**4. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)**

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation			
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of Radioactivity			
Radiation Biology			
Chemistry of Byproduct Material for Medical Use			
OTHER			

Current Active - Medicine & Surgery  
Number: 0101237283  
Issued: 10/18/2004  
Expires: 10/31/2006

David D. Vaughn, MD



For Name\*/Address Changes, Mail to:  
Department of Health Professions  
c/o Board of Medicine  
603 West Broad Street, 5<sup>th</sup> Floor  
Richmond, VA 23230-1712

My New Name\* is: \_\_\_\_\_  
My New Address is: \_\_\_\_\_  
City, State                      Zip Code \_\_\_\_\_  
Signature (0101237283) \_\_\_\_\_

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

Within 30 Days of Change in  
Address Required Within 30 Days of  
Change

\*Name Change Request Must be  
Accompanied by a Photocopy of  
Marriage License or Court Order

# COMMONWEALTH OF VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS

*Robert A. Nebeker, Director*

William L. Harp, M.D.  
Executive Director  
(804) 662-9908

## BOARD OF MEDICINE

603 West Broad Street, 5<sup>th</sup> Floor  
Richmond, VA 23230-1712  
[www.dhp.virginia.gov/medicine](http://www.dhp.virginia.gov/medicine)

License to Practice  
Medicine & Surgery

David D. Vaughn, MD

Issued  
10/18/2004

Expires  
10/31/2006

Number  
0101237283

To Provide Information or File a  
Complaint About a Licensee, Call: 1-800-553-1560

PERSONAL INFORMATION WAS REMOVED  
BY NRC. NO COPY OF THIS INFORMATION  
WAS RETAINED BY THE NRC.



# The American Board of Radiology

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American College of Radiology, the American Roentgen Ray Society,  
the American Radium Society, the Radiological Society of North America,  
the Section on Radiology of the American Medical Association,  
the American Society for Therapeutic Radiology and Oncology, the Association of  
University Radiologists, and American Association of Physicians in Medicine.*

*Hereby certifies that*

**David Barrell Vaughn, M.D.**

*Has pursued an accepted course of graduate study  
and clinical work, has met certain standards and qualifications and  
has passed the examinations conducted under the authority of*

*The American Board of Radiology*

*On this eleventh day of June, 1997*

*Thereby demonstrating to the satisfaction of the Board  
that he is qualified to practice the specialty of*

**Diagnostic Radiology**



*Lawrence J. Samelson, MD*   *Robert R. Hartney, MD*   *W. Paul Capps, M.D.*  
President   Secretary-Treasurer   Executive Director

**TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT**

**PART I – TRAINING AND EXPERIENCE**

**Note:** Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations.

1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)

Robert L. Cirillo, Jr., MD Authorized User (10 CFR 35.100 and 200)

2. For Physicians, Podiatrists, Dentists, Pharmacists – State or Territory Where Licensed

Virginia (license attached)

**3. CERTIFICATION**

Specialty Board	Category	Month and Year Certified
American Board of Radiology	Diagnostic Radiology	May 2000

*Stop here when using Board Certification to meet 10 CFR Part 35 training and experience requirements.*

**4. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)**

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation			
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of Radioactivity			
Radiation Biology			
Chemistry of Byproduct Material for Medical Use			
OTHER			

**COMMONWEALTH OF VIRGINIA**  
DEPARTMENT OF HEALTH PROFESSIONS

*Robert A. Nebiker, Director*

William L. Harp, M.D.  
Executive Director  
(804) 662-9908

**BOARD OF MEDICINE**

6603 West Broad Street, 5<sup>th</sup> Floor  
Richmond, VA 23230-1712  
[www.dhp.state.va.us/medicine](http://www.dhp.state.va.us/medicine)

**License to Practice**  
**Medicine & Surgery**

**Robert L. Cirillo Jr., MD**

**Issued**  
**08/29/1997**

**Expires**  
**01/31/2006**

**Number**  
**0101056519**

**To Provide Information or File a  
Complaint About a Licensee, Call: 1-800-533-1560**

# The American Board of Radiology

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American College of Radiology, the American Roentgen Ray Society,  
the American Radium Society, the Radiological Society of North America,  
the Section on Radiology of the American Medical Association,  
the American Society for Therapeutic Radiology and Oncology, the Association of  
University Radiologists, and American Association of Physicists in Medicine  
Hereby certifies that*

