



STATE OF OHIO
DEPARTMENT OF HEALTH

Guidance About Commercial Radiopharmacy Licenses

NMS-LIC-13

Rev. 0

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This consolidated guidance is based on the NRC's NUREG 1556, Volume 13, and along with the State of Ohio Radioactive Materials Licensing Program provides the applicants and reviewers with information concerning how to file a request, a listing of the applicable rules and industry standards, policies affecting evaluation and registration, certain administrative procedures to be followed, information on how to perform the review and write a license and the responsibilities of the licensee.

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ABBREVIATIONS

ACMUI	Advisory Committee on the Medical Uses of Isotopes
ALARA	as low as is reasonably achievable
ALI	annual limit on intake
ANP	authorized nuclear pharmacist
ANSI	American National Standards Institute
AU	authorized user
bkg	background
BPR	business process redesign
Bq	becquerel
BRP	Bureau of Radiation Protection
CDE	committed dose equivalent
CEDE	committed effective dose equivalent
CFR	Code of Federal Regulations
Ci	curie
cm	centimeter
cpm	counts per minute
DAC	derived air concentration
DDE	deep-dose equivalent
DFP	decommissioning funding plan
DIS	decay in storage
DOE	United States Department of Energy
DOT	United States Department of Transportation
dpm	disintegrations per minute
dpm/cm ²	disintegrations per minute per square centimeter
EDE	effective dose equivalent
EPAct	Energy Policy Act of 2005
FA	financial assurance
FDA	United States Food and Drug Administration
FSME	Office of Federal and State Materials and Environmental Programs

ABBREVIATIONS

G-M	Geiger-Mueller
GPO	Government Printing Office
IN	Information Notice
IP	inspection procedure
mGy	milliGray
MDA	minimum detectable activity
MOU	Memorandum of Understanding
mR	milliroentgen
mrem	millirem
mrem/hr	millirem per hour
mSv	millisievert
mSv/hr	millisievert per hour
NARM	Naturally Occurring and Accelerator-Produced Radioactive Material
NCRP	National Council on Radiation Protection and Measurements
NIST	National Institute of Standards and Technology
NMSS	Office of Nuclear Materials Safety and Safeguards
NRC	Nuclear Regulatory Commission
NVLAP	National Voluntary Laboratory Accreditation Program
OAC	Ohio Administrative Code
ODH	Ohio Department of Health
P&GD	Policy and Guidance Directive
PET	Positron-Emission Tomography
QA	quality assurance
R	roentgen
RG	Regulatory Guide
RQ	reportable quantity
RSO	radiation safety officer
SDE	shallow-dose equivalent
SI	International System of Units (abbreviated SI from the French, Le Système Internationale d'Unités)

ABBREVIATIONS

SSDR	Sealed Source and Device Registry
std	standard
Sv	sievert
TAR	technical assistance request
TEDE	total effective dose equivalent
TI	transportation index
TLD	thermoluminescent dosimeters
USDA	United States Department of Agriculture

1. PURPOSE OF REPORT

This report provides guidance to an applicant applying for a commercial radiopharmacy license, as well as providing Ohio Department of Health (ODH) Bureau of Radiation Protection (BRP) with the appropriate criteria for evaluating such applications. Within this document, the terms “byproduct material,” “licensed material” and “radioactive material,” are used interchangeably. In addition, the phrases or terms, “commercial radiopharmacy,” “radiopharmacy,” “nuclear pharmacy” and “pharmacy” are used interchangeably. Commercial radiopharmacy licenses are those licenses issued by the director of Health, pursuant to Chapter 3701:1-40 and rule 3701:1-46-43 of the Ohio Administrative Code (OAC), for the possession and use of radioactive materials for the manufacture, preparation or transfer for commercial distribution of radioactive drugs containing byproduct material for medical use under Chapter 3701:1-58 of the OAC. Within this document, preparation includes the making of radiopharmaceuticals from reagent kits (e.g., technetium-99m MAA (macroaggregated albumin)), and from raw materials (e.g., the compounding of radioiodine capsules for diagnostic and therapeutic medical use or PET radiopharmaceuticals for medical use). Commercial radiopharmacies may also be authorized to transfer for commercial distribution *in vitro* test kits described in rule 3701:1-46-11 of the OAC, radiopharmaceuticals to licensees authorized to possess them for other than human medical use (e.g., veterinary medicine and research licensees) and radiochemicals to those licensees authorized to possess them, pursuant to Chapter 3701:1-40 of the OAC. In addition, Chapter 3701:1-40 of the OAC authorizes radiopharmacies to redistribute (transfer) sealed sources for calibration and medical use initially distributed by a manufacturer licensed pursuant to rule 3701:1-46-44 of the OAC.

Specific guidance for applicants requesting the production of radioactive material using an accelerator (e.g., PET radiopharmacies) is included in draft NMS-LIC- 21, “Consolidated Guidance About Materials Licenses: Program-specific Guidance About Possession License for Production of Radioactive Materials Using an Accelerator.” Note that this guidance (NMS-LIC-13) should be used for the activities that take place after the radiochemical is produced, which would include compounding the radiochemical to a radiopharmaceutical.

Also, specific guidance for applicants requesting authorization to manufacture and initially distribute molybdenum-99/technetium-99m generators, *in vitro* kits, radiochemicals and sealed sources is included in NMS-LIC-12, “Consolidated Guidance About Materials Licenses: Program-specific Guidance About Manufacturing and Distribution Licenses,” and is not within the scope of this guidance for commercial radiopharmacies. These activities require specific State of Ohio, Nuclear Regulatory Commission (NRC) or Agreement State authorization and must be included on a specific license.

Furthermore, specific guidance for applicants requesting authorization to manufacture, distribute and redistribute radioactive drugs to persons exempt from licensing (i.e., carbon-14 tagged urea) is included in NUREG-1556, Vol. 8, “Consolidated Guidance About Materials Licenses: Program-specific Guidance About Exempt Distribution Licenses,” and also is not within the scope of this guidance. These activities require specific authorization by the NRC and require the issuance of a separate license for exempt distribution.

This report identifies the information needed to complete ODH Form HEA5133, “Application for A License for Radioactive Material” (See Appendix A), for the use of byproduct materials in

PURPOSE OF REPORT

commercial radiopharmacies.

The format within this document for each item of technical information is as follows:

- **Regulations** — references the regulations applicable to the item;
- **Criteria** — outlines the criteria used to judge the adequacy of the applicant's response;
- **Discussion** — provides additional information on the topic sufficient to meet the needs of most readers; and
- **Response from Applicant** — provides suggested response(s), offers the option of an alternative reply or indicates no response is needed on that topic during the licensing process.

Notes and References are self-explanatory and may not be found for each item on ODH Form HEA5133.

ODH Form HEA5133 does not have sufficient space for applicants to provide full responses to Items 5 through 11; as indicated on the form, the answers to those items are to be provided on separate sheets of paper and submitted with the completed ODH Form HEA5133. For the convenience of applicants and for streamlined handling of applications for commercial radiopharmacy licenses in the new materials licensing process, use Appendix C to provide supporting information, attach it to ODH Form HEA5133, and submit it to the director.

Appendix D is a checklist that applicants may use to check applications for completeness. Appendix E is a sample commercial radiopharmacy license, containing the conditions most often found on these licenses, although not all licenses will have all conditions. Appendices F through S contain additional information on various radiation safety topics, including model procedures. Appendix T includes a table (Table T.1) of incident notification and reporting requirements applicable to commercial radiopharmacies.

In this document, dose or radiation dose means absorbed dose, dose equivalent, effective dose equivalent (EDE), committed dose equivalent (CDE), committed effective dose equivalent (CEDE) or total effective dose equivalent (TEDE). These terms are defined in Chapter 3701:1-38 of the OAC. Rem, and its SI equivalent, Sievert (1 rem = 0.01 Sievert (Sv)), are used to describe units of radiation exposure or dose. This is done because Chapter 3701:1-38 of the OAC sets dose limits in terms of rem, not rad or roentgen (R). When the radioactive material emits beta and gamma rays, for practical reasons, we assume that 1 R = 1 rad = 1 rem. For alpha-emitting radioactive material, 1 rad is not equal to 1 rem. Determination of dose equivalent (rem) from absorbed dose (rad) from alpha particles requires the use of an appropriate quality factor (Q) value. Q values are used to convert absorbed dose (rad) to dose equivalent (rem). Q values for alpha particles are addressed in the table in rule 3701:1-38-11(A) of the OAC.

2. AGREEMENT STATES

As an Agreement State, Ohio has entered into an agreement with NRC that gives the State the authority to license and inspect byproduct, source or special nuclear materials used or possessed within their borders. Any applicant other than a federal agency that wishes to possess or use licensed material in Ohio should contact the director for guidance on preparing an application and file these applications with ODH BRP.

In the special situation of work at federally controlled sites in Agreement States, it is necessary to know the jurisdictional status of the land in order to determine whether NRC or the Agreement State has regulatory authority. NRC has regulatory authority over land determined to be “exclusive Federal jurisdiction,” while the Agreement State has jurisdiction over nonexclusive federal jurisdiction land. Applicants are responsible for finding out, in advance, the jurisdictional status of the specific areas where they plan to conduct licensed operations. The director recommends applicants ask their local contact for the federal agency controlling the site (e.g., contract officer, base environmental health officer, district office staff) to help determine the jurisdictional status of the land and to provide the information in writing, in order to comply with regulatory requirements, as appropriate

Table 2.1 provides a quick way to check on which agency has regulatory authority.

Table 2.1 Who Regulates the Activity?

Applicant and Proposed Location of Work	Regulatory Agency
Federal agency regardless of location (except the Department of Energy[DOE]) and under most circumstances, its prime contractors are exempt from licensing (rule 3701:1-40-06)	NRC
Non-federal entity in non-Agreement States, District of Columbia, U.S. territory, or possession, or in offshore federal waters	NRC
Non-federal entity in Agreement State at non-federally controlled site	Agreement State
Non-federal entity in Agreement State at federally controlled site <i>not</i> subject to exclusive federal jurisdiction	Agreement State
Non-federal entity in Agreement States at federally controlled site subject to exclusive federal jurisdiction	NRC

3. MANAGEMENT RESPONSIBILITY

The director recognizes that effective radiation safety program management is vital to achieving safe and compliant operations. The director also believes consistent compliance with its regulations provides reasonable assurance licensed activities will be conducted safely and that effective management will result in increased safety and compliance.

“Management” refers to the processes for conduct and control of a radiation safety program and to the individuals who are responsible for those processes and who have *authority to provide necessary resources* to achieve regulatory compliance.

To ensure adequate management involvement, a duly authorized management representative *must* sign the submitted application acknowledging management’s commitments and responsibility for the following:

- Radiation safety, security and control of radioactive materials, and compliance with regulations;
- Completeness and accuracy of the radiation safety records and all information provided to ODH (OAC 3701:40-05);
- Knowledge about the contents of the license and application;
- Compliance with current ODH and Department of Transportation (DOT) regulations and the licensee’s operating and emergency procedures;
- Commitment to provide adequate resources (including space, equipment, personnel, time and, if needed, contractors) to the radiation protection program to ensure public and workers are protected from radiation hazards and compliance with regulations is maintained;
- Selection and assignment of a qualified individual to serve as the radiation safety officer (RSO) for their licensed activities;
- Commitment to obtaining the director’s prior written consent before transferring control of the license; and
- Notification of the director in writing, immediately following filing of petition for voluntary or involuntary bankruptcy (OAC 3701:1-40-16(F)).

4. APPLICABLE REGULATIONS

It is the applicant's or licensee's responsibility to obtain up-to-date copies of applicable regulations, read and understand the requirements of each of these regulations, and comply with each applicable regulation. The following chapters of the OAC contain regulations applicable to commercial radiopharmacies:

- Chapter 3701:1-38, "Notices, Instructions and Reports to Workers: Inspection and Investigations";
- Chapter 3701:1-38, "Standards for Protection Against Radiation";
- Chapter 3701:1-40, "Rules of General Applicability to Domestic Licensing of Byproduct Material";
- Chapter 3701:1-46, "Specific Domestic Licenses to Manufacture or Transfer Certain Items Containing Byproduct Material";

Chapter 3701:1-46 of the OAC allows licensees to prepare radioactive drugs for medical use, provided the radioactive drug is prepared by either an authorized nuclear pharmacist (ANP) or an individual under the supervision of an ANP as specified in rule 3701:1-58-14 of the OAC. In addition, Chapter 3701:1-58 of the OAC specifies the definition of an ANP and medical use in rule 3701:1-58-01 of the OAC and the qualifications of an ANP in rule 3701:1-58-20 of the OAC; however, the remaining sections of Chapter 3701:1-58 of the OAC do not apply to commercial radiopharmacy licensees.

- Chapter 3701:1-50, "Packaging and Transportation of Radioactive Material."

Chapter 3701:1-50 of the OAC requires licensees or applicants who transport licensed material or who may offer such material to a carrier for transport comply with the applicable requirements of the DOT that are found in 49 CFR Parts 170 through 189. Copies of DOT regulations can be found at <http://hazmat.dot.gov>.

5. HOW TO FILE

5.1 PAPER APPLICATION

Applicants for a materials license should do the following:

- Use the most recent guidance in preparing an application;
- Complete ODH Form HEA5133 (Appendix A) Items 1 through 4, and certifying signature on the form itself;
- Complete ODH Form HEA5133 Items 5 through 11 on supplementary pages, or use Appendix C;
- Complete ODH “Training, Experience and Preceptor Statement” Form (ANP) (Appendix G) to document ANP training and experience, if electing to complete this supplemental form;
- Provide sufficient detail for the director to determine that equipment, facilities, training, experience and the radiation safety program are adequate to protect health and safety and minimize danger to life and property;
- For each separate sheet, other than ODH “Training, Experience and Preceptor Statement” Form and Appendix C, that is submitted with the application, identify and cross-reference it to the item number on the application or the topic to which it refers;
- Submit all documents, typed, on 8-1/2-x-11-inch paper;
- Avoid submitting proprietary information unless it is absolutely necessary;
- If submitted, proprietary information and other sensitive information must be clearly identified (see Section 5.2 below);
- Submit an original, signed application and one copy; and
- Retain one copy of the license application for future reference.

Applications must be signed by the applicant, licensee or a person duly authorized as required by rule 3701:1-40-14(C); see Section 8.13, “Certification.”

5.2 IDENTIFYING AND PROTECTING SENSITIVE INFORMATION

Several types of sensitive information must be identified, marked and protected against unauthorized disclosure to the public. Key examples are as follows:

- **Proprietary Information/Trade Secrets:** If it is necessary to submit proprietary information or trade secrets, follow the procedure in 10 CFR 2.390(b). Failure to follow this procedure could result in disclosure of the proprietary information to the public or substantial delays in processing the application.
- **Private Information:** Personal information about employees or other individuals should not be submitted unless specifically requested by the director. Examples of private information are: Social Security number, home address, home telephone number, date of birth and radiation dose information. If private information is submitted, it should be separated from the public portion of the application and clearly marked: “Privacy Act Information - Withhold Under 10 CFR 2.390.”

- Security-related Information: Following the events of Sept. 11, 2001, NRC changed its procedures to avoid release of information that terrorists could use to plan or execute an attack against facilities or citizens in the United States. As a result, certain types of information are no longer routinely released and are treated as sensitive unclassified information. For example, certain information about the quantities and locations of radioactive material at licensed facilities, and associated security measures, are no longer released to the public.

5.3 PAPER FORMAT AND ELECTRONIC FORMAT

ODH's new licensing process will be faster and more efficient, in part, through acceptance and processing of electronic applications. The process for submitting an electronic application is carried out via the ODH BRP database named RADMAT. The procedure for accessing this database is described in Appendix B, "Filing License Applications Electronically" of this regulatory guide. The director will continue to accept paper applications. However, these will be scanned through an optical character reader (OCR) to convert them to electronic format. To ensure a smooth transition to electronic applications, applicants should:

- Submit hand completed or typewritten – not script – text on smooth, crisp paper that will feed easily into the scanner;
- Choose typeface designs that are sans serif, such as Arial, Helvetica, Futura, Univers; the text of this document is in a serif font called Times New Roman;
- Use 12-point or larger font;
- Avoid stylized characters such as script, italic, etc.;
- Ensure the print is clear and sharp;
- Ensure there is high contrast between the ink and paper (black ink on white paper is best).

6. WHERE TO FILE

Applicants wishing to possess or use licensed material in the State of Ohio must file an application with the director. All applications shall be addressed to:

Ohio Department of Health
Bureau of Radiation Protection
246 N. High Street
Columbus, Ohio 43215

7. LICENSE FEES

Each application for which a fee is specified will be invoiced for the appropriate fee. Refer to Appendix A of rule 3701:1-38-02 of the OAC to determine the amount of the fee. The director will not issue the licensing action prior to fee receipt. Consult rule 3701:1-38-02(J) of the OAC for information on reductions of these fees. Once technical review has begun, no fees will be refunded; application fees will be charged regardless of the director's disposition of an application or the withdrawal of an application.

Most ODH licensees are also subject to annual fees; refer to Appendix A of rule 3701:1-38-02 of the OAC to determine the amount of the fee. Consult rule 3701:1-38-02(J) of the OAC for information on reduced annual fees for licensees that qualify.

Direct all questions about ODH's fees or completion of Item 12 of ODH Form HEA5133 to the BRP at (614) 466-2727.

8. CONTENTS OF AN APPLICATION

The following comments apply to the indicated items on ODH Form HEA5133 (Appendix A).

All items in the application should be completed in enough detail for the director to determine that the proposed equipment, facilities, training and experience, and the radiation safety program satisfy regulatory requirements and are adequate to protect health and minimize danger to life and property. Consideration shall be given, when developing the application, to the concepts of keeping exposure as low as is reasonably achievable (ALARA) and the minimization of contamination.

Regarding ALARA, rule 3701:1-38-11(E)(2) of the OAC states that “The licensee or registrant *shall* use, to the extent practicable, procedures and engineering controls based upon sound radiation protection principles to achieve occupational doses and doses to members of the public that are as low as is reasonably achievable (ALARA).” Applicants for commercial radiopharmacy licenses must address ALARA considerations in all aspects of their programs (e.g., monitoring and controlling external and internal personnel exposure, monitoring and controlling air and liquid effluents). ALARA considerations, including establishing administrative action levels and monitoring programs, should be documented in the application.

Under rule 3701:1-38-22 of the OAC, license applicants are required to describe how facility design and procedures for operation will minimize, to the extent practicable, contamination of the facility and the environment, facilitate eventual decommissioning and minimize, to the extent practicable, the generation of radioactive waste. Like ALARA, applicants must address these concerns in all aspects of their programs.

All information submitted to the director during the licensing process will be incorporated as part of the license and will be subject to review during inspection.

8.1 ITEM 1: LICENSE ACTION TYPE

Check the appropriate box for the type of license action you are applying for (e.g. Initial License for a new license application).

Ohio Department of Health
Application for a License for Radioactive Material

This is an application for: <input type="checkbox"/> Initial License <input type="checkbox"/> Renewal or <input type="checkbox"/> Amendment of License Number:
--

8.2 ITEM 2: APPLICANT’S NAME AND MAILING ADDRESS

List the legal name of the applicant’s corporation or other legal entity with direct control over use of the radioactive material; a division or department within a legal entity may not be a licensee. An individual may be designated as the applicant only if the individual is acting in a private capacity and the use of the radioactive material is not connected with employment in a corporation or other legal entity. Provide the mailing address where correspondence should be sent. A Post Office box number is an acceptable mailing address.

Notify the director of changes in mailing address.

Note: The director must be notified before control of the license is transferred or when bankruptcy proceedings have been initiated. See below for more details. NRC Information Notice (IN) 97-30, "Control of Licensed Material during Reorganizations, Employee-Management Disagreements, and Financial Crises," dated June 3, 1997, discusses the potential for the security and control of licensed material to be compromised during periods of organizational instability.

Timely Notification of Transfer of Control

Regulation: rule 3701:1-40-16(A).

Criteria: A license or any right contained therein may not be transferred or conveyed without the written authorization of the director.

Discussion: Transferring control may be the result of mergers, buyouts or majority stock transfers. Although it is not the director's intent to interfere with the business decisions of licensees, it is necessary for licensees to obtain prior written consent from the director. This is to ensure the following:

- Radioactive materials are possessed, used or controlled only by persons who have a valid Ohio radioactive materials license;
- Materials are properly handled and secured;
- Persons using these materials are competent and committed to implementing appropriate radiological controls;
- A clear chain of custody is established to identify who is responsible for disposition of records and licensed material; and
- Public health and safety are not compromised by the use of such materials.

Response from Applicant: No response is required from an applicant for a new license. However, current licensees should refer to NUREG-1556, Vol. 15, "Guidance About Changes of Control and About Bankruptcy Involving Byproduct, Source, or Special Nuclear Materials Licenses," dated November 2000, for more information on transfer of ownership.

Notification of Bankruptcy Proceedings

Regulation: rule 3701:1-40-16(F)

Criteria: Each licensee must notify ODH by certified mail within 10 business days of the commencement of a voluntary or involuntary bankruptcy petition that has been filed by or against:

- (1) The licensee;
- (2) An entity, as that term is defined in 11 U.S.C. 101(14), controlling the licensee or listing the license or licensee as property of the estate; or
- (3) An affiliate as that term is defined in U.S.C. 101(2), of the licensee. The notification shall specify the bankruptcy court in which the petition for bankruptcy was filed and the date of the filing petition

Discussion: Even though a licensee may have filed for bankruptcy, the licensee remains

responsible for all regulatory requirements. The director must know when licensees are in bankruptcy proceedings in order to determine whether all licensed material is accounted for and adequately controlled and whether there are any public health and safety concerns (e.g., contaminated facility). The director shares the results of his determinations with other involved entities (e.g., trustee), so health and safety issues can be resolved before bankruptcy actions are completed.

Response from Applicant: None required at the time of application for a new license. Licensees must notify the director following the filing of a voluntary or involuntary petition for bankruptcy for or against the licensee via certified mail within in 10 business days.

Reference: See NUREG-1556, Vol. 15, “Guidance About Changes of Control and About Bankruptcy Involving Byproduct, Source, or Special Nuclear Materials Licenses,” dated November 2000.

8.3 ITEM 3: ADDRESS(ES) WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED

Specify the street address, city and state or other descriptive address (e.g., on Highway 10, five miles east of the intersection of Highway 10 and State Route 234, Anytown, State) for each facility. The descriptive address should be sufficient to allow an ODH BRP inspector to find the facility location. Sketches or street maps indicating the nearest intersection and the location of the proposed facility would be helpful but are not required. A Post Office box address is not acceptable (See Figure 8.1).

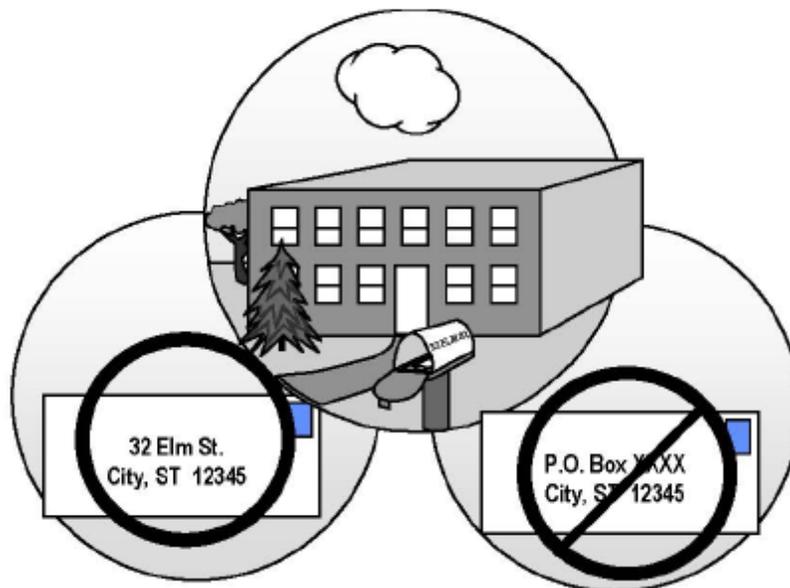


Figure 8.1 Location of Use. *An acceptable location of use specifies street address, city, state and Zip code and does not include a Post Office box number.*

A director-approved license amendment is required before receiving, using and storing licensed material at an address or location not listed on the license.

Being granted an Ohio radioactive materials license does not relieve a licensee from complying with other applicable federal, state or local regulations (e.g., local zoning requirements).

Note: As discussed later under “Financial Assurance and Recordkeeping for Decommissioning,” licensees must maintain permanent records describing where licensed material was used or stored while the license was in force. This is important for making future determinations about the release of these locations for unrestricted use (e.g., before the license is terminated). Acceptable records are sketches, written descriptions of the specific locations or room numbers where licensed material is used or stored and any records of spills or other unusual occurrences involving the spread of contamination in or around the licensee’s facilities.

8.4 ITEM 4: PERSON TO BE CONTACTED ABOUT THIS APPLICATION

Identify the individual who can answer questions about the application, and include his or her telephone number. This individual, usually the RSO, will serve as the point of contact during the review of the application and during the period of the license. If this individual is not a full-time employee of the licensed entity, his or her position and relationship should be specified. No individual other than the duly authorized applicant may, for any licensing matter, act on behalf of the applicant or provide information without the applicant’s written authorization. The director should be notified if the person assigned to this function changes or if his/her telephone number changes.

As indicated on ODH Form HEA5133 (Appendix A), Items 5 through 11 should be submitted on separate sheets of paper. Applicants may use Appendix C for this purpose and should note that using the suggested wording of responses and committing to using the model procedures in this report will expedite the director’s review.

8.5 ITEM 5: RADIOACTIVE MATERIAL

8.5.1 UNSEALED AND/OR SEALED BYPRODUCT MATERIAL

Regulations: rules 3701:1-40-01, 3701:1-40-15, 3701:1-46-43(A)(3), 3701:1-40-14(E), 3701:1-46-49, 3701:1-40-14(G).

Criteria: Applicants must submit information specifying each radionuclide requested, the form and the maximum activity to be possessed at any one time. For sealed sources, the applicant must also submit the manufacturer and model number of each requested sealed source.

Discussion: Each authorized radioisotope is listed on an Ohio radioactive materials license by its element name, form and the maximum amount the licensee may possess at any one time (maximum possession limit), as shown in items 6, 7 and 8 of the sample licenses in Appendix E.

The applicant should list each requested radioisotope by its element name and its mass number (e.g., technetium-99m, indium-111, and fluorine-18) in Item 5. Note in the sample license in Appendix E that the director provides broad authorization to permit radiopharmacy licensees flexibility to prepare and distribute a range of radioisotopes as new radioactive drugs are developed. It is necessary to specify whether the material will be acquired and used in unsealed or sealed form or in the case of radium-226, in the form of a discrete source. The name of the specific chemical compound that contains the radioisotope is not generally required.

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For unsealed radioactive material, it is also necessary to specify whether requested radioisotopes will be handled in volatile or nonvolatile form, because additional safety precautions are required when handling and using material in a volatile form. For example, when requesting authorization to possess and distribute iodine-131, the applicant must specify whether the material will be manipulated at the radiopharmacy in a volatile form (e.g., compounding of iodine-131 capsules) or received in the form in which it will be distributed (e.g., redistribution of sealed, unopened vials of iodine-123). Also, if the pharmacy possesses discrete sources of radium-226, the discrete source should be described, because additional precautions may need to be taken if the source is compromised. Applicants requesting discrete sources of radium-226 and authorization to manipulate volatile radioactive material must describe appropriate facilities and engineering controls in response to Section 8.9, "Facilities and Equipment," and radiation safety procedures for handling of such material in specific responses to Section 8.10.4, "Occupational Dose;" Section 8.10.5, "Public Dose;" Section 8.10.6, "Safe Use of Radionuclides and Emergency Procedures;" and Section 8.10.7, "Surveys."

The anticipated possession limit in becquerels (Bq) or curies (Ci) for each radioisotope should also be specified. Possession limits must include the total anticipated inventory, including licensed material in storage and waste, and should be commensurate with the applicant's needs and facilities for safe handling. Applicants should review the requirements for submitting a certification for financial assurance for decommissioning before specifying possession limits of any radioisotope with a half-life greater than 120 days. These requirements are discussed in the Section on Financial Assurance and Decommissioning.

Applicants that produce radionuclides using an accelerator (e.g., PET cyclotron) would list only those radionuclides produced for use in the pharmacy (e.g., Fluorine-18). All other radionuclides associated with PET radionuclide production (e.g., activation products) should be provided with the application submitted in accordance with draft NMS-LIC-21, "Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Possession License for Production of Radioactive Materials Using an Accelerator."

A safety evaluation of sealed sources and devices is performed by NRC or an Agreement State before authorizing a manufacturer (or distributor) to distribute them to specific licensees. The safety evaluation is documented in a Sealed Source and Device (SSDR) certificate. Information on SSDR certificates may be obtained by contacting the registration assistant at NRC's toll-free number, (800) 368-5642, extension 415-7231. Applicants must provide the manufacturer's name and model number for each requested sealed source and device so NRC can verify they have been evaluated in an SSDR certificate or specifically approved on a license.

Consult with the proposed supplier, manufacturer or distributor to ensure requested sources and devices are compatible with and conform to the sealed source and device designations registered with NRC or an Agreement State. Licensees may not make any changes to the sealed source, device or source/device combination that would alter the description or specifications from those indicated in the respective SSDR certificates, without obtaining the director's prior permission in a license amendment. To ensure applicants use sources and devices according to the certificates, they may want to get a copy of the certificate and review it or discuss it with the manufacturer.

A safety evaluation of sealed sources and devices is performed by NRC or an Agreement State before authorizing a manufacturer (or distributor) to distribute them to specific licensees. The

safety evaluation is documented in an SDDR certificate. Information on SDDR certificates is available on NRC's Web site at <http://www.nrc.gov/materials/miau/ssd/obtain-reports.html> and may also be obtained by contacting the registration assistant at NRC's toll-free number, (800) 368-5642, Extension 415-7231. For additional guidance relating to sealed sources and devices, see also the State of Ohio regulatory guide titled "Consolidated Guidance About Materials Licenses: Applications for Sealed Source and Device Evaluation and Registration," Rev. 4.

The applicant must also request authorization to possess depleted uranium if it will be used for shielding of molybdenum-99/technetium-99m generators. Depleted uranium is frequently used as shielding for generators when the molybdenum-99 activity is greater than 148 gigabecquerels (4 curies). Rule 3701:1-44-09(C)(6) exempts depleted uranium from the requirements for a license to the extent that the material is used as a shipping container, such as when molybdenum-99/technetium-99m generators are in transit from their manufacturer to the pharmacy; however, a specific license or authorization from the director is needed to possess and use the depleted uranium as a shield during the time the pharmacy uses or stores the generator at its facility. The applicant must specify the total amount of depleted uranium, in kilograms, that will be needed.

If an applicant requests quantities of licensed material in excess of those specified in the Appendix to rule 3701:1-40-14 of the OAC, "Quantities of Radioactive Materials Requiring Consideration of the Need for an Emergency Plan for Responding to a Release," the applicant must either submit an emergency plan for responding to a release of radioactive materials or perform an evaluation showing that the maximum dose to a person off site due to a release of radioactive materials would not exceed 10 millisieverts (mSv) (1 rem) effective dose equivalent or 50 mSv (5 rems) to the thyroid. For radiopharmacies, iodine-131 is the radionuclide most likely to trigger the need for an emergency plan due to its Appendix quantity of 10 curies.

Licensees must submit a license amendment and receive authorization from the director before they may make changes in the types, forms and quantities of materials possessed.

Response from Applicant:

- For unsealed materials:
 - Identify each radionuclide (element name and mass number) that will be used, the form and the maximum requested possession limit.

AND

- For potentially volatile materials (e.g., iodine-131):
 - Specify whether open containers of the materials will be manipulated at the radiopharmacy.
- For sealed sources and discrete sources of radium-226:
 - Identify each radionuclide (element name and mass number) that will be used in each source;
 - Provide the manufacturer's (distributor's) name and model number for each sealed source and device and discrete source of radium-226 requested;
 - Confirm that each sealed source, device, source/device combination and discrete source of radium-226 is registered as an approved sealed source, device or discrete source by the

NRC or an Agreement State;

- Confirm that the activity per source and maximum activity in each device will not exceed the maximum activity listed on the approved certificate of registration issued by NRC or by an Agreement State; and
 - If the above information cannot be provided for the discrete source of radium-226, describe the discrete source.
- For depleted uranium, specify the total amount (in kilograms).

8.5.2 FINANCIAL ASSURANCE AND RECORDKEEPING FOR DECOMMISSIONING

Regulations: rules 3701:1-40-17 and 3701:1-40-16(A).

Criteria: A licensee authorized to possess radioactive material in excess of the limits specified in rule 3701:1-40-17 of the OAC must submit a decommissioning funding plan (DFP) or provide a certification of financial assurance (FA) for decommissioning. Even if a DFP or FA is not required, licensees are required to maintain, in an identified location, decommissioning records related to structures and equipment where radioactive materials are used or stored and related to leaking sources. Pursuant to rule 3701:1-40-17(I), licensees must transfer records important to decommissioning to either of the following:

- The new licensee before licensed activities are transferred or assigned according to rule 3701:1-40-16(A)

Discussion: The requirements for financial assurance are specific to the types and quantities of byproduct material authorized on a license. Most commercial radiopharmacy applicants and licensees do not need to take any action to comply with the financial assurance requirements, because the vast majority of radioactive materials they possess and redistribute do not have half-lives greater than 120 days and the total inventory of licensed materials with half-lives greater than 120 days does not exceed the thresholds in rule 3701:1-40-17 of the OAC.

Applicants requesting more than one radionuclide may determine whether financial assurance for decommissioning is required by calculating, for each radionuclide with a half-life greater than 120 days possessed, the ratio between the activity possessed, in curies, and the radionuclide's threshold activity requiring financial assurance, in curies. If the sum of such ratios for all of the radionuclides possessed exceeds "1" (i.e., "unity"), applicants must submit evidence of financial assurance for decommissioning.

The same regulation also requires that licensees maintain records important to decommissioning in an identified location. All commercial nuclear pharmacy licensees need to maintain records of structures and equipment where radioactive material was used or stored. As-built drawings with modifications of structures and equipment shown as appropriate fulfill this requirement. If drawings are not available, licensees shall substitute appropriate records (e.g., a sketch of the room or building or a narrative description of the area) concerning the specific areas and locations. If no records exist regarding structures and equipment where radioactive materials were used or stored, licensees shall make all reasonable efforts to create such records based upon historical information (e.g., employee recollections). In addition, if radiopharmacy licensees have experienced unusual occurrences (e.g., incidents that involve spread of contamination,

leaking sources), they should also maintain records about contamination that remains after cleanup or that may have spread to inaccessible areas.

For radiopharmacy licensees whose contamination incidents did not involve radioactive materials with half-lives exceeding 120 days and whose sealed sources have never leaked, acceptable records important to decommissioning are sketches or written descriptions of the specific locations where radioactive material was used or stored.

Response from Applicant: No response is needed from most applicants. If financial assurance is required, submit the documentation required under rule 3701:1-40-17 of the OAC. NUREG-1757, Vol. 3, “Consolidated NMSS Decommissioning Guidance: Financial Assurance, Recordkeeping, and Timeliness,” dated September 2003, contains approved wording for each of the mechanisms authorized by the regulation to guarantee or secure funds.

Licensees must transfer records important to decommissioning either to the new licensee before licensed activities are transferred or assigned in accordance with 3701:1-40-16(A) of the OAC before the license is terminated.

References: See NUREG-1757, Vol. 3, “Consolidated NMSS Decommissioning Guidance: Financial Assurance, Recordkeeping, and Timeliness,” dated September 2003.

8.6 ITEM 6: PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED

The distribution of radioactive materials by commercial radiopharmacies is authorized by several distinct regulations. The appropriate regulation to refer to depends on the nature of the material, the purpose(s) for which it will be used and to whom it is sent. See Figure 8.2 and narrative description below.