**Robert Louis Cirillo, Jr., MD**

*Has pursued an accepted course of graduate study  
and clinical work, has met certain standards and qualifications and  
has passed the examinations conducted under the authority of  
The American Board of Radiology*

*On this seventeenth day of May, 2000  
Thereby demonstrating to the satisfaction of the Board  
that he is qualified to practice the speciality of*

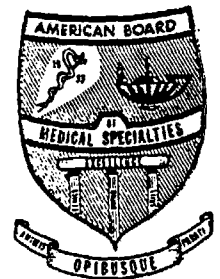
**Diagnostic Radiology**



R.P. Hatten, M.D.  
President

Norm A. Licht, M.D.  
Secretary-Treasurer

M. [Signature], M.D.  
Executive Director



Certificate No. 44030

NRC FORM 313A (10-2002)	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2006
TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT		

**PART I - TRAINING AND EXPERIENCE**

**Note:** Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations.

1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)

JOHN W ROGERS Authorized User 10 CFR 35.490, 690

2. For Physicians, Podiatrists, Dentists, Pharmacists - State or Territory Where Licensed

VIRGINIA, NORTH CAROLINA

**3. CERTIFICATION**

Specialty Board	Category	Month and Year Certified

*Stop here when using Board Certification to meet 10 CFR Part 35 training and experience requirements.*

**4. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)**

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	WAKE FOREST UNIV. BAPTIST MEDICAL CTR. WINSTON-SALEM, NC	120	9/01 - 4/02, 9/03 - 4/04
Radiation Protection	"	15	5/02, 5/04
Mathematics Pertaining to the Use and Measurement of Radioactivity	"	120	9/01 - 4/02 9/03 - 4/04
Radiation Biology	"	70	9/02 - 4/03, 1/04 - 4/04
Chemistry of Byproduct Material for Medical Use	—	—	—
OTHER			

NRC FORM 318A  
(10-2002)

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

U.S. NUCLEAR REGULATORY COMMISSION

5a. WORK EXPERIENCE WITH RADIATION

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience
RADIATION ONCOLOGY RESIDENCY	W. ROBERT LEE, MD		7/00 - 6/04 10,400 hrs

5b. SUPERVISED CLINICAL CASE EXPERIENCE

Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience
<sup>125</sup> I	PROSTATE BRACHY	62	W. ROBERT LEE, MD	Wake Forest University Med. Center	7/00 - 6/04 120
<sup>192</sup> Ir	HDR BRACHY	17	W. ROBERT LEE, MD	Center	7/00 - 6/04 34
<sup>137</sup> Cs	GYN BRACHY	34	KATHRYN GREVEN, MD	NC License # 034-0158-1	7/00 - 6/04 70
<sup>125</sup> I	GLASITE	5	EDWARD SHAW, MD	↑ All same location	7/00 - 6/04 10

PAGE 3

NRC FORM 312A (10-2002) U.S. NUCLEAR REGULATORY COMMISSION  
**TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)**

**6. FORMAL TRAINING (applies to Medical Physicists and Therapy Physicists)**

Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Materials License Number	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education) and the Applicable Regulation (e.g., 10 CFR 35.480)
M.D. RADIATION ONCOLOGY	WAKE FOREST UNIVERSITY MEDICAL CTR. WINSTON-SALEM, NC	7/00 - 6/04	ACGME

**7. RADIATION SAFETY OFFICER - ONE-YEAR FULL-TIME WORK EXPERIENCE**

YES Completed 1-year of full-time radiation safety experience (in areas identified in item 5a) under supervision  
 NA of \_\_\_\_\_ the RSO for License No. \_\_\_\_\_

**8. MEDICAL PHYSICIST - ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE**

YES Completed 1-year of full-time training in therapeutic radiological physics under the supervision of  
 NA \_\_\_\_\_ who meets requirements for Authorized Medical Physicists; and

YES Completed 1-year of full-time work experience (for areas identified in item 5a) for \_\_\_\_\_  
 NA modality(ies) under the supervision of \_\_\_\_\_ who meets requirements of Authorized Medical Physicists for \_\_\_\_\_ modality(ies).