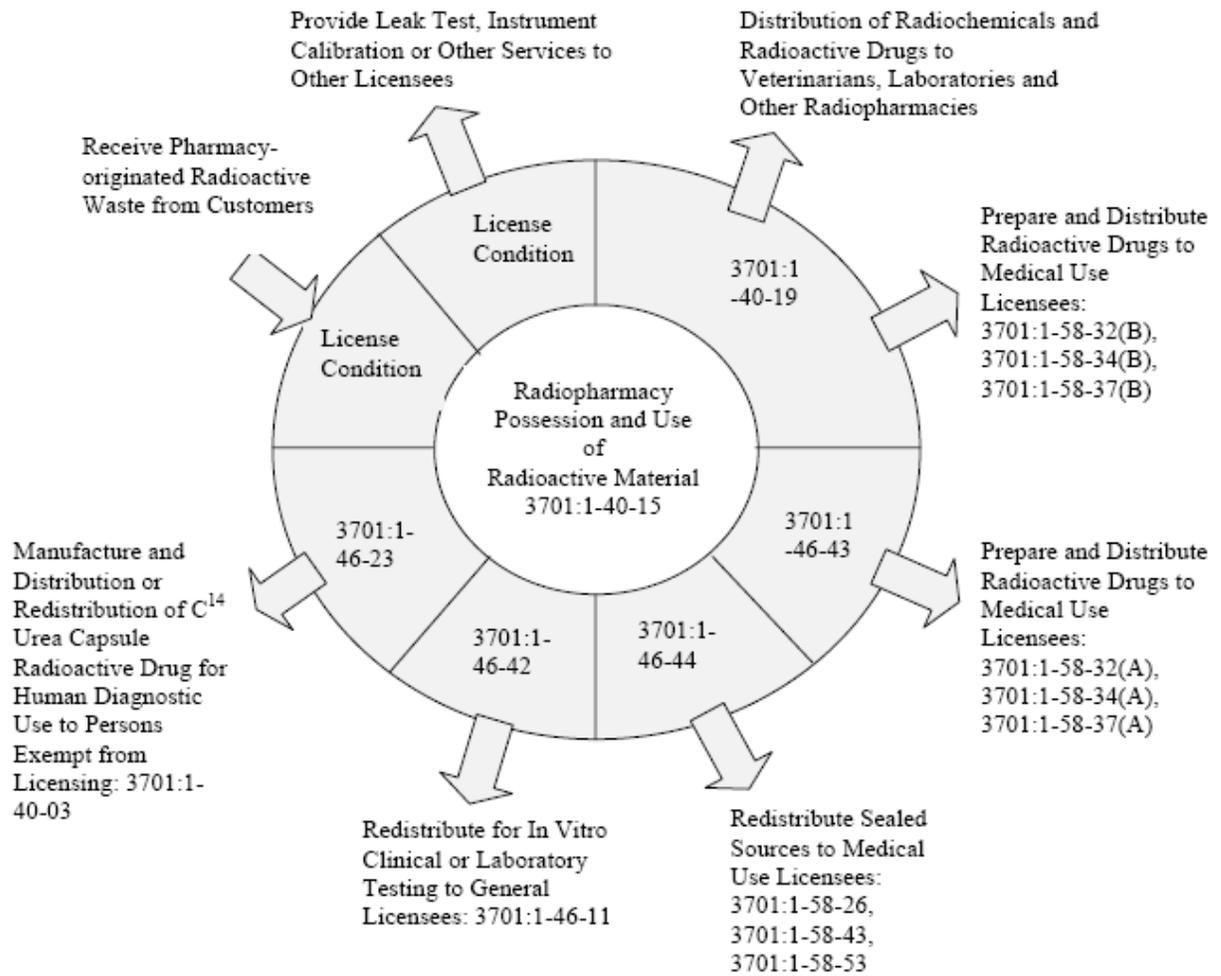


Figure 8.2 Purpose Wheel

Figure 8.2 Description	
Activities	Authorized By
Provide Leak Test, Instrument Calibration or Other Services to other Licensees	License Condition
Distribution of Radiochemicals and Radioactive Drugs to Veterinarians, Laboratories and Other Radiopharmacies	3701:1-40-19
Prepare and Distribute Radioactive Drugs to Medical Use Licensees: 3701:1-58-32(B), 3701:1-58-34(B), 3701:1-58-37(B)	
Prepare and Distribute Radioactive Drugs to Medical Use Licensees: 3701:1-58-32(A), 3701:1-58-34(A), 3701:1-58-37(A)	3701:1-46-43
Redistribute Sealed Sources to Medical Use Licensees: 3701:1-58-26, 3701:1-58-43, 3701:1-58-53	3701:1-46-44
Redistribute for In Vitro Clinical or Laboratory Testing to General Licensees: 3701:1-46-11	3701:1-46-42
Manufacture and Distribution or Redistribution of C ¹⁴ Urea Capsule Radioactive Drug for Human Diagnostic Use to Persons Exempt from Licensing: 3701:1-40-03	3701:1-46-23
Receive Pharmacy Originated Radioactive Waste from Customers	License Condition

8.6.1 DISTRIBUTION AND REDISTRIBUTION OF SEALED AND UNSEALED MATERIALS

Regulations: rules 3701:1-40-19, 3701:1-46-42, 3701:1-46-43, and 3701:1-46-44.

Criteria: The applicant must specify the radioactive material it intends to distribute and redistribute.

Discussion: Radiochemicals are those materials that either require further manipulation to be suitable for human use or are not intended for human use. Examples include raw materials received from a non-3701:1-46-43 supplier (chemical grade materials). Radioactive drugs are those materials suitable for human use and include radiobiologics (e.g., monoclonal antibodies and technetium-99m-tagged red blood cells) and radiopharmaceuticals. However, the terms, “radiopharmaceutical” and “radioactive drug” will be used interchangeably in this guidance document, and reference to one is not meant to exclude the other.

Distribution activities are normally classified as either “distribution” or “redistribution.” “Distribution” applies to those radioactive drugs and radiochemicals initially prepared by the pharmacy. “Redistribution” refers to those materials received from another person, authorized pursuant to either rules 3701:1-46-42, 3701:1-46-43 or 3701:1-46-44 of the OAC, depending on

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the product distributed (i.e., *in vitro* kits, other radiopharmaceuticals or sealed sources for medical use, respectively).

The distribution of radioactive materials to other persons requires specific approval from the director, either by OAC regulation or by a license authorizing the activity. The initial distribution of radioactive drugs for medical use must be prepared by a person licensed pursuant to rule 3701:1-46-43 of the OAC. The redistribution of *in vitro* kits and sealed sources containing byproduct material for medical use is authorized pursuant to rules 3701:1-46-42 and 3701:1-46-44 of the OAC, respectively, provided that the materials are not repackaged and the labels are not altered. The *in vitro* kits and sealed sources for medical use intended for redistribution must be initially distributed by a person licensed pursuant to rules 3701:1-46-42 or 3701:1-46-44 of the OAC, respectively. The transfer of radioactive materials for non-medical use, including radiochemicals, and sealed calibration and reference sources, is authorized pursuant to rule 3701:1-40-19 of the OAC.

All radioactive material listed above shall be distributed only to persons authorized by an NRC or Agreement State license to receive such materials, or by a general license (3701:1-46-11 of the OAC, or equivalent NRC or Agreement State regulation) to receive *in vitro* test materials.

Initial distribution of unsealed byproduct material in the form of radiopharmaceuticals intended for human diagnostic and therapeutic use by medical licensees comprises the bulk of virtually all radiopharmacy activities. Prior to the transfer, distribution or redistribution of any licensed material, the radiopharmacy must verify that the transferee's license authorizes the receipt of the type, form and quantity of byproduct material to be transferred. The pharmacy should verify that the address to which radioactive materials are delivered is an authorized location of use listed on the customer's license.) Four methods that can be used to meet the license verification requirement are listed in rule 3701:1-40-19(C) of the OAC. The most common form of verification is for the radiopharmacy to possess a valid copy of the customer's radioactive materials license.

Response From Applicant: Provide the following, as applicable:

For radiopharmaceuticals:

- Confirm that radiopharmaceuticals will be prepared under the supervision of an ANP or will be obtained from a supplier authorized pursuant to rule 3701:1-46-43 of the OAC, or under equivalent NRC or Agreement State requirements; and
- Describe all licensed material to be distributed or redistributed.

For generators:

- Confirm that the generators will be obtained from a manufacturer licensed pursuant to rule 3701:1-46-43 of the OAC, or under equivalent Agreement State requirements; and
- Confirm that unused generators will be redistributed without opening or altering the manufacturer's packaging.

For redistribution of used generators:

- Describe the procedures and instructions for safely repackaging the generators, including the use of the manufacturer's original packaging and minimization of migration of radioactive

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fluids out of the generator during transport;

- Confirm that the manufacturer's packaging and labeling will not be altered;
- Confirm that the generator will not be distributed beyond the expiration date shown on the generator label;
- Confirm that the redistributed generator will be accompanied by the manufacturer-supplied leaflet or brochure that provides radiation safety instructions for handling and using the generator; and
- Confirm that only generators used in accordance with the manufacturer's instructions will be redistributed.

Note: Although redistribution of used generators may be authorized by the director, the director's approval does not relieve the licensee from complying with applicable FDA or other federal and state requirements.

For redistribution of sealed sources — for brachytherapy or diagnosis:

- Confirm that the sealed sources for brachytherapy or diagnosis to be redistributed will be obtained from a manufacturer authorized to distribute sealed sources for brachytherapy or diagnosis in accordance with a specific license issued pursuant to rule 3701:1-46-44 of the OAC, or under equivalent NRC or Agreement State requirements; and
- Confirm that the manufacturer's packaging, labeling and shielding will not be altered and redistributed sources will be accompanied by the manufacturer-supplied package insert, leaflet, brochure or other document that provides radiation safety instructions for handling and storing the sources.

For redistribution of calibration and reference sealed sources:

- Confirm that calibration and reference sealed sources to be redistributed to medical use licensees will be obtained from a person licensed pursuant to rule 3701:1-46-44 of the OAC or under equivalent Agreement State requirements, to initially distribute such sources; and
- Confirm that the manufacturer's labeling and packaging will not be altered and redistributed sources will be accompanied by the manufacturer-supplied calibration certificate and the leaflet, brochure or other document that provides radiation safety instructions for handling and storing the sources.

For redistribution of prepackaged units for *in vitro* tests:

- Confirm that the prepackaged units for *in vitro* tests to be redistributed will have been obtained from a manufacturer authorized to distribute the prepackaged units for *in vitro* tests in accordance with a specific license issued pursuant to rule 3701:1-46-42 of the OAC, or under an equivalent NRC or Agreement State license.

For redistribution to general licensees:

- Confirm that the manufacturer's packaging and labeling of the prepackaged units for *in vitro* tests will not be altered in any way; and
- Confirm that each redistributed prepackaged unit for *in vitro* tests will be accompanied by the manufacturer-supplied package insert, leaflet or brochure that provides radiation safety

instructions for general licensees.

For redistribution to specific licensees:

- Confirm that the labels, package insert, leaflet, brochure or other documents accompanying the redistributed prepackaged units for *in vitro* tests will NOT reference general licenses, exempt quantities, or Ohio, NRC or Agreement State regulations that authorize a general license (e.g., rule 3701:1-46-11 of the OAC); and
- Confirm that the labeling on redistributed prepackaged units for *in vitro* tests will conform to the requirements of rule 3701:38-18 of the OAC.

For redistribution of discrete sources of radium-226:

- Confirm that the discrete sources of radium-226 will be obtained by a manufacturer authorized to distribute it.
- Confirm that the manufacturer's packaging, labeling and shielding will not be altered and redistributed sources will be accompanied by the manufacturer-supplied package insert, leaflet, brochure or other document that provides radiation safety instructions for handling and storing sources.

8.6.2 PREPARATION OF RADIOPHARMACEUTICALS

Regulation: rule 3701:1-46-43(B).

Criteria: The preparation of radiopharmaceuticals for commercial distribution to medical users requires specific authorization.

Discussion: The bulk of radiopharmacy activities involve the preparation of radiopharmaceuticals for commercial distribution to medical users.

Response From Applicant: The applicant should indicate the types of radiopharmaceutical preparation activities it intends to perform (e.g., compounding of iodine-131 capsules, radioiodination, chemical synthesis of PET radiopharmaceuticals and technetium-99m kit preparation).

8.6.3 SEALED SOURCES FOR CALIBRATION AND CHECKS AND POSSESSION OF DISCRETE SOURCES OF RADIUM-226 AND DEPLETED URANIUM

Regulation: rules 3701:1-40-15, 3701:1-40-14(E), 3701:1-46-49.

Criteria: The applicant must specify the uses for discrete sources of radium-226, sealed sources for reference and calibration and depleted uranium for shielding.

Discussion: The applicant should describe the intended use of discrete sources of radium-226 and sealed sources. This will normally be for calibration and checks performed only on the applicant's instruments and equipment. Any sources intended for use in a specific instrument calibration device should be identified, along with the manufacturer and model number of the device. The use of depleted uranium for shielding, (e.g., incorporated into molybdenum-99/technetium-99m generators) should also be specified, if appropriate.

Response from Applicant: Supply specific information concerning the use of discrete sources

of radium-226, sealed sources for reference and calibration and depleted uranium for shielding.

8.6.4 SERVICE ACTIVITIES

Regulation: rule 3701:1-40-15(A)(1).

Criteria: The applicant must specify the radiation protection services it intends to provide to other licensees (e.g., customers), if the service involves the applicant's possession of licensed material (e.g., calibration sources and leak test samples).

Discussion: If the applicant intends to provide radiation protection services to customers, the services must be described. Typically these services include instrument calibration and sealed source leak testing. Specific guidance regarding requests to provide service activities is included in NUREG-1556, Vol. 18, "Program-Specific Guidance About Service Provider Licenses," dated November 2000.

Response from Applicant: Specify the customer radiation protection services involving licensed material that will be provided. The applicant should submit specific procedures for all service activities that it intends to provide.

8.7 ITEM 7: INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE

Regulations: rule 3701:1-40-15(A)(3).

Criteria: The RSO, authorized users (AUs) and authorized nuclear pharmacists (ANPs) must have adequate training and experience.

Discussion: Individuals responsible for the radiation protection program are licensee senior management, the RSO, ANPs and AUs. The director requires that an applicant be qualified by training and experience to use licensed materials for the purposes requested in such a manner as to protect health and minimize danger to life or property. Specific criteria are given in rule 3701:1-58-20(B) and 3701:1-46-43(B) for acceptable training and experience for ANPs. The minimum training and experience criteria for RSOs and AUs, although not specifically described in ODH regulations for radiopharmacy licensees, should include a bachelor's degree in a physical science, or equivalent and previous experience handling and supervising similar activities. Applicants should note a résumé or curriculum vitae does not usually supply all the information needed to evaluate an individual's training and experience. The director holds the licensee responsible for the radiation protection program; therefore, it is essential that strong management controls and oversight exist to ensure licensed activities are conducted properly. Management responsibility and liability are sometimes underemphasized or not addressed in applications and are often poorly understood by licensee employees and managers. Senior management should delegate to the RSO, in writing, sufficient authority, organizational freedom and management prerogative to communicate with and direct personnel regarding ODH regulations and license provisions and to terminate unsafe activities involving byproduct material. The licensee maintains the ultimate responsibility, nevertheless, for the conduct of licensed activities.

Response from Applicant: Refer to the subsequent sections specific to the individuals described above. Applicants should submit an organizational chart describing the management structure, reporting paths and the flow of authority between executive management and the RSO.

8.7.1 RADIATION SAFETY OFFICER (RSO)

Regulations: rule 3701:1-40-15(A)(3).

Criteria: Each licensee must appoint a qualified individual to act as the RSO. The RSO must have adequate training and experience.

Discussion: The director requires the name, training and experience of the proposed RSO to ensure that the applicant has identified a responsible, qualified person to oversee the Radiation Safety Program. When selecting an RSO, the applicant should keep in mind the duties and responsibilities of the position, and select an individual who is qualified and has the time and resources to fulfill those duties and responsibilities. Typical duties and responsibilities of a radiopharmacy RSO are included in Appendix H.

The RSO needs a level of basic technical knowledge sufficient to understand the work to be performed with byproduct materials at the radiopharmacy and to be qualified by training and experience to perform the duties required for that position. Any individual who has sufficient training and experience to be named as an ANP is also considered qualified to serve as the facility RSO. The same is true for an AU who has had adequate training and experience in the radiation safety aspects associated with the use of similar types of byproduct material.

The training and experience requirements for the RSO may be met by any of the following:

- Qualification as an ANP;
- Identification as an AU on the license and experience in the use of the types and quantities of licensed material for which the individual has RSO responsibilities; or
- Didactic and work experience.

In order to demonstrate adequate training and experience, the RSO should have (1) as a minimum, a college degree at the bachelor level, or equivalent training and experience in physical, chemical, biological sciences or engineering; and (2) training and experience commensurate with the scope of proposed activities. Training should include the following subjects:

- Radiation protection principles;
- Characteristics of ionizing radiation;
- Units of radiation dose and quantities;
- Radiation detection and measurement instrumentation;
- Biological hazards of exposure to radiation (appropriate to types and forms of byproduct material to be used);
- ODH regulatory requirements and standards; and
- Hands-on use of radioactive materials commensurate with the uses proposed by the applicant.

The length of training and experience will depend upon the type, form, quantity and proposed use of the licensed material requested. The proposed RSO's training and experience should be sufficient to identify and control the anticipated radiation hazards. The requisite training may be

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obtained from formal courses consisting of lectures and laboratories designed for RSOs presented by academic institutions, commercial radiation safety consulting companies or appropriate professional organizations. Each hour of training may be counted only once and should be allocated to the most representative topic.

On-the-job training may not be counted toward the hours documenting length of training unless it was obtained as part of a formal training course. A “formal” training course is one that incorporates the following elements:

- A detailed description of the content of the course is maintained on file at the sponsoring institution and can be made available to the director upon request;
- Evidence that the sponsoring institution has examined the student’s knowledge of the course content is maintained on file at the institution and can be made available to the director upon request. This evidence of the student’s overall competency in the course material should include a final grade or percentile; and
- A permanent record that the student successfully completed the course is kept at the institution.

The qualifications described above apply only to an RSO for a radiopharmacy that prepares radioactive drugs or redistributes other products. NMS-LIC-21, “Consolidated Guidance About Materials Licenses: Program-specific Guidance About Possession License for Production of Radioactive Materials Using an Accelerator,” provides training and experience guidance for individuals who will be RSOs at radionuclide production facilities.

Response from Applicant: Provide the following:

- Name of the proposed RSO;

AND

- A copy of the license (NRC or Agreement State) that authorized the uses requested and on which the individual was specifically named as the RSO, ANP, or AU;

OR

- Description of the training and experience demonstrating the proposed RSO is qualified by training and experience applicable to commercial nuclear pharmacies.

Note: See Tables G-1 and G-2 in Appendix G for convenient formats to use for documenting hours of training in basic radioisotope handling techniques and hours of experience using radioisotopes.

8.7.2 AUTHORIZED NUCLEAR PHARMACIST (ANP)

Regulations: rules 3701:1-58-09; 3701:1-46-43(B)(2), (4) and (5); 3701:1-58-01; 3701:1-58-20; 3701:1-58-21; and 3701:1-58-22.

Criteria: The ANP must be a state-licensed or state-registered pharmacist with adequate training and experience.

Discussion: Each commercial nuclear pharmacy must have an ANP to prepare or supervise the preparation of radioactive drugs for medical use. Any individual who is not qualified to be an

ANP may work under the supervision of an ANP.

The criteria for a pharmacist to work as an ANP at a commercial radiopharmacy are described in rule 3701:1-46-43(B)(2) and (4). This section of the regulation refers to the definition of an ANP in rule 3701:1-58-01, “Definitions,” the training and experience criteria described in rule 3701:1-58-20(B), “Training for an Authorized Nuclear Pharmacist,” and recentness criteria described in rule 3701:1-58-22, “Recentness of Training.” Successful completion of training as described in rule 3701:1-58-20(B) within seven years preceding the date of the application, is evidence of adequate training and experience. Additional training and experience may be necessary if the time interval is greater than seven years. Applicants may find it convenient to present this documentation using ODH “Training, Experience and Preceptor Statement” Form (ANP) in Appendix G. Each hour of training may be listed only once, (i.e., under the most applicable category). The recentness of training requirements apply to board certification as well as to other recognized training pathways.

On-the-job training may not be counted toward the hours listed above unless it was obtained as part of a formal training course. A “formal” training course is one that incorporates the following elements:

- A detailed description of the content of the course is maintained on file at the sponsoring institution and can be made available to ODH upon request;
- Evidence that the sponsoring institution has examined the student’s knowledge of the course content is maintained on file at the institution and can be made available to ODH upon request. This evidence of the student’s overall competency in the course material should include a final grade or percentile; and
- A permanent record that the student successfully completed the course is kept at the institution.

Response from Applicant: For each proposed ANP, provide the following:

- Name of the proposed ANP;

AND

For an individual previously identified as an ANP on an Ohio NRC or Agreement State license or permit or by a commercial nuclear pharmacy that has been authorized to identify ANPs:

- A copy of the Ohio, NRC or Agreement State license or a copy of a permit issued by an NRC Master Material Licensee, a permit issued by an Ohio, NRC or Agreement State broad-scope licensee or a permit issued by an NRC Master Material License broad-scope licensee on which the individual was named an ANP or a copy of an authorization as an ANP from a commercial nuclear pharmacy that has been authorized to identify ANPs;

OR

For an individual qualifying under rule 3701:1-58-20:

- Copy of the certification(s) of the specialty board whose certification process has been recognized² under 3701:1-58-20(A);

AND

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- Written attestation, signed by a preceptor ANP, that training and experience required for certification have been satisfactorily completed and that a level of competency sufficient to function independently as an ANP has been achieved;

OR

- Description of the training and experience specified in 3701:1-58-20(B) demonstrating the proposed ANP is qualified by training and experience;

AND

- Written attestation, signed by a preceptor ANP, that the above training and experience have been satisfactorily completed and a level of competency sufficient to function independently as an ANP has been achieved;

AND

- If applicable, description of recent related continuing education and experience as required by rule 3701:1-58-22.

Notes:

- ODH “Training, Experience and Preceptor Statement” Form (ANP), “Authorized Nuclear Pharmacist Training and Experience and Preceptor Attestation [rule 3701:1-58-22],” may be used to document training and experience (See Appendix G).
- Licensees must notify the director under rule 3701:1-58-09 within 30 days if an ANP permanently discontinues his or her duties under the license or has a name change.

OR

For an individual qualifying under rule 3701:1-46-13(B)(5):

- The individual is designated as an ANP who prepares only radioactive drugs containing accelerator-produced radioactive material;

AND

- The individual practiced at a pharmacy at a government agency or federally recognized Indian tribe before April 8, 2007, or at all other pharmacies before Aug. 8, 2009, or an earlier date as noticed by NRC.

Descriptions of training and experience will be reviewed using the criteria listed above. The director will review the documentation to determine if the applicable criteria in chapter 3701:1-58 of the OAC are met. If the training and experience do not appear to meet the criteria in chapter 3701:1-58, the director may request additional information from the applicant in evaluating such training and experience.

The names of board certifications that have been recognized by NRC or an Agreement State are posted on NRC’s Web page <http://www.nrc.gov/materials/miau/med-use-toolkit.html>.

8.7.3 AUTHORIZED USERS (AU)

Regulation: rule 3701:1-40-15(A)(3).

Criteria: Authorized users (AUs) must have adequate training and experience with the types and quantities of licensed material that they propose to use.

Discussion: If the applicant intends to perform functions other than the preparation and distribution of radioactive drugs, the applicant may request that an individual other than an ANP perform and/or supervise those functions. This individual, if approved, would be designated on the license as an AU. These other functions may include leak testing of sealed sources or instrument calibration services for the pharmacy and its customers; however, the term Authorized User, as used in this document, should not be confused with the definition of an “Authorized User” contained in rule 3701:1-58-01 for medical use.

In order to demonstrate adequate training and experience, the proposed AU should have (1) as a minimum, a college degree at the bachelor level, or equivalent training and experience in physical, chemical, biological sciences or engineering; and (2) training and experience commensurate with the scope of proposed activities. Training should include the following subjects:

- Radiation protection principles;
- Characteristics of ionizing radiation;
- Units of radiation dose and quantities;
- Radiation detection and measurement instrumentation;
- Biological hazards of exposure to radiation (appropriate to types and forms of byproduct material to be used);
- ODH regulatory requirements and standards; and
- Hands-on use of radioactive materials commensurate with uses proposed by the applicant.

The length of training and experience listed above will depend upon the type, form, quantity and proposed use of the licensed material requested. The proposed AU’s training and experience should be sufficient to identify and control the anticipated radiation hazards. The above training may be obtained from formal radiation safety courses consisting of lectures and laboratories presented by academic institutions, commercial radiation safety consulting companies or appropriate professional organizations. Each hour of training may be counted only once and should be allocated to the most representative topic.

On-the-job training may not count toward the hours listed above unless it was obtained as part of a formal training course. A “formal” training course is one that incorporates the following elements:

- A detailed description of the content of the course is maintained on file at the sponsoring institution and can be made available to the director upon request;

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- Evidence that the sponsoring institution has examined the student’s knowledge of the course content is maintained on file at the institution and can be made available to the director upon request. The evidence of the student’s overall competency in the course material should include a final grade or percentile; and
- A permanent record that the student successfully completed the course is kept at the institution.

The AU must demonstrate training and experience with the type and quantity of material that is to be used at the pharmacy. For example, someone with training and experience only with microcurie quantities of unsealed radioactive material may not be qualified to use or supervise the use of higher-activity sealed radioactive sources for instrument calibration. Applicants should pay particular attention to the type of radiation involved. For example, someone experienced with gamma emitters may not have appropriate experience for high-energy beta emitters.

Note that for applicants that produce radioactive material using an accelerator, the individual who handles byproduct materials during the maintenance and repair of an accelerator or other related equipment should also be considered an AU. However, training and experience documentation for these individuals should be submitted with the license application for radionuclide production as specified in draft NMS-LIC-21, “Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Possession License for Production of Radioactive Materials Using an Accelerator.”

Response from Applicant: For each proposed AU:

- Name of each proposed AU;

AND

- Types, quantities and proposed uses of licensed material;

AND

- A copy of the license (State of Ohio, NRC or Agreement State) on which the individual was specifically named as an AU for the types, quantities and proposed uses of licensed materials;

OR

- A copy of the permit maintained by a licensee of broad scope that identifies the individual as an AU for the types, quantities, and proposed uses of licensed materials;

OR

- Description of the training and experience demonstrating the proposed AU is qualified by training and experience to use the requested licensed materials. The applicant may find it convenient to describe this training and experience using a format similar to Tables G-1 and G-2 in Appendix G.

8.8 ITEM 8: TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS

8.8.1 OCCUPATIONALLY EXPOSED WORKERS AND ANCILLARY PERSONNEL

Regulations: rules 3701:1-38-10, 3701:1-38-11(E)(1) and 3701:1-40-15(A)(3).

Criteria: Individuals working with licensed material must receive radiation safety training commensurate with their assigned duties and specific to the licensee's Radiation Safety Program. In addition, those individuals who, in the course of employment, are likely to receive in a year a dose in excess of 100 mrem (1 mSv) must be instructed according to rule 3701:1-38-10 of the OAC.

Discussion: Under rule 3701:1-38-11(E)(1), each licensee is required to develop, document and implement a radiation protection program commensurate with the scope and extent of licensed activities and sufficient to ensure compliance with chapter 3701:1-38 of the OAC. Each individual working with radioactive material must be trained in the radiation safety procedures applicable to his/her job before beginning work with licensed materials. Licensees should not assume safety instruction has been adequately covered by prior employment or training. Practical, site-specific training should be provided for all individuals prior to beginning work with, or in the vicinity of, licensed material. Training should also be performed whenever there is a significant change in duties, procedures, regulations or terms of the license. Each individual should also receive periodic refresher training at least annually to ensure all staff remain adequately trained.

Additional training is required if an individual is likely to receive a dose in excess of 1 mSv (100 mrem) in a year. ANPs and others involved in the preparation of radiopharmaceuticals are most likely to receive doses in excess of 1 mSv (100 mrem) in a year; however, potential radiation doses received by all employees must also be evaluated. The evaluation must include consideration of assigned activities during both normal and abnormal situations involving exposure to radiation and/or radioactive material that can reasonably be expected to occur during licensed activities.

If individuals making deliveries of radioactive material at the licensee's facility are likely to receive a dose in excess of 1 mSv (100 mrem) in a year from the licensee's activities, the licensee is responsible for ensuring the person has received the training specified in chapter 3701:1-38, regardless of whether that person is an employee of the licensee. If the training has been provided by someone else (such as the shipper or another licensee), the licensee does not have to provide training except for instruction in site-specific radiation hazards.

Training may be in the form of lecture, demonstrations, videotape or self-study, and should emphasize practical subjects important to the safe use of licensed material. A method for asking questions should be provided for individuals receiving instructions and training. The licensee should determine whether the training succeeded in conveying the desired information and adjust the training program as necessary. The person conducting the training should be a qualified individual (e.g., RSO, ANP, AU or radiation safety professional familiar with the licensee's program).

Licensee personnel who work in the vicinity of, but do not handle radioactive materials (ancillary staff), are not required to have radiation safety training as long as they are not likely to receive 1 mSv (100 mrem) in a year; however, to minimize potential radiation exposure when ancillary staff are working in the vicinity of radioactive material, it is prudent for them to work under the supervision and in the physical presence of an ANP/AU or to be provided some basic radiation safety training. Such ancillary staff should be informed of the nature and location of the radioactive material and the meaning of the radiation symbol, and should be instructed not to handle radioactive materials and to keep away from it as much as their work permits.

Some ancillary staff, although not likely to receive doses over 1 mSv (100 mrem), should receive training to ensure adequate security and control of licensed material. Licensees may provide these individuals with training commensurate with their assignments in the vicinity of the radioactive material to ensure the control and security of the material.

The guidance in Appendix N may be used by the applicant to develop a training program.

Response from Applicant: State, “We have developed and will implement and maintain written procedures for a training program for each group of workers, including: topics covered; qualifications of the instructors; method of training; method for assessing the success of the training; and the frequency of training and refresher training.”

8.8.2 PERSONNEL INVOLVED IN HAZARDOUS MATERIALS PACKAGE PREPARATION AND TRANSPORT

Regulation: 49 CFR 172.700; 49 CFR 172.702; 49 CFR 172.704 as delineated in rule 3701:1-50-05 of the OAC.

Criteria: Applicants must train personnel involved in the preparation and transport of hazardous material packages in the applicable DOT regulations.

Discussion: Licensees who prepare packages of radioactive materials or who transport their own packages must provide training to their employees who perform those functions. The training must include:

- General awareness and familiarization training designed to provide familiarity with DOT requirements, and the ability of the employee to recognize and identify hazardous materials;
- Function-specific training concerning the DOT requirements that are specifically applicable to the functions the employee performs, (e.g., if the employee’s duties require affixing DOT radioactive labels to packages, the employee must receive training in DOT’s regulations governing package labeling);
- Safety training concerning emergency response information, discussed above; measures to protect the employee and other employees from the hazards associated with the hazardous materials to which they may be exposed in the workplace; and methods of avoiding accidents, such as the proper procedures for handling packages containing hazardous materials; and

- Security awareness training: training regarding awareness of security risks associated with hazardous materials transportation and methods designed to enhance transportation security.

The training must be provided initially, and every three years thereafter. Records of training must be maintained.

Note: The licensee is not responsible for providing DOT-required hazardous materials training to common carriers to whom the pharmacy offers radioactive materials packages for transport.

Response from Applicant: Submit the following statement: “We have developed and will implement and maintain written procedures for training personnel involved in hazardous materials package preparation and transport that meet the requirements in 49 CFR 172.700, 49 CFR 172.702, and 49 CFR 172.704, as delineated in rule 3701:1-50-05 of the Ohio Administrative Code, as applicable.”

8.8.3 INSTRUCTION FOR SUPERVISED INDIVIDUALS PREPARING RADIOPHARMACEUTICALS

Regulations: rules 3701:1-46-43(B)(1), 3701:1-58-14(B).

Criteria: Individuals who prepare byproduct material for medical use under the supervision of an ANP must be instructed in the preparation of byproduct material for medical use, the principles of radiation safety and the licensee’s procedures for the use of byproduct material; must follow the instructions given; and must have their work, and records kept to reflect their work, periodically reviewed by the supervising ANP.

Discussion: The applicant must instruct supervised individuals in the preparation of byproduct material for medical use and require those individuals to follow their instructions, the written radiation protection program, license conditions and NRC regulations. The supervising ANP must review the work of supervised individuals in the preparation of byproduct material for medical use and the records kept to reflect that work. If an ANP is always physically present when radioactive drugs are prepared, supervision may be fulfilled by the day-to-day instruction and review of the supervised individual by the ANP.

An ANP is considered to be supervising the use of radioactive materials when directing personnel in the conduct of operations involving licensed materials. The ANP need not be present at all times during the use of such materials; however, the supervising ANP is responsible for ensuring personnel under supervision have been properly trained and instructed. The supervising ANP is therefore responsible for the supervision of operations involving the use of radioactive materials, whether or not he or she is present.

Ohio rules and regulations do not relieve the licensee from complying with applicable Department of Health and Human Services (Food and Drug Administration), other federal and state requirements governing radioactive drugs. From the director’s perspective, if the supervision requirements are met, it is permissible for the licensee to allow the supervised individual to prepare radiopharmaceuticals without the presence of the ANP. It is the licensee’s responsibility to ensure its practices comply with any additional state requirements concerning this issue.

Response from Applicant: No response from the applicant is necessary. Supervision will be reviewed during inspection.

8.9 ITEM 9: FACILITIES AND EQUIPMENT

8.9.1 FACILITIES AND EQUIPMENT FOR RADIOPHARMACIES

Regulations: rules 3701:1-46-43(A)(2), 3701:1-40-15(A)(2), 3701:1-38-22, 3701:1-38-11(E)(2), 3701:1-40-17(I).

Criteria: A radiopharmacy must demonstrate it is a pharmacy. Facilities and equipment must be adequate to protect health and minimize danger to life or property, minimize the likelihood of contamination and keep exposures to workers and the public ALARA.

Discussion: An applicant must demonstrate it is a pharmacy by submitting evidence of at least one of the following:

- Licensure as a pharmacy by a State Board of Pharmacy; or
- Operation as a nuclear pharmacy within a Federal medical institution.

If the registration or license has not been issued by the State Board of Pharmacy at the time of application, the applicant may provide it at a later date, but prior to license issuance from the director.

Applicants must provide the director with documentation demonstrating their facilities and equipment provide sufficient engineering controls and barriers to protect the health and safety of the public and their employees. The facilities and equipment must also keep exposures to radiation and radioactive materials ALARA, and minimize the risks from the uses of the types and quantities of radioactive materials. The applicant should provide clear delineations between its restricted and unrestricted areas through the use of barriers, postings, and worker instructions.

Applicants may delay completing facilities and acquiring equipment until after the application review is completed, in case changes are required as a result of the application review. This also ensures the adequacy of the facilities and equipment before the applicant makes a significant financial commitment. In all cases, the applicant cannot possess or use licensed material until after the facilities are approved, equipment is procured and the license is issued.

It is important to note that applicants who plan to amend their license to add the use and distribution of high-energy gamma-/photon-emitting radionuclides, such as PET radionuclides, to their operations should ensure their facilities and equipment are adequate to handle the higher radiation levels. Most likely, applicants will need to add and/or replace shielding, modify ventilation and air filtration systems and possibly modify the facility's design to accommodate the higher energy radionuclides.

Applicants are reminded that records important to decommissioning are required to be maintained in an identifiable location. For further information, see the section titled, "Financial Assurance and Recordkeeping for Decommissioning."

Response from Applicant: Applicants must provide: Copies of their registration or license from a State Board of Pharmacy as a pharmacy; or evidence that they are operating as a nuclear pharmacy within a federal medical institution;

Note: If the applicant's particular activities are not recognized as the practice of commercial radiopharmacy, the applicant must submit evidence it is registered or licensed with the state or

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FDA as a drug manufacturer. Refer to NMS-LIC-12, for guidance on drug manufacturer requirements.