**9. SUPERVISING INDIVIDUAL - IDENTIFICATION AND QUALIFICATIONS**

The training and experience indicated above was obtained under the supervision of (If more than one supervising individual is needed to meet requirements in 10 CFR 35, provide the following information for each):

A. Name of Supervisor

W. ROBERT LEE, MD

B. Supervisor is:

- Authorized User  Authorized Medical Physicist  
 Radiation Safety Officer  Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 490 and 690

for medical uses in Part 35, Section(s) 400 and 600

D. Address

DEPT. RADIATION ONCOLOGY  
 WAKE FOREST UNIV. MEDICAL CTR.  
 WINSTON-SALEM, NC 27153

E. Materials License Number

034 0153-1  
 North Carolina license

NRC FORM 313A  
(10-2002)

U.S. NUCLEAR REGULATORY COMMISSION

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

PART II - PRECEPTOR STATEMENT

Note: This part must be completed by the individual's preceptor. If more than one preceptor is necessary to document experiences, obtain a separate preceptor statement from each. This part is not required to meet the training requirements in 10 CFR 35.590.

Item 10 must be completed for Nuclear Pharmacists meeting the requirements of 10 CFR Part 35, Subpart J. Preceptors do not have to complete Items 11a, 11b, or the certifying statements for other individuals meeting the requirements of 10 CFR Part 35, Subpart J.

YES 10. The individual named in Item 1 has satisfactorily completed the training requirements in  
 N/A 10 CFR 35.680 and is competent to independently operate a nuclear pharmacy.

YES 11a. The individual named in Item 1 has satisfactorily completed the requirements in Part 35, Section(s)  
 N/A and Paragraph(s) 490(b), 690(b).

YES 11b. The individual named in Item 1 is competent to independently function as an authorized  
 N/A User for 35.400 and 600 uses (or units).

12. PRECEPTOR APPROVAL AND CERTIFICATION

I certify the approval of Item 10 and certify I am an Authorized Nuclear Pharmacist;

OR

I certify the approval of items 11a and 11b, and certify I am an Authorized Nuclear Pharmacist;

OR

I certify the approval of Items 11a and 11b, and I certify that I meet the requirements of 10 CFR 35.490, 690  
or equivalent Agreement State requirements to be a preceptor authorized User

for the following uses (or units) of byproduct material: 35.400 and 600

A. Address  
Same as 9.A.

B. Materials License Number

Same as 9.E

C. NAME OF PRECEPTOR (print clearly)

W. ROBERT LEE

D. SIGNATURE - PRECEPTOR

W. Robert Lee

E. DATE

10-06-04

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**VIRGINIA Department of Health Professions****Public Information System**

([Download licensee information](#) | [DHP Home Page](#))

Last updated on 07/14/2004

**Search Result!** Your search returns 1 record.

<b>License No.</b>	<b>Occupation (Specialization)</b>	<b>Name</b>	<b>Address of Record</b>	<b>Initial License</b>	<b>Expire Date</b>	<b>Subject to a (License Status) Proceeding *</b>
0101236555	MEDICINE & SURGERY	JOHN W ROGERS	Roanoke, VA 24018	05/24/2004	04/30/2006 Current Active	No

\* "Yes" under "Subject to a Proceeding" means that the licensee has been subject to a proceeding and that more information may be obtained by contacting the appropriate board. A "No" means that the licensee has not been subject to a proceeding.