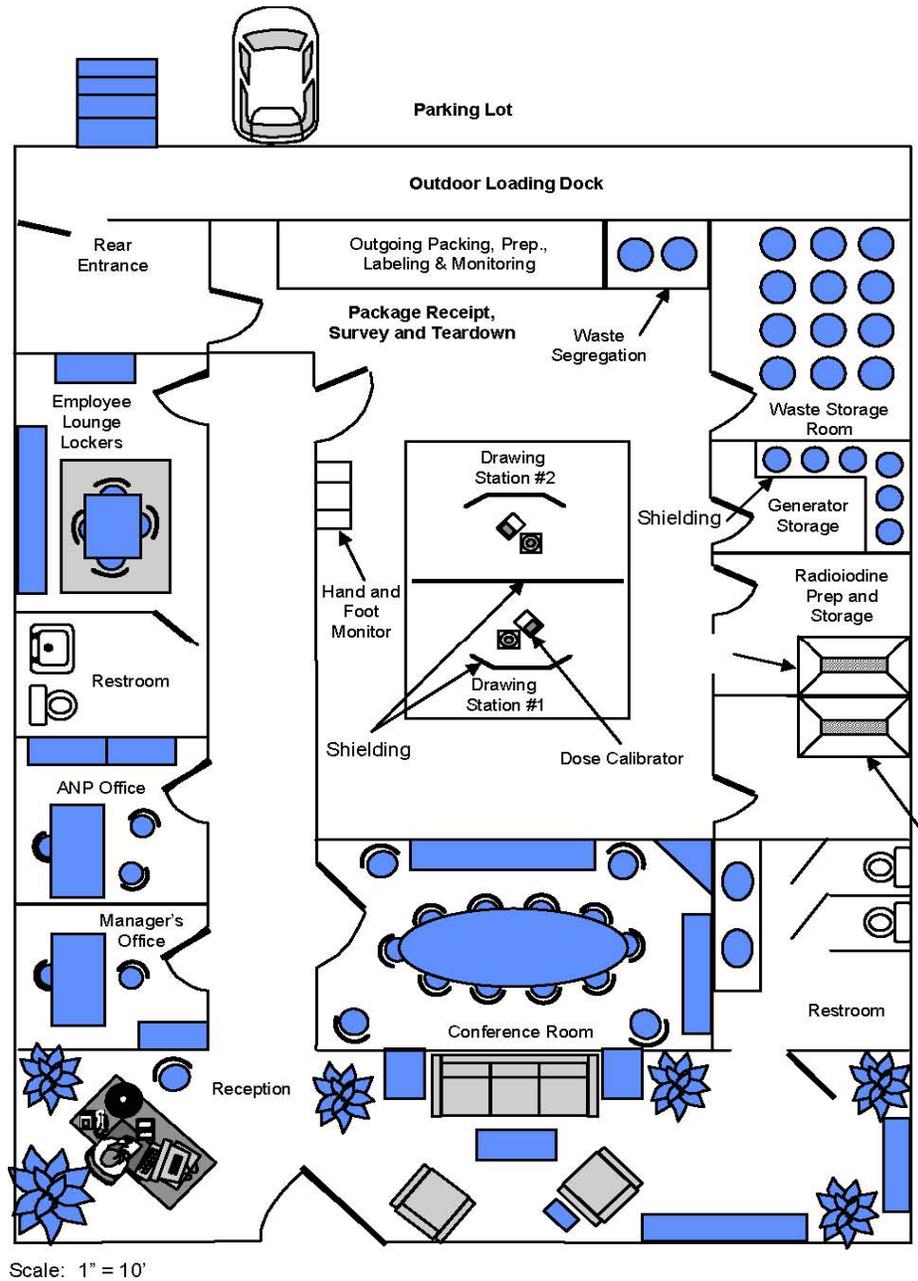
AND

- Description of the facilities and equipment to be made available at each location where radioactive material will be used. A diagram should be submitted showing the applicant's entire facility and identify activities conducted in all contiguous areas surrounding the facility (see Figure 8.3). Diagrams should be drawn to a specified scale, or dimensions should be indicated.

Include the following information:

- Descriptions of the area(s) assigned for the receipt, storage, preparation and measurement of radioactive materials and the location(s) for radioactive waste storage;
- Sufficient detail in the diagram to indicate locations of shielding, the proximity of radiation sources to unrestricted areas and other items related to radiation safety;
- A general description of the ventilation system, including representative equipment such as glove boxes or fume hoods. Pertinent airflow rates, differential pressures, filtration equipment and monitoring systems should be described in terms of the minimum performance to be achieved. Confirm that such systems will be employed for the use or storage of radioactive materials with the probability of becoming airborne, such as compounding radioiodine capsules and dispensing radioiodine solutions;
- Verification that ventilation systems ensure effluents are ALARA, are within the dose limits of rule 3701:1-38-13 and are within the ALARA constraints for air emissions established under rule 3701:1-38-11(E)(4); and
- Mark drawings and diagrams that provide exact location of materials or depict specific locations of safety or security equipment as, "Security Related Information – Withhold Under 10 CFR 2.390."

SECURITY-RELATED INFORMATION - WITHHOLD UNDER 10 CFR 2.390*



SECURITY-RELATED INFORMATION - WITHHOLD UNDER 10 CFR 2.390*

* For the purposes of this NUREG, this diagram is marked appropriately for an application. This particular diagram does not contain real security-related information.

Figure 8.3 Typical Radiopharmacy Diagram.

- A general description of the ventilation system, including representative equipment such as glove boxes or fume hoods. Pertinent airflow rates, differential pressures, filtration equipment and monitoring systems should be described in terms of the minimum performance to be achieved. Confirm that such systems will be employed for the use or storage of radioactive materials with the probability of becoming airborne, such as compounding radioiodine capsules and dispensing radioiodine solutions; and
- Verification that ventilation systems ensure effluents are ALARA, are within the dose limits of rule 3701:1-38-13 and are within the ALARA constraints for air emissions established under rule 3701:1-38-11(E)(4).

8.9.2 FACILITIES AND EQUIPMENT FOR PET RADIOPHARMACIES

Regulations: rules 3701:1-46-43(A)(2), 3701:1-40-15(A)(2), 3701:1-38-22, 3701:1-38-11(E)(2), 3701:1-40-17(I).

Criteria: PET radiopharmacies must demonstrate they are registered with a state agency, licensed as a pharmacy by the state's Board of Pharmacy or operate as a nuclear pharmacy within a federal medical institution. Facilities and equipment must be adequate to protect health and minimize danger to life or property, minimize the likelihood of contamination and keep exposures to workers and the public ALARA.

Discussion: In addition to the information required for a radiopharmacy, PET radiopharmacy applicants should describe the equipment and/or method used to physically transfer (e.g., transfer lines) PET radiochemicals to the chemical synthesis equipment for radiopharmaceutical manufacturing and then to the dispensing area. The description should include shielding used for the transfer of radioactive materials and the shielding equipment (e.g., hot cells) and remote handling equipment used for chemical synthesis and/or dispensing of radiopharmaceuticals.

Due to the short half-lives of positron-emitting radionuclides, commercial PET nuclear pharmacies generally produce high amounts of activity (curies), which could lead to the potential for fairly high activities (millicuries) of effluents released in the air if the proper engineering controls are not used. Examples of some engineering controls that should be used would include exhaust filtration (e.g., HEPA and carbon filters) and/or containment for decay of effluents. It is also recommended that a continuous "real-time" effluent (stack) monitor be installed at the facility. Appendix R provides more information on effluent monitoring. Note that the majority of the radioactive effluents at a PET radiopharmacy are produced during the chemical synthesis process of the PET radiopharmaceutical.

Response from Applicant: Applicants must provide: Copies of their registration or license as a pharmacy from a State Board of Pharmacy, or evidence that they are operating as a nuclear pharmacy within a federal medical institution;

Note: If the applicant's particular activities are not recognized as the practice of commercial radiopharmacy, the applicant must submit evidence that it is registered or licensed with the State or FDA as a drug manufacturer. Refer to NMS-LIC-12, for guidance on drug manufacturer requirements.

AND

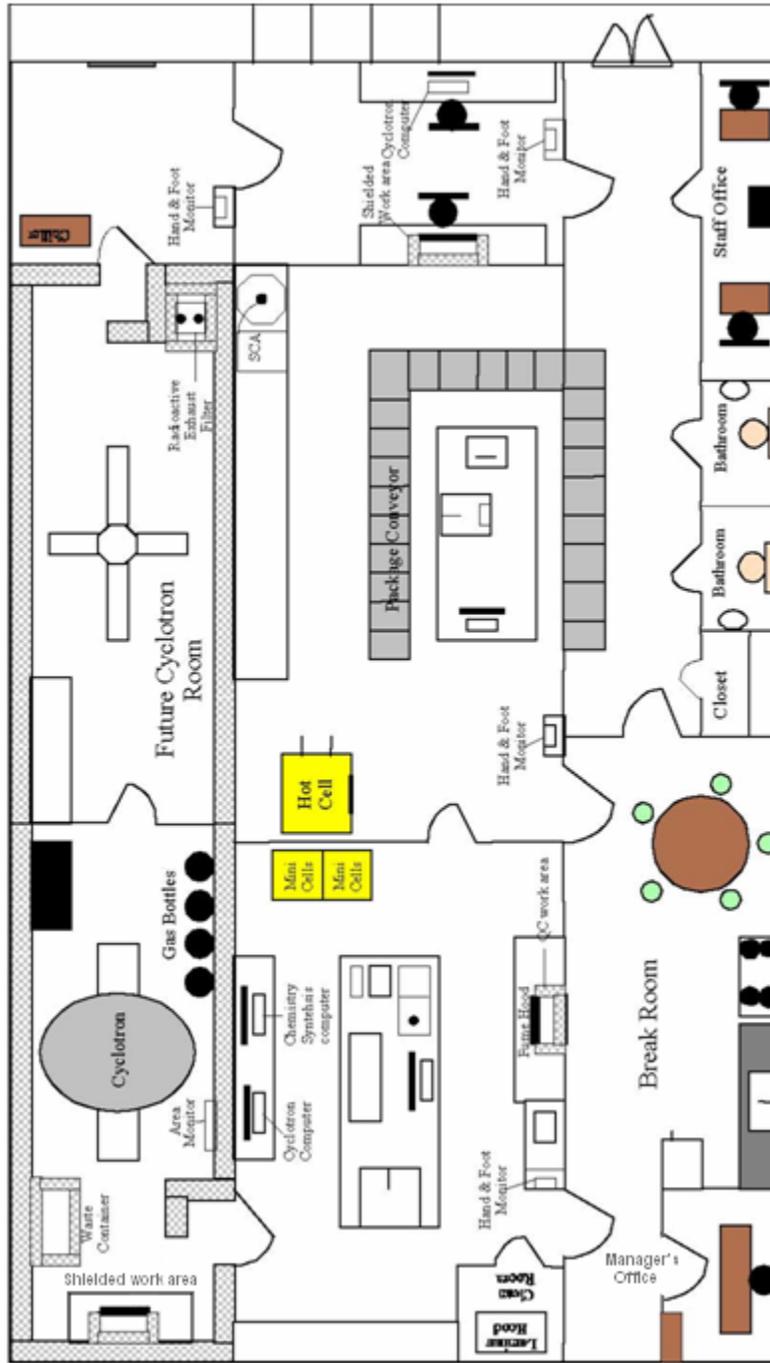
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- Description of the facilities and equipment to be made available at each location where radioactive material will be used, which includes the method used to physically transfer licensed material to the different processes (e.g., chemical synthesis, dispensing). A diagram should be submitted that shows the applicant's entire facility and identifies activities conducted in all contiguous areas surrounding the facility (see Figure 8.4). Diagrams should be drawn to a specified scale, or dimensions should be indicated.

Include the following information:

- Descriptions of the area(s) assigned for the production or receipt, storage, preparation, measurement, and distribution of radioactive materials and the location(s) for radioactive waste storage;
- Sufficient detail in the diagram to indicate locations of shielding and/or shielding equipment (e.g., hot cells for positron-emitting radionuclides), the proximity of radiation sources to unrestricted areas, and other items related to radiation safety, such as remote handling equipment and area monitors;
- A general description of the ventilation system, including representative equipment such as glove boxes or fume hoods. Pertinent airflow rates, differential pressures, filtration equipment and monitoring systems should be described in terms of the minimum performance to be achieved. Confirm that such systems will be employed for the production, use or storage of radioactive materials; and
- Verification that ventilation systems ensure effluents are ALARA, are within the dose limits of rule 3701:1-38-13 and are within the ALARA constraints for air emissions established under rule 3701:1-38-11(E)(4).

SECURITY-RELATED INFORMATION - WITHHOLD UNDER 10 CFR 2.390*



SECURITY-RELATED INFORMATION - WITHHOLD UNDER 10 CFR 2.390*

* For the purposes of this NUREG, this diagram is marked appropriately for an application. This particular diagram does not contain real security-related information.

Figure 8.4 Typical PET Radiopharmacy Diagram

8.10 ITEM 10: RADIATION SAFETY PROGRAM

8.10.1 AUDIT PROGRAM

Regulations: rules 3701:1-38-11, 3701:1-38-20.

Criteria: Licensees must review the content and implementation of their radiation protection programs annually to ensure the following:

- Compliance with State of Ohio, NRC and DOT regulations (as applicable), and the terms and conditions of the license;
- Occupational doses and doses to members of the public are ALARA (rule 3701:1-38-11); and
- Records of audits and other reviews of program content are maintained for three years.

Discussion: Appendix I contains a suggested audit program that is specific to commercial radiopharmacies and is acceptable to the director. All areas indicated in Appendix I may not be applicable to every licensee, and all items may not need to be addressed during each audit. For example, licensees do not need to address areas that do not apply to their activities, and activities that have not occurred since the last audit need not be reviewed at the next audit.

Currently, the director's emphasis during inspections is to perform actual observations of work in progress. As a part of their audit programs, applicants should consider performing unannounced audits of the radiopharmacy to observe whether radiation safety procedures are being followed, etc.

It is essential that once identified, problems be corrected comprehensively and in a timely manner; Information Notice (IN) 96-28, "Suggested Guidance Relating to Development and Implementation of Corrective Action," provides guidance on this subject. The director will review the licensee's audit results and determine if corrective actions are thorough, timely and sufficient to prevent recurrence. If violations are identified by the licensee and these steps are taken, the director can exercise discretion and will normally elect not to cite a violation. The director's goal is to encourage prompt identification and prompt comprehensive correction of violations and deficiencies.

Licensees must maintain records of audits and other reviews of program content and implementation for three years from the date of the record. The director has found audit records that contain the following information to be acceptable: date of audit, name of person(s) who conducted the audit, persons contacted by the auditor(s), areas audited, audit findings, corrective actions and follow-up.

Response from Applicant: No response is required. The licensee's program for auditing its Radiation Safety Program will be reviewed during inspection.

8.10.2 RADIATION MONITORING INSTRUMENTS

Regulations: rules 3701:1-38-14; 3701:1-46-43(C); 3701:1-40-15(A)(2); 3701:1-38-20(C).

Criteria: Licensees must possess radiation monitoring instruments to evaluate possible radiation hazards that may be present. Instruments used for quantitative radiation measurements must be calibrated periodically for the radiation measured.

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Discussion: Licensees must possess calibrated radiation detection/measurement instruments to perform, as necessary, the following:

- Package surveys;
- Personnel and facility contamination measurements;
- Sealed-source leak tests;
- Air sampling measurements;
- Bioassay measurements;
- Effluent release measurements; and
- Dose-rate surveys.

For the purposes of this document, radiation monitoring instruments are defined as any device used to measure the radiological conditions at a licensed facility. Some of the instruments that may be used to perform the above functions include:

- Portable or stationary count rate meters;
- Portable or stationary dose rate or exposure rate meters;
- Area monitors;
- Single or multichannel analyzers;
- Liquid scintillation counters (LSC);
- Gamma counters;
- Proportional counters;
- Solid-state detectors; and
- Hand and foot contamination monitors.

The choice of instrument should be appropriate for the type of radiation to be measured and for the type of measurement to be taken (count rate, dose rate, etc.). Radiopharmacies typically use a broad energy range of gamma and beta radiation emitters and need to use radiation detectors appropriate for those energies. Figure 8.5 illustrates some common survey instruments used for contamination surveys. Applicants should discuss the types of instruments to be used for each type of survey to be performed and the availability of a sufficient quantity of these instruments at their facility.

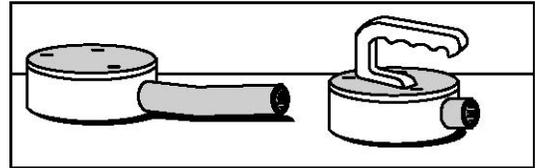
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Figure 8.5 Examples of Portable and Stationary Survey Instruments Used by Radiopharmacies

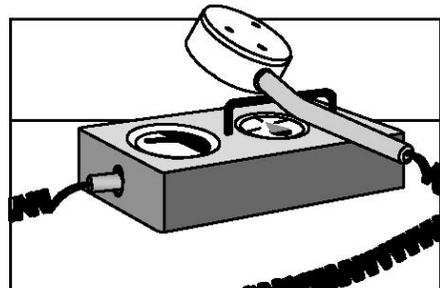
Hand and Foot Monitor



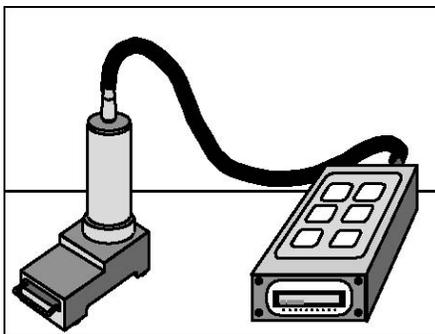
Beta/Gamma Probes



Survey Meter and Attached Beta/Gamma Probe



Contamination Detector



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Instrument calibrations may be performed by the pharmacy or by another person specifically authorized by NRC, an Agreement State or a licensing state to perform that function. If the pharmacy utilizes the services of another person for instrument calibration, the pharmacy should ensure that person has been authorized by either NRC, an Agreement State or a licensing state to perform that activity. Appendix J provides information about instrument specifications and model calibration procedures.

Response from Applicant: Provide one of the following:

- A statement that: “We will use equipment that meets the radiation monitoring instrument specifications and implement the model survey meter calibration program published in Appendix J to NMS-LIC-13, Rev. 1, ‘Program-Specific Guidance About Commercial Radiopharmacy Licenses’,”

OR

- A statement that: “We will use equipment that meets the radiation monitoring instrument specifications published in Appendix J to NMS-LIC-13, Rev. 1, ‘Program-Specific Guidance About Commercial Radiopharmacy Licenses,’ and instruments will be calibrated by other persons authorized by NRC, an Agreement State, or a licensing State to perform that service,”

OR

- A description of alternative minimum equipment to be used for radiation monitoring and/or alternative procedures for the calibration of radiation monitoring equipment.

8.10.3 MATERIAL RECEIPT AND ACCOUNTABILITY

Regulations: rules 3701:1-38-14(A)(1), 3701:1-38-19, 3701:1-38-17, 3701:1-38-18, 3701:1-38-21, 3701:1-40-19, 3701:1-40-21.

Criteria: Licensees must ensure the security and accountability of licensed material and must open packages safely.

Discussion: As illustrated in Figure 8.6, licensed materials must be tracked from receipt (from another licensee or from its own radionuclide production operations) to disposal in order to ensure accountability; identify when licensed material could be lost, stolen or misplaced; and ensure that possession limits listed on the license are not exceeded. Licensees exercise control over licensed material accountability by including the following items (as applicable) in their Radiation Protection Program:

- Physical inventories of sealed sources at intervals not to exceed six months;
- Ordering and receiving licensed material;
- Package opening;
- Maintaining material inventory within license possession limits;
- Transfer of material, including distribution; and
- Disposal of material.

Licensees are required to develop, implement and maintain written procedures for safely opening packages in accordance with rule 3701:1-38-18. Some packages may require special procedures

that take into consideration the type, quantity or half-life of the nuclide being delivered.

A model procedure for safely opening packages containing licensed materials is included in Appendix P.

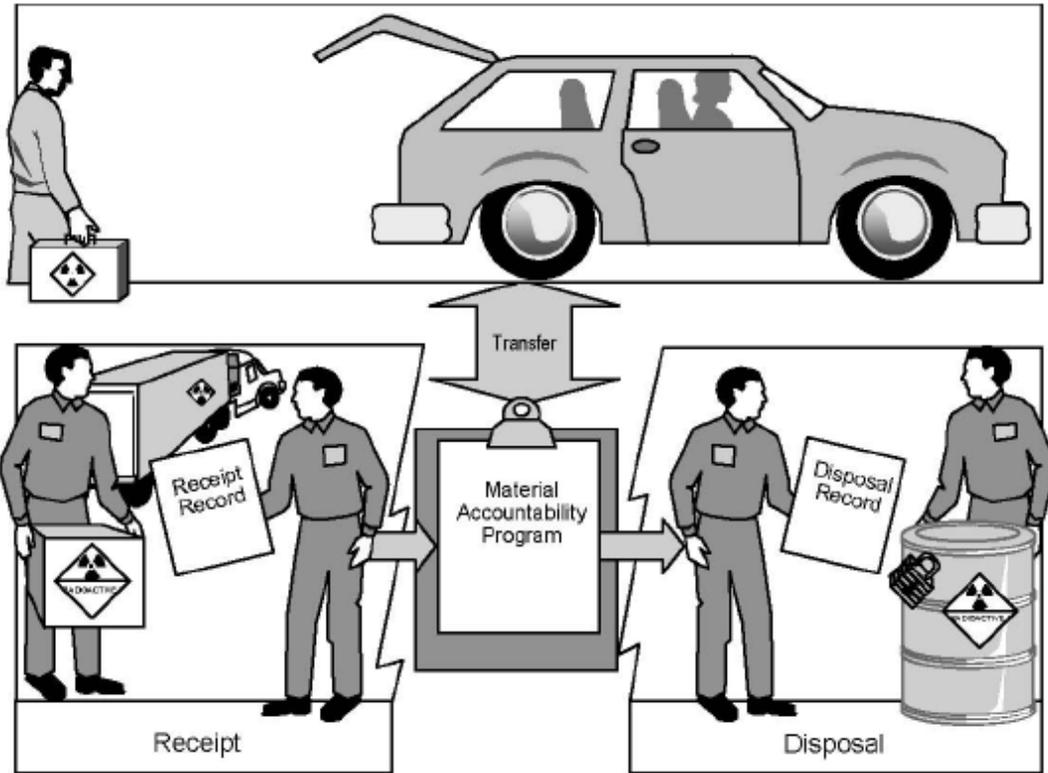


Figure 8.6 Accountability. Licensees must maintain records of receipt (from another licensee or from its own production operations), transfer and disposal of licensed material.

Rule 3701:1-38-18(F) states the requirements for monitoring packages containing licensed material. These requirements are described in Table 8.1, below.

Under rule 3701:1-38-18(G) the licensee is required to immediately notify the final delivery carrier and the director when removable radioactive surface contamination exceeds the limit of 22 disintegrations per minute per square centimeter (dpm/cm²) averaged over an area of 300 cm²; or external radiation levels exceed 2.0 mSv/hr (200 mrem/hr) at the surface.

Licensees must secure and control licensed material and should have a means of promptly detecting losses of licensed material. Rule 3701:1-38-17 requires licensees to secure radioactive materials from unauthorized removal or access while in storage and to control and maintain constant surveillance over licensed material that is not in storage.

Licenses will normally contain specific conditions requiring the licensee to perform inventories and leak tests of sealed sources every six months (see sample license in Appendix E). Because the leak tests require an individual to locate and work with the sealed source, records of leak tests may be used as part of an inventory and accountability program. Sources in storage that are used infrequently may not require leak testing; however, the inventory must still be performed at the

specified interval.

Table 8.1 Package Monitoring Requirements

Package	Contents	Survey Type	Survey Time*
Labeled (White I, Yellow II, Yellow III)	Gas or Special Form Greater Than Type A	Radiation Level	As soon as practicable, but not later than 3 hours after receipt of package
Labeled (White I, Yellow II, Yellow III)	Not Gas nor Special Form Greater Than Type A	Contamination and Radiation Level	As soon as practicable, but not later than 3 hours after receipt of package
Labeled (White I, Yellow II, Yellow III)	Gas or Special Form Less Than Type A	None	None
Labeled (White I, Yellow II, Yellow III)	Not Gas nor Special Form Less Than Type A	Contamination	As soon as practicable, but not later than 3 hours after receipt of package
Not Labeled	Licensed Material	None	None
Damaged	Licensed Material	Contamination and Radiation Level	As soon as practicable, but not later than 3 hours after receipt of package

*Assumes packages are received during normal working hours. If packages are received outside of normal working hours, the licensee has three hours after the beginning of the next work day to perform the required surveys.

With regard to unsealed licensed material, licensees use various methods (e.g., computer programs, manual ledgers, log books) to account for receipt, use, transfer, disposal and radioactive decay. These methods help to ensure that possession limits are not exceeded.

Table 8.2 lists the types and retention times for the records of receipt, use, transfer, and disposal (as waste) of all licensed material the applicant must maintain. Other records, such as transfer records, could be linked to radioactive material inventory records.

Table 8.2 Record Maintenance

Type of Record	How Long Record Must be Maintained
Receipt	For as long as the material is possessed until three years after transfer or disposal
Transfer	For three years after transfer
Disposal	Until the director terminates the license
Important to decommissioning	Until the site is released for unrestricted use

Material accountability records typically contain the following information:

- Radionuclide and activity (in units of becquerels or curies), and date of measurement of byproduct material;
- For each sealed source, manufacturer, model number, location and, if needed for identification, serial number and as appropriate, manufacturer and model number of device containing the sealed source;
- Date of the transfer and name and license number of the recipient, and description of the radioactive material (e.g., radionuclide, activity, manufacturer’s name and model number, serial number); and
- For licensed materials disposed of as waste, include the radionuclide, activity, date of disposal and method of disposal (decay, sewer, etc.).

See the section on “Waste Disposal” for additional information.

Information about locations where licensed material is used or stored is among the records important to decommissioning and required by rule 3701:1-40-17(G). See also the section on “Financial Assurance and Recordkeeping for Decommissioning.”

Response from Applicant: Provide the following statements:

- “We have developed, and will implement and maintain, written procedures for safely opening packages that meet the requirements of rule 3701:1-38-18;”

AND

- “We will conduct physical inventories of sealed sources of licensed material at intervals not to exceed 6 months;”

AND

- “We have developed, and will implement and maintain written procedures for licensed material accountability and control to ensure that:
 - license possession limits are not exceeded;
 - licensed material in storage is secured from unauthorized access or removal;
 - licensed material not in storage is maintained under constant surveillance and control; and
 - records of receipt, either from the licensee’s own production operations or from another

licensee transfer, and disposal of licensed material are maintained.”

8.10.4 OCCUPATIONAL DOSE

Regulations: rules 3701:1-38-14, 3701:1-38-12, 3701:1-38-20, 3701:1-38-12 Appendix C.

Criteria: Each licensee shall evaluate the potential occupational exposures of all workers and monitor occupational exposure to radiation when required.

Discussion: The licensee should perform an evaluation of the dose the individual is likely to receive prior to allowing the individual to receive the dose (prospective evaluation). When performing the prospective evaluation, only a dose that could be received at the facilities of the applicant or licensee performing the evaluation needs to be considered. These estimates can be based on any combination of work location radiation monitoring, survey results, monitoring results of individuals in similar work situations or other estimates to produce a “best estimate” of the actual dose received. For individuals who have received doses at other facilities in the current year, the previous dose need not be considered in the prospective evaluation if monitoring was not required at the other facilities. This evaluation need not be made for every individual; evaluations can be made for employees with similar job functions or work areas. Further guidance on evaluating the need to provide monitoring is provided in Regulatory Guide 8.34, “Monitoring Criteria and Methods to Calculate Occupational Doses,” dated July 1992.

If the prospective evaluation shows an individual’s dose is not likely to exceed 10 percent of any applicable regulatory limit, the individual is not required to be monitored for radiation exposure and there are no recordkeeping or reporting requirements for doses received by that individual. If the prospective dose evaluation shows that the individual is likely to exceed 10 percent of an applicable limit, monitoring is required.

Licensees shall monitor worker exposures for:

Adults who are likely to receive an annual dose in excess of any of the following:

- 5 mSv (0.5 rem) deep-dose equivalent;
- 15 mSv (1.5 rems) eye dose equivalent;
- 50 mSv (5 rems) shallow-dose equivalent to the skin; and
- 50 mSv (5 rems) shallow-dose equivalent to any extremity.

Minors who are likely to receive an annual dose in excess of any of the following:

- 1.0 mSv (0.1 rem) deep-dose equivalent;
- 1.5 mSv (0.15 rem) eye dose equivalent;
- 5 mSv (0.5 rem) shallow-dose equivalent to the skin; and
- 5 mSv (0.5 rem) shallow-dose equivalent to any extremity.

Declared pregnant women who are likely to receive an annual dose from occupational exposures in excess of 1.0 mSv (0.1 rem) deep-dose equivalent, although the dose limit applies to the entire gestation period.

Internal exposure monitoring is required for:

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- Adults likely to receive in one year an intake in excess of 10 percent of the applicable ALIs for ingestion and inhalation; and
- Minors and declared pregnant women likely to receive in one year a committed effective dose equivalent in excess of 1.0 mSv (0.1 rem).

If an individual is likely to receive in 1 year a dose greater than 10 percent of any applicable limit (see Figure 8.7 for annual dose limits for adults), monitoring for occupational exposure is required. ANPs and radiopharmacy technologists are generally likely to receive 10 percent of the limits for occupational dose. Most radiopharmacies provide these employees with whole body and extremity monitors.

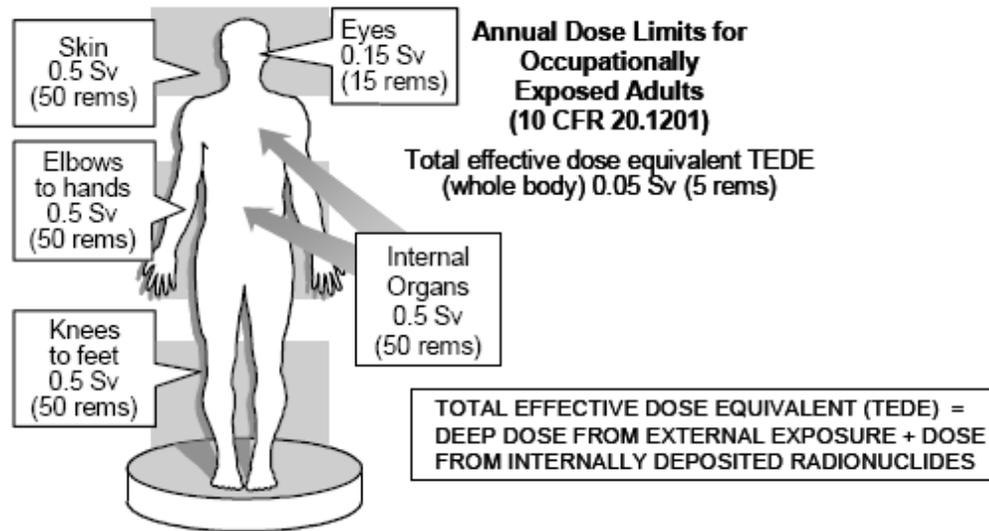


Figure 8.7 Annual Dose Limits for Occupationally Exposed Adults.

Most licensees use either film badges or thermoluminescent dosimeters (TLDs), or Optically-Stimulated Luminescence (OSL) dosimeters that are supplied by an NVLAP-approved processor to monitor for external exposure. The exchange frequency for film badges is generally monthly due to technical concerns about film fading. The exchange frequency for TLDs and OSLs are generally quarterly. Applicants should verify that the processor is NVLAP approved. Consult the NVLAP-approved processor for its recommendations for exchange frequency and proper use. If monitoring is required, then the licensee must maintain records of the monitoring regardless of the actual dose received. Also, when working with high-energy gamma-/photon-emitting radionuclides such as positron-emitting radionuclides, it is recommended that a pocket/audible dosimeter be worn by ANPs, AUs and radiopharmacy technologists, in addition to their personal dosimeter(s).

The types and quantities of radioactive material used at most commercial radiopharmacies provide a reasonable possibility for an internal intake by ANPs and radiopharmacy technologists. Uses such as preparing radioiodine capsules from liquid solutions, and opening and dispensing from vials containing millicurie quantities of radioiodine and other isotopes require particular caution. Precautionary measures for personnel to follow during iodine capsule preparation should involve the use of a fume hood and glove box or shoulder-length gloves (see Appendix Q for

additional guidance on precautionary measures). To monitor internal exposure from such operations, most pharmacies institute a routine bioassay program to periodically monitor these workers.

A program for performing thyroid uptake bioassay measurements should include adequate equipment to perform bioassay measurements, as well as procedures for calibrating the equipment, including factors necessary to convert counts per minute into becquerel or microcurie units, and should address the technical problems commonly associated with performing thyroid bioassays (e.g., statistical accuracy, attenuation by neck tissue). Thyroid bioassay procedures should also specify the interval between bioassays, action levels and the actions to be taken at those levels. Generally, thyroid uptake bioassay measurements at radiopharmacies are performed weekly for those workers who routinely handle radioiodine or are in the immediate vicinity when radioiodine is being handled. For guidance on developing bioassay programs and determination of internal occupational dose and summation of occupational dose, refer to Regulatory Guide 8.9, Revision 1, "Acceptable Concepts, Models, Equations and Assumptions for a Bioassay Program," dated July 1993, and Regulatory Guide 8.34, "Monitoring Criteria and Methods to Calculate Occupational Doses," dated July 1992.

Response from Applicant: Submit the following statement: "We have developed and will implement and maintain written procedures for monitoring occupational dose that meet the requirements in rules 3701:1-38-14 and 3701:1-38-12, as applicable."

Note: Some licensees choose to monitor their workers for reasons other than compliance with NRC requirements (e.g., in response to worker requests).

References: National Institute of Standards and Technology (NIST) Publication 810, "National Voluntary Laboratory Accreditation Program Directory," is published annually and is available electronically at <http://ts.nist.gov/nvlap>.

NIST Publication 810 can be purchased from GPO, whose URL is <http://www.gpo.gov>.

ANSI N322 may be ordered electronically at <http://www.ansi.org>.

Go to <http://www.nrc.gov/reading-rm/doc-collections/reg-guides> for:

Regulatory Guide 8.7, Revision 1, "Instructions for Recording and Reporting Occupational Radiation Exposure Data," dated June 1992;

Regulatory Guide 8.9, Revision 1, "Acceptable Concepts, Models, Equations and Assumptions for a Bioassay Program," dated July 1993; and

Regulatory Guide 8.34, "Monitoring Criteria and Methods to Calculate Occupational Radiation Doses," dated July 1992.

8.10.5 PUBLIC DOSE

Regulations: rules 3701:1-38-01, 3701:1-38-11(E)(4), 3701:1-38-13, 3701:1-38-17, 3701:1-38-20, 3701:1-38-21.

Criteria: Licensees must do the following:

- Ensure licensed material will be used, transported, stored and disposed of in such a way that members of the public will not receive more than 1 mSv (100 mrem) (TEDE) in one year from licensed activities;

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- Ensure air emissions of radioactive material to the environment will not result in exposures to individual members of the public in excess of 0.1 mSv (10 mrem) (TEDE) in one year from those emissions;
- Ensure the dose in any unrestricted area will not exceed 0.02 mSv (2 mrem) in any one hour, from licensed operations; and
- Prevent unauthorized access, removal or use of licensed material.

Discussion: “Member of the public” is defined in rule 3701:1-38-01 as “any individual except when that individual is receiving an occupational dose.” “Public dose” is defined as “the dose received by a member of the public from exposure to radiation and/or radioactive material released by a licensee, or to any other source of radiation under the control of a licensee.” Public dose excludes doses received from background radiation, from sanitary sewerage discharges from licensees and from medical procedures. Whether the dose to an individual is an occupational dose or a public dose depends on the individual’s assigned duties. It does not depend on the area (restricted, controlled or unrestricted) the individual is in when the dose is received. For guidance about accepted methodologies for determining dose to members of the public, please refer to Appendix K.

There are many possible internal dose pathways that contribute to the TEDE. The TEDE can; however, be broken down into three major dose pathway groups:

- 1 Airborne radioactive material;
- 2 Waterborne radioactive material; and
- 3 External radiation exposure.