[Back to License Lookup](#)

**TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT**

**PART I – TRAINING AND EXPERIENCE**

**Note:** Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations.

1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)

Lee S. Anthony, Ph.D. Radiation Safety Officer 10 CFR 35.50

2. For Physicians, Podiatrists, Dentists, Pharmacists – State or Territory Where Licensed

NA

**3. CERTIFICATION**

Specialty Board	Category	Month and Year Certified
American Board of Health Physics	Comprehensive	February 1980

*Stop here when using Board Certification to meet 10 CFR Part 35 training and experience requirements.*

**4. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)**

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation			
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of Radioactivity			
Radiation Biology			
Chemistry of Byproduct Material for Medical Use			
OTHER			

## **Duties and Responsibilities of the Radiation Safety Officer and Delegation of Authority**

### **RSO's Duties and Responsibilities**

The RSO's duties and responsibilities include ensuring radiological safety and compliance with NRC and DOT regulations and the conditions of the license. Model procedures for describing the RSO's duties and responsibilities appear below. Applicants may either adopt these model procedures or develop alternative procedures to meet the requirements of 10 CFR 35.24.

These duties and responsibilities include ensuring the following:

- Stopping unsafe activities involving licensed material;
- Radiation exposures are ALARA;
- Up-to-date radiation protection procedures in the daily operation of the licensee's byproduct material program are developed, distributed, and implemented;
- Possession, use, and storage of licensed material is consistent with the limitations in the license, the regulations, the SDR Certificate(s), and the manufacturer's recommendations and instructions;
- Individuals installing, relocating, maintaining, adjusting, or repairing devices containing sealed sources are trained and authorized by an NRC or Agreement State license;
- Personnel training is conducted and is commensurate with the individual's duties regarding licensed material;
- Documentation is maintained to demonstrate that individuals are not likely to receive, in one year, a radiation dose in excess of 10% of the allowable limits or that personnel monitoring devices are provided;
- When necessary, personnel monitoring devices are used and exchanged at the proper intervals, and records of the results of such monitoring are maintained;
- Licensed material is properly secured;
- Documentation is maintained to demonstrate, by measurement or calculation, that the total effective dose equivalent to the individual likely to receive the highest dose from the licensed operation does not exceed the annual limit for members of the public;
- Proper authorities are notified of incidents such as loss or theft of licensed material, damage to or malfunction of sealed sources, and fire;
- Medical events and precursor events are investigated and reported to NRC, and cause(s) and appropriate corrective action(s) are identified, and timely corrective action(s) are taken;

- Audits of the radiation protection program are performed at least annually and documented;
- If violations of regulations, license conditions, or program weaknesses are identified, effective corrective actions are developed, implemented, and documented;
- Licensed material is transported, or offered for transport, in accordance with all applicable DOT requirements;
- Licensed material is disposed of properly;
- Appropriate records are maintained; and
- An up-to-date license is maintained and amendment and renewal requests are submitted in a timely manner.

### Delegation of Authority

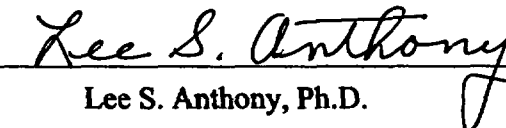
Memo To: Radiation Safety Officer  
 From: Chief Executive Officer  
 Subject: Delegation of Authority

You, Lee S. Anthony, Ph.D., have been appointed Radiation Safety Officer and are responsible for ensuring the safe use of radiation. You are responsible for managing the radiation protection program; identifying radiation protection problems; initiating, recommending, or providing corrective actions; verifying implementation of corrective actions; stopping unsafe activities; and ensuring compliance with regulations. You are hereby delegated the authority necessary to meet those responsibilities, including prohibiting the use of byproduct material by employees who do not meet the necessary requirements and shutting down operations where justified by radiation safety. You are required to notify management if staff do not cooperate and do not address radiation safety issues. In addition, you are free to raise issues with the Nuclear Regulatory Commission at any time. It is estimated that you will spend 1 day per month conducting radiation protection activities.

I accept the above responsibilities,

  
 Jack Nunley, CEO

1/12/05  
 Date

  
 Lee S. Anthony, Ph.D.

1/12/05  
 Date

cc: Affected department heads

This is to acknowledge the receipt of your letter/application dated

1/12/2005, and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 45-21206-01  
There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

Please provide to this office within 30 days of your receipt of this card

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned Mail Control Number 126286.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.