The licensee should review these major pathways and decide which are applicable to its operations. The licensee must ensure the TEDE from all exposure pathways arising from licensed activities does not exceed 1.0 mSv (100 mrem) to the maximally exposed member of the public. In addition, the licensee must control air emissions, such that the individual member of the public likely to receive the highest TEDE does not exceed the constraint level of 0.1 mSv (10 mrem) per year from those emissions. If exceeded, the licensee must report this, in accordance with rule 3701:1-38-21, and take prompt actions to ensure against recurrence.

Licensees should design a monitoring program to ensure compliance with rules 3701:1-38-11(E)(4) and 3701:1-38-13(E). The extent and frequency of monitoring will depend upon each licensee’s needs. For additional guidance regarding monitoring of effluents, refer to the section titled, “Radiation Safety Program - Surveys.”

During ODH inspections, licensees must be able to provide documentation demonstrating, by measurement or calculation, that the TEDE to the individual member of the public likely to receive the highest dose from the licensed operation does not exceed the annual limit and the dose constraint. See Appendix K for examples of methods to demonstrate compliance.

Response from Applicant: No response is required from the applicant in a license application, but records demonstrating compliance will be examined during inspection.

8.10.6 SAFE USE OF RADIONUCLIDES AND EMERGENCY PROCEDURES

Regulations: rules 3701:1-38-11, 3701:1-38-17, 3701:1-38-21, 3701:1-40-16(E), 3701:1-40-20, 3701:1-38-10(B)(1)(c).

Criteria: Licensees are required to do the following:

- Keep radiation doses to workers and members of the public ALARA;
- Ensure security of licensed material; and
- Make the required notifications of events to the director.

Discussion: Licensees are responsible for the security and safe use of all licensed material from the time it arrives or is produced at their facility until its use, transfer and/or disposal. Licensees should develop written procedures to ensure safe use of licensed material, and the procedures should also include operational and administrative guidelines. The written procedures should provide reasonable assurance that only appropriately trained personnel will handle and use licensed material without undue hazard to workers or members of the public.

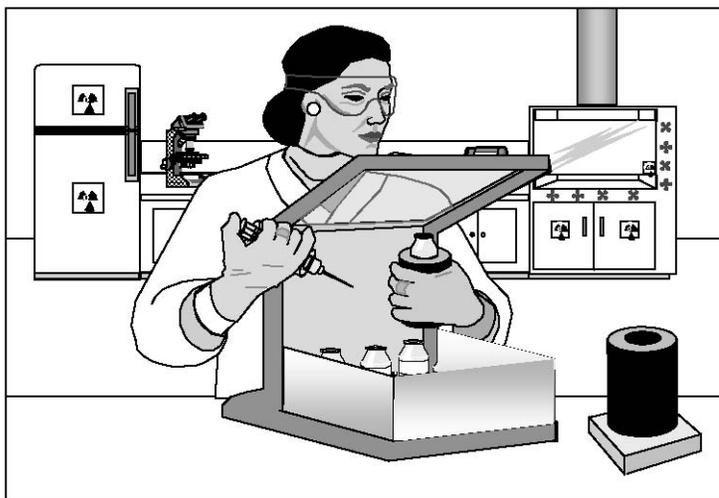
General Safety Procedures

The written procedures should include the following elements:

- Contamination controls;
- Waste disposal practices;
- Personnel and area monitoring (including limits);
- Use of protective clothing and equipment;
- Safe handling of radioactive materials;
- Recording requirements;
- Reporting requirements; and
- Responsibilities.

These procedures should include policies for:

- Frequency of personnel monitoring;
- Performing molybdenum-99 breakthrough measurements on each elution from a generator;
- Use of appropriate shielding (see Figure 8.8);
- Frequent glove changes to minimize exposure to the individual and to avoid spread of contamination in the facility; and
- Special procedures for higher-risk activities, such as use of radioiodine and repair of chemistry synthesis equipment for PET radiopharmaceuticals.



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Figure 8.8 Use of Appropriate Shielding.

Applicants should also develop radioisotope-specific procedures based on the respective hazards associated with the radioisotopes. General safety guidelines are described in Appendix Q. Applicants should use these guidelines to aid in the development of their own procedures for the safe use of radioisotopes.

Furthermore, applicants that produce radioactive materials using an accelerator should also refer to the safety procedures found in NMS-LIC-21, “Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Possession License for Production of Radioactive Materials Using an Accelerator.”

Licensees should determine if they have areas that require posting in accordance with rule 3701:1-38-18(A)(4)(a), unless they meet the exemptions listed in rule 3701:1-38-18(B). Also, containers of licensed material (including radioactive waste) must be labeled in accordance with rule 3701:1-38-18(C), unless they meet the exemptions in rule 3701:1-38-18(E).

Emergency Procedures

Accidents and emergencies can happen during any operation with radioisotopes, including their receipt, transportation, use, transfer and disposal. Such incidents can result in contamination or release of material to the environment and unintended radiation exposure to workers and members of the public. In addition, loss or theft of licensed material, and fires involving radioactive material can adversely affect the safety of personnel and members of the public. Applicants should therefore develop and implement procedures to minimize, to the extent practical, the potential impact of these incidents on personnel, members of the public and the environment.

Applicants should establish written procedures to handle events ranging from a minor spill to a major accident that may require intervention by outside emergency response personnel. These procedures should include provisions for immediate response, after-hours notification, handling of each type of emergency, equipment and the appropriate roles of staff and the RSO. In addition, the licensee should develop procedures for routine contacts with its local fire department to inform them of its operations and identify locations of radioactive materials and

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elevated radiation levels in the event of their response to a fire. Except for minor spills or releases of radioactivity that can be controlled and cleaned up by the user, licensee staff should have a clear understanding of their limitations in an emergency with step-by-step instructions and clear directions of whom to contact. The licensee should establish clear delineations between minor contamination events, minor spills, major spills and events.

Emergency spill-response materials should be strategically placed in well-marked locations for use by all trained staff. All equipment should be periodically inspected for proper operation and replenished as necessary. Appendix Q includes model emergency procedures. Applicants may adopt these procedures or develop their own incorporating the safety features included in these model procedures.

Certain incidents and emergencies require notification of the director. Appendix T provides a listing of major ODH reporting and notification requirements relevant to commercial radiopharmacies.

Response from Applicant: Submit the following statement:

“We have developed and will implement and maintain written procedures for the safe use of radioactive materials that address:

Facility and personnel radioactive contamination minimization, detection and control;

Performing molybdenum-99 breakthrough measurements on all generator elutions used to prepare radioactive drugs for human medical use; and

Use of protective clothing and equipment by personnel that meet the requirements in rules 3701:1-38-11, 3701:1-38-17, 3701:1-40-16(E), and 3701:1-38-10(B)(1)(c), as applicable.”

AND

“We have developed and will implement and maintain written procedures for identifying and responding to emergencies involving radioactive material, including:

- Lost, stolen or missing licensed material;
- Exposures to personnel and the public in excess of ODH regulatory limits;
- Releases of licensed materials in effluents and the sanitary sewer in excess of ODH regulatory limits;
- Excessive radiation levels or radioactive material concentrations in restricted or unrestricted areas;
- Radioactive spills and contamination;
- Fires, explosions and other disasters with the potential for the loss of containment of licensed material; and
- Routine contacts with local fire departments and local law enforcement agencies (LLEA), that meet the requirements in rules 3701:1-38-11, 3701:1-38-21, and 3701:1-40-20, and other requirements, as applicable.”

8.10.7 SURVEYS

Regulations: rules 3701:1-38-14, 3701:1-38-20.

Criteria: Licensees are required to make surveys of potential radiological hazards in their workplace. Records of survey results must be maintained.

Discussion: Surveys are evaluations of radiological conditions and potential hazards (see Figure 8.9). These evaluations may be measurements (e.g., radiation levels measured with survey instrument or results of wipe tests for contamination), calculation or a combination of measurements and calculations. The selection and proper use of appropriate instruments is one of the most important factors in ensuring that surveys accurately assess the radiological conditions. In order to meet regulatory requirements for surveying, measurements of radioactivity should be understood in terms of its properties (i.e., alpha, beta, gamma) and compared to the appropriate limits.

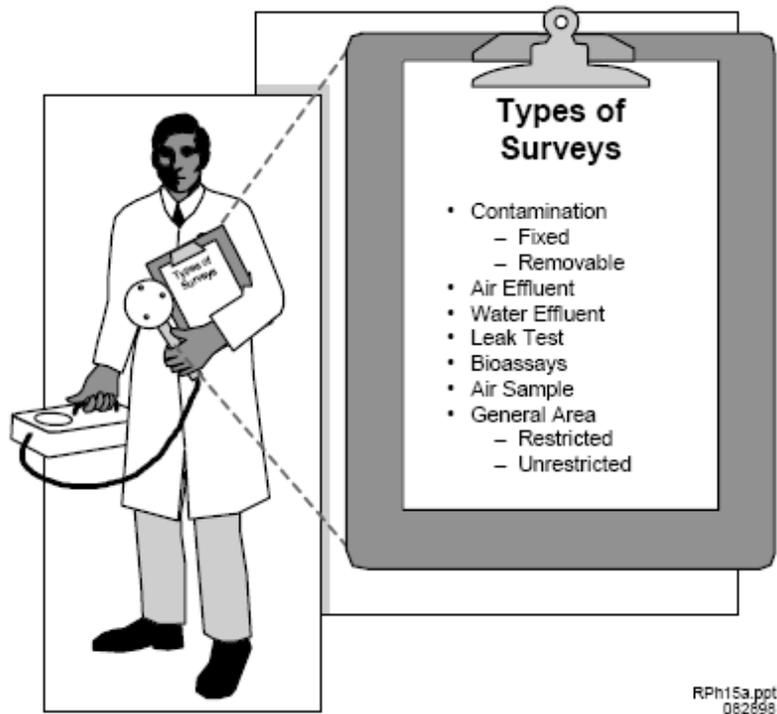


Figure 8.9 Types of Surveys. *There are many different types of surveys performed by radiopharmacy licensees.*

Radiation surveys are used to detect and evaluate contamination of:

- Facilities (restricted and unrestricted areas);
- Equipment;
- Incoming and outgoing radioactive packages; and

- Personnel (during use, transfer, or disposal of licensed material) (see Figure 8.10).

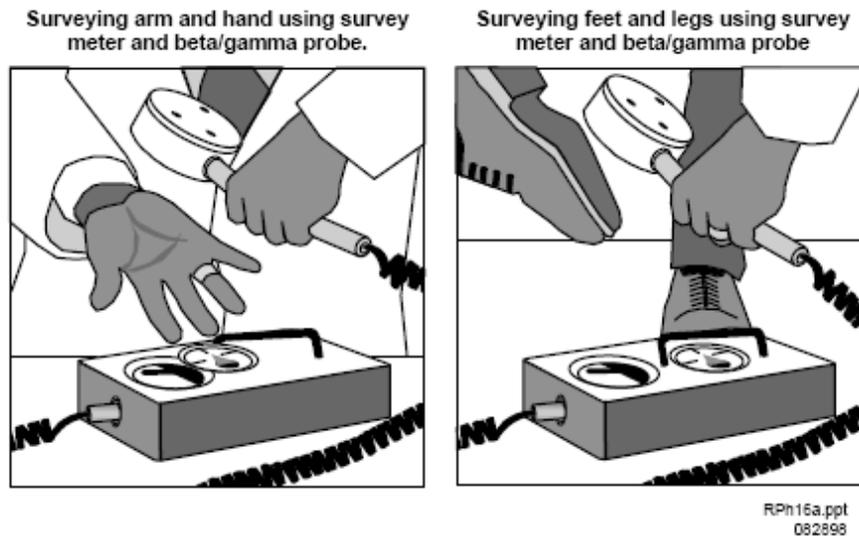


Figure 8.10 Personnel Surveys. *Users of unsealed licensed material should check themselves for contamination (frisk) before leaving the restricted areas within the radiopharmacy.*

Surveys are also used to plan work in areas where licensed material or radiation exists (see Figure 8.11) and to evaluate doses to workers and individual members of the public.

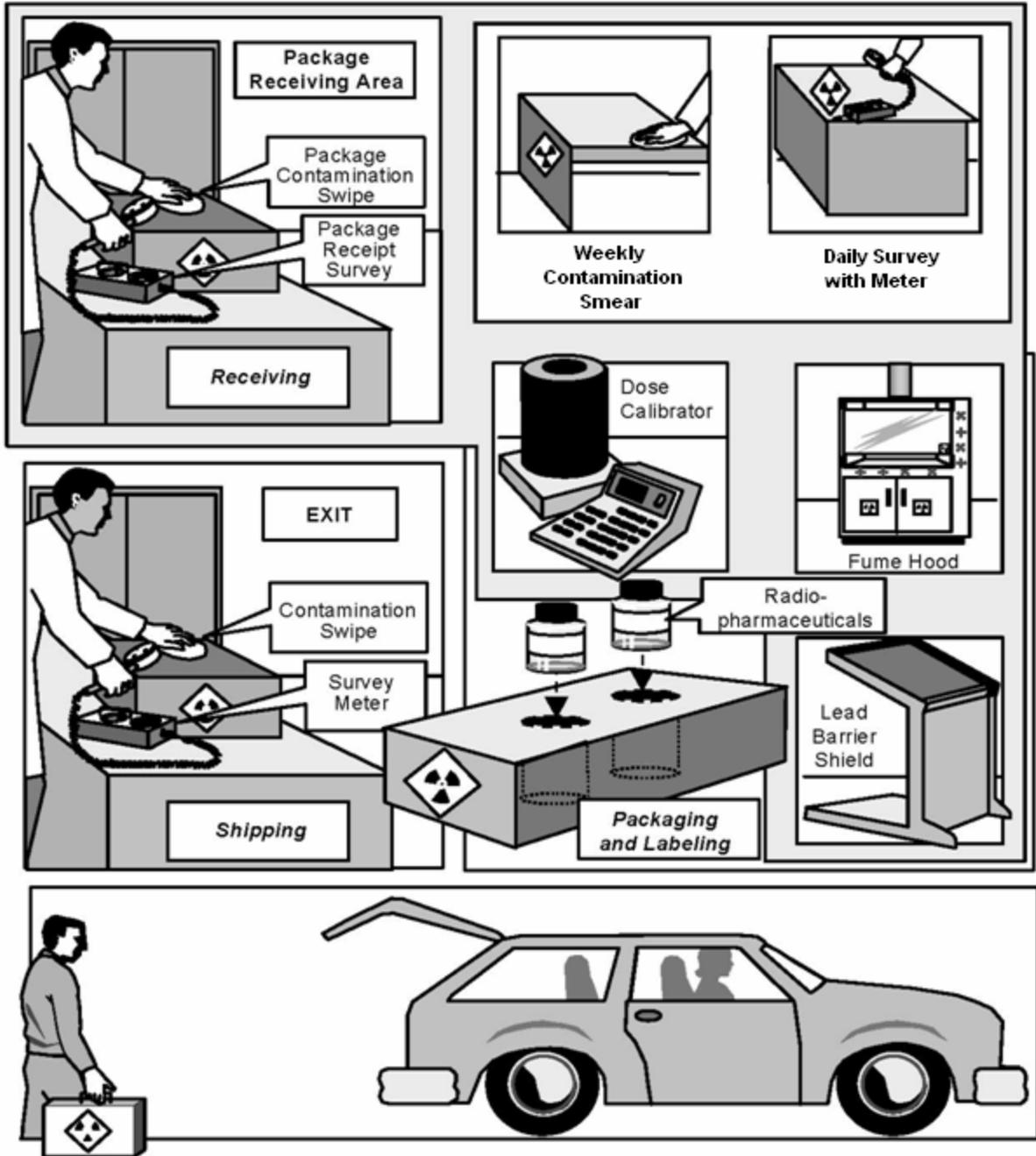


Figure 8.11 Typical Surveys at Radiopharmacy.

Surveys are required when it is reasonable under the circumstances to evaluate a radiological hazard and when necessary for the licensee to comply with the appropriate regulations. Many different types of surveys may need to be performed, due to the particular use of licensed materials. The most important are as follows:

- Surveys for radioactive contamination that could be present on surfaces of floors, walls, laboratory furniture and equipment;
- Measurements of radioactive material concentrations in air for areas where

radiopharmaceuticals are handled or processed in unsealed form and where operations could expose workers to the inhalation of radioactive material (e.g., radioiodine) or where licensed material is or could be released to unrestricted areas;

- Bioassays to determine the kinds, quantities or concentrations and in some cases the location of radioactive material in the human body. Radioiodine uptake in a worker's thyroid gland is commonly measured by external counting using a specialized thyroid detection probe;
- Surveys of external radiation exposure levels in both restricted and unrestricted areas; and
- Surveys of radiopharmaceutical packages entering (e.g., from suppliers and returns from customers) and departing (e.g., prepared radiopharmaceuticals for shipment to customers).

The frequency of routine surveys depends on the nature, quantity and use of radioactive materials, as well as the specific protective facilities, equipment and procedures that are designed to protect workers from external and internal exposure. Also, the frequency of the survey depends on the type of survey, such as those listed above. Appendix R, "Radiation Surveys," contains a model procedure for radiation survey frequencies.

Not all instruments can measure a given type of radiation (e.g., alpha, beta and gamma). The presence of other radiation may interfere with a detector's ability to measure the radiation of interest. The energy of the radiation may not be high enough to penetrate some detector windows and be counted. The correct selection, calibration and use of radiation detection instruments is an important aspect of any radiation safety program.

Although Chapter 3701:1-38 does not specify limits for surface contamination, it does specify dose limits for unrestricted areas (2 millirem in any one hour) and posting requirements (5 millirem in any one hour for "Radiation Areas"). Applicants should propose and justify their removable surface contamination and radiation level action limits that will require action to (1) reduce the contamination or radiation level; or (2) institute additional restrictions on access to the area. See Table R.1 in Appendix R for guidance on surface contamination limits acceptable to the director.

Undetected Contamination and Loss of Control of Licensed Material

Due to the large quantities of licensed material in liquid form often handled by radiopharmacy personnel, there can be a greater potential for radioactive material contamination. Radiation surveys, if properly conducted as outlined in this section, will normally detect contamination before it leaves the licensee's restricted area (e.g., radiopharmaceutical preparation and packaging areas). If detected within the restricted area during or shortly following radiopharmaceutical preparation, the licensee can normally complete standard decontamination activities to mitigate the spread of the contamination outside the restricted area.

There have been several instances involving ODH licensees, including radiopharmacies, in which contamination has not been detected (usually due to no survey, or an inadequate survey, being performed) and has been inadvertently removed from the restricted area. Typically the contamination has been deposited on an outgoing package containing radioactive material, the skin or clothing of a licensee employee leaving the facility, or both. Once the contamination leaves the licensee's restricted area, control of the radioactive material is lost. At this point, the contamination has a high probability of reaching public locations outside the radiopharmacy, including one or more of its customers (e.g., a hospital). Contamination incidents such as this can

create public health, regulatory and public relations problems for licensees. In virtually all cases, the events could have been avoided if licensee personnel had performed an adequate radiation survey to detect the contamination before it left the restricted area. NRC Information Notice 98-18, "Recent Contamination Incidences Resulting From Failure to Perform Adequate Surveys," dated May 13, 1998, describes some such incidents involving NRC licensees, followed by a summary of NRC requirements to perform adequate and timely surveys.

Response from Applicant: Submit the following statement: "We have developed and will implement and maintain written procedures for a survey program that specifies the performance of radiation and contamination level surveys in restricted and unrestricted areas, personnel contamination monitoring, action levels, and the frequencies and records maintenance of those surveys and monitoring that meet the requirements in rules 3701:1-38-14, and 3701:1-38-20, as applicable."

References: NRC Information Notice 98-18, "Recent Contamination Incidences Resulting From Failure to Perform Adequate Surveys," dated May 13, 1998, can be found at <http://www.nrc.gov/reading-rm/doc-collections/gen-comm/info-notices/1998/in98018.html>.

8.10.8 DOSAGE MEASUREMENT SYSTEMS

Regulation: rule 3701:1-46-43(C).

Criteria: Commercial radiopharmacy licensees must possess and use instrumentation capable of accurately measuring the radioactivity in radioactive drugs.

Discussion: Due to the potential for radiopharmacy errors to adversely affect their customers (medical facilities) and their customers' patients, each dosage of a radioactive drug must be measured prior to transfer to provide high confidence that the correct amount of the radioactive drug is transferred in accordance with the customer's request.

The applicant must have procedures for the use of the instrumentation, including the measurement, by direct measurement or by a combination of measurement and calculation, of the amount of radioactivity in dosages of alpha-, beta-, gamma- or photon-emitting radioactive drugs prior to their transfer for commercial distribution.

These procedures must ensure the dose calibrator, or other dose measurement system, functions properly. This is accomplished by performing periodic checks and tests prior to first use, followed by checks at specified intervals, and following repairs that could affect system performance. Equipment used to measure dosages that emit gamma, alpha or beta radiation must be calibrated for the applicable radionuclide being measured. For photon-emitters, activity measurement is a fairly straightforward determination; however, for beta-emitters, a correction factor is often necessary to accurately determine the activity. There are inherent technical difficulties to overcome in the determination and application of beta-correction factors. These difficulties include dependence on geometry, lack of an industry standard for materials used in the manufacture of both vials and syringes and lack of a National Institute of Standards and Technology (NIST)-traceable standard for all radionuclides currently in use. If radiopharmacies intend to initially distribute; i.e., measure, prepare and label beta-emitting radionuclides, the applicant must provide the calculation to demonstrate its ability to accurately dispense such materials. If the applicant intends to use beta-correction factors supplied by the instrument manufacturer or other entity, it should include a means for ensuring the accuracy of the supplied

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factor. If radiopharmacy applicants intend to only redistribute beta-emitting radionuclides that have been previously prepared and distributed by other persons licensed pursuant to rule 3701:1-46-43, then the correction factor calculation is not required.

Licensees must assay patient dosages in the same type of vial and geometry as used to determine the correct dose calibrator settings. The use of different vials or syringes may result in measurement errors, for example, due to the variation of bremsstrahlung created by interaction between beta particles and the differing dosage containers. Licensees are reminded that beta emitters should be shielded using a low atomic-numbered material to minimize the production of bremsstrahlung, followed by a high atomic-numbered material thick enough to attenuate the bremsstrahlung intensity.

For each dose measurement system, specific, periodic tests must be performed, as appropriate to the system, to ensure correct operation. Typically, all systems must be checked each day of use for constancy to ensure continued proper operation of the system. In addition, other appropriate tests may include accuracy (for the range of energies to be measured), linearity (for the range of activities to be measured) and geometry dependence (for the range of volumes and product containers).

The applicant should ensure that it possesses a sufficient number of such instruments to allow for periods when instruments are out of service for repair and calibration.

Appendix O contains a model procedure for dose calibrator testing.

Response from Applicant: The applicant shall describe the types of systems (measurement or combination of measurement and calculation) it intends to use for the measurement of alpha,- beta,- gamma- and photon-emitting radioactive drugs;

AND

For each dose measurement system used to measure the amount of radioactivity in alpha,- beta,- gamma- or photon-emitting radioactive drugs, state: “We have developed, and will implement and maintain a written procedure for the performance of dose measurement system checks and tests that meets the requirements in rule 3701:1-46-43(C) of the Ohio Administrative Code;”

AND

If applicable, the applicant must include a sample calculation for determining beta-correction factors for dose calibrators with ionization chambers;

Radiopharmacies that intend to initially distribute (i.e., measure, prepare and label) beta-emitting radionuclides must provide the calculation to demonstrate its ability to accurately dispense such materials; however, a correction factor calculation is not required if radiopharmacy applicants intend to only redistribute beta-emitting radionuclides that were previously prepared and distributed by others who are licensed pursuant to rule 3701:1-46-43;

OR

If applicable, the applicant must include a means for ensuring the accuracy of beta-correction factors supplied by the instrument manufacturer, or other entity.

8.10.9 TRANSPORTATION

Regulations: rules 3701:1-50-05, 3701:1-50-26, 3701:1-50-06, 3701:1-50-17, 49 CFR 107, 49 CFR 171-180, 49 CFR 390-397 (as delineated in rule 3701:1-50-05), 3701:1-38-11, 3701:1-40-19, 3701:1-40-21.

Criteria: Applicants who will prepare for shipment, or ship, or transport radioactive materials, including radioactive waste, must develop, implement and maintain safety programs for the transport of those materials to ensure compliance with State of Ohio, NRC and DOT regulations.

Discussion: In accordance with a memorandum of understanding between the DOT and NRC, NRC inspects and enforces DOT's regulations governing the transport of radioactive materials by NRC's licensees.

The types and quantities of radioactive materials shipped by commercial radiopharmacy licensees will nearly always meet the criteria for shipment in a "Type A" package, as defined by the DOT. The requirements for these packages include the provisions for shipping papers, packaging design standards, package marking and labeling and radiation and contamination level limits. For radiopharmacies who transport their own packages, the packages must be blocked and braced, and shipping papers must be used and located properly in the driver's compartment.

Packaging used by commercial radiopharmacies typically includes military ammunition boxes, "briefcases" and cardboard/fiberboard boxes. These packages will normally meet the criteria for "Type A" quantities, which must meet specified performance standards to demonstrate they will maintain the integrity of containment and shielding under normal conditions of transport. Such packages will normally withstand minor accident situations and rough handling conditions. The testing criteria for Type A packages are listed in 49 CFR 173.465. Before offering a Type A package for shipment, the shipper is responsible for ensuring the package has been tested to meet the criteria for the contents and the configuration to be shipped and for maintaining a certificate of testing. Shippers are not required to personally test the packages but must ensure the testing was performed before use and maintain a record of the testing.

DOT regulations also require individuals who perform functions related to the packaging and shipment of radioactive material packages receive training specific to those functions. The training must include a general awareness of DOT requirements, function-specific training for the individuals' duties, safety training and security awareness training. DOT also specifies the frequency of the training and a record retention requirement for training (see Section 8.8.2).

An outline of DOT and NRC requirements generally relevant to commercial radiopharmacy operations is included for applicant and licensee reference in Appendix M.

Response from Applicant: No response is required. The licensee's program for transportation of radioactive materials will be reviewed during inspection.

8.10.10 MINIMIZATION OF CONTAMINATION

Regulations: rule 3701:1-38-22.

Criteria: Applicants for new licenses must describe how facility design and procedures for operation will minimize, to the extent practicable, contamination of the facility and the environment, facilitate eventual decommissioning and minimize, to the extent practicable, the

generation of radioactive waste.

Discussion: All applicants for new licenses need to consider the importance of designing and operating their facilities to minimize the amount of radioactive contamination generated at the site during its operating lifetime and to minimize the generation of radioactive waste during decontamination. In the case of commercial radiopharmacy applicants, these issues usually do not need to be addressed as a separate item, as they are included in responses to other items of the application.

The bulk of unsealed radioactive materials utilized by radiopharmacies have short half-lives (less than 120 days). These radionuclides do not pose a source of long-term contamination.

Additionally, nearly all radioactive waste generated by radiopharmacies is stored for decay rather than transferred to a radioactive waste disposal facility.

The licensee may possess and redistribute sealed sources that contain radionuclides with long half-lives. These sealed sources have been approved by NRC or an Agreement State and, if used according to the respective SDDR certificate, usually pose little risk of contamination. Leak tests performed at the frequency specified in the SDDR certificate should identify defective sources. Leaking sources must be immediately withdrawn from use and decontaminated, repaired or disposed of according to NRC requirements. These steps minimize the spread of contamination and reduce radioactive waste associated with decontamination efforts.

Response from Applicant: The applicant does not need to provide a response to this item under the following condition. The director will consider the above criteria have been met if the applicant's responses meet the criteria in the following sections: Facilities and Equipment; Radiation Safety Program - Safe Use of Radionuclides and Emergency Procedures; Radiation Safety Program - Surveys; Radiation Safety Program - Leak Testing; and Waste Management, of NMS-LIC-13, Rev. 1, "Consolidated Guidance About Materials Licenses, Program Specific Guidance About Commercial Radiopharmacies."

8.10.11 RADIOACTIVE DRUG LABELING FOR DISTRIBUTION

Regulations: rules 3701:1-38-18, 3701:1-40-16(E), 3701:1-46-43(A)(4).

Criteria: The labels affixed to radioactive drugs for distribution must have the required color, symbol and wording.

Discussion: The licensee must label each "transport radiation shield" to show the radiation symbol as described in rule 3701:1-38-18. The label must also include the words "CAUTION, RADIOACTIVE MATERIAL" OR "DANGER, RADIOACTIVE MATERIAL," the name of the radioactive drug or its abbreviation and the quantity of radioactivity at a specified date and time. The phrase "transport radiation shield" refers to the primary shield for the radioactive drug, which may include the syringe, vial or syringe or vial shield. The "transport radiation shield" should be constructed of material appropriate for the isotope to be transferred for commercial distribution. The "transport radiation shield" does not refer to the outer suitcase, packaging or other carrying device, even though that barrier may provide some radiation shielding.

The licensee must label each syringe, vial or other container (e.g., generator or ampule) used to hold radioactive drugs to be transferred for commercial distribution to show the radiation symbol, as described in rule 3701:1-38-18. The label must include the words "CAUTION, RADIOACTIVE MATERIAL" OR "DANGER, RADIOACTIVE MATERIAL," and an

identifier that ensures the syringe, vial or other container can be correlated with the information on the “transport radiation shield” label. The identifier must provide a correlation between the syringe, vial or other container and the information on the label of its “transport radiation shield.” Identifiers may include the prescription number, the name of the radioactive drug or its abbreviation, the name of the patient or the clinical procedure.

Response from Applicant: The applicant must:

- Describe all labels, indicating the colors to be used, that will accompany the products and describe where each label is placed (e.g., on the “transport radiation shield” or on the container used to hold the radioactive drug); and
- Agree to affix the required labels to all “transport radiation shields” and to each container used to hold the radioactive drugs.

8.10.12 RADIOACTIVE DRUG SHIELDING FOR DISTRIBUTION

Regulations: rules 3701:1-46-43(A)(3), 3701:1-38-12.

Criteria: The shielding provided for each radioactive drug to be distributed must be adequate for safe handling and storage by the pharmacy’s customers to maintain occupational exposures ALARA.

Discussion: The applicant must provide appropriate “transport radiation shields” for the primary container of each radioactive drug it intends to distribute. The shielding must be adequate for the types and quantities of radioactive materials the applicant intends to distribute. Typically, “transport radiation shields” used by radiopharmacies have included two-piece, shielded syringe and vial containers (or “pigs”). Pharmacies have used lead and tungsten shields for gamma-emitting materials and plexiglass inserts for beta-emitters.

As general guidelines, “transport radiation shields” for technetium-99m products have ensured surface radiation levels of not more than 0.03 milliSievert per hour (mSv/hr) (3 mrem/hr), due to the ease of shielding the low-energy gamma emitted. For iodine-131, surface dose rates on “transport radiation shields” have been approved up to 0.5 mSv/hr (50 mrem/hr) for diagnostic dosages and up to 1.5 mSv/hr (150 mrem/hr) for therapeutic dosages. The applicant should select appropriate shielding materials and dimensions to not only ensure occupational doses are ALARA, but also the “transport radiation shield” can be easily handled.

Response from Applicant: For each radioactive drug to be distributed (except for products intended for redistribution without manipulation and in the manufacturer’s original shipping package):

- Indicate the radionuclide and the maximum activity for each type of container (e.g., vial, syringe);
- Describe the type and thickness of the “transport radiation shield” provided for each type of container; and
- Indicate the maximum radiation level to be expected at the surface of each “transport radiation shield” when the radioactive drug container is filled with the maximum activity.

Note: It is not acceptable to state the applicant will comply with DOT regulations. The dose-rate limits that DOT imposes apply to the surface of the package, not the surface of the “transport

radiation shield.”

8.10.13 LEAK TESTS

Regulations: rules 3701:1-38-14, 3701:1-38-20.

Criteria: The director requires testing to determine whether there is any radioactive leakage from the sealed sources. Records of the test results must be maintained.

Discussion: When issued, a license will require performance of leak tests at intervals approved by the director and specified in the SDDR certificate. The measurement of the leak test sample is a quantitative analysis requiring that instrumentation used to analyze the sample be capable of detecting 185 Bq (0.005 microcuries) of radioactivity.

Commercial radiopharmacies may have their sealed sources leak tested by an individual licensed, by the director, NRC or an Agreement State, to perform leak testing, or radiopharmacies may perform leak testing of their own sealed sources. Appendix L contains a model procedure for performance of leak testing and sample analysis. If the radiopharmacy has its leak testing performed by a licensed leak test provider, the radiopharmacy is expected to take the leak test samples according to the sealed source manufacturer’s and the leak test provider’s kit instructions and return it to the provider for evaluation and reporting results. Leak test samples should be collected at the most accessible area where contamination would accumulate if the sealed source were leaking.

Applicants must specifically request authorization to perform leak testing as a service to other licensees. Requests to provide leak testing as a service to other licensees will be reviewed and, if approved, NRC staff will authorize via a license condition.

Response from Applicant: Submit the following statement: “We have developed and will implement and maintain written procedures for leak testing that meet the requirements in rules 3701:1-38-14, and 3701:1-38-20.”

Note: Leak testing is authorized via a license condition.

8.11 ITEM 11: WASTE MANAGEMENT

Regulations: rules 3701:1-38-19(A), 3701:1-38-19(D), 3701:1-38-19(H), 3701:1-38-18(C)(2), 3701:1-38-20, 3701:1-40-21.

Criteria: Radioactive waste must be disposed of in accordance with regulatory requirements and license conditions. Appropriate records of waste disposal must be maintained.

Discussion: Radioactive waste is normally generated when conducting licensed activities. Such waste may include used or unused radioactive material, unusable items contaminated with radioactive material (e.g., absorbent paper, gloves). Licensees may not receive radioactive waste from other licensees for processing, storage or disposal, unless specifically authorized to do so by the director. Commercial radiopharmacies may request authorization to receive certain radioactive waste returned from their customers. For guidance on receiving radioactive waste from customers, refer to the Section titled “Radiation Safety Program - Waste Management, Returned Wastes from Customers.”

All radioactive waste must be stored in appropriate containers until its disposal, and the integrity of the waste containers must be assured. Radioactive waste containers must be appropriately

labeled. All radioactive waste must be secured against unauthorized access or removal. The director requires commercial radiopharmacy licensees to manage radioactive waste generated at their facilities by one or more of the following methods:

- Decay-in-storage (DIS);
- Transfer to an authorized recipient; and
- Release into sanitary sewerage.

Licensees may choose any one or more of these methods to dispose of their radioactive waste. It has been the director's experience that most commercial radiopharmacies dispose of radioactive waste by DIS because the majority of licensed materials used by these facilities have short half-lives.

Applicant's programs for management and disposal of radioactive waste should include procedures for handling, safe and secure storage, characterization, minimization and disposal of radioactive waste. Appropriate training should be provided to waste handlers. Regulations require that licensees maintain all appropriate records of disposal of radioactive waste.

Disposal by Decay-in-storage (DIS)

The director permits licensed materials with half-lives of less than or equal to 120 days to be disposed of by DIS. Waste should be held in storage until the radiation exposure rate cannot be distinguished from background radiation levels. Applicants should assure adequate space and facilities are available for the storage of such waste. Procedures for management of waste by DIS should include methods of segregation, surveys prior to disposal and maintenance of records of disposal.

Licensees can minimize the need for storage space if radioactive waste is segregated according to physical half-life. Segregation of waste is accomplished by depositing radioisotopes of shorter physical half-lives in containers separate from those used to store radioactive waste with longer physical half-lives. Radioactive waste with shorter half-lives will take less time to decay and thus may be disposed in shorter periods of time, freeing storage space.

Used syringes/needles and vials returned from pharmacy customers (medical facilities) are considered both biohazardous and radioactive waste because these items may be contaminated with patients' blood or other body fluids. Following completion of DIS, such waste may be disposed of as biohazardous waste (medical waste) if radiation surveys (performed in a low-background area and without any interposed shielding) of the waste at the end of the holding period indicate radiation levels are indistinguishable from background.

Radioactive material labels on the used syringes/needles cannot be defaced without exposing employees to the risk of injury from the needles. Additionally, exposing employees to the risk of injury from needles would place licensees in violation of the Occupational Safety and Health Administration regulations in 29 CFR 1910.1030(d)(1), which require precautions to prevent contact with blood or other potentially infectious materials, including recommendations not to manipulate used syringes/needles by hand. Thus, radiopharmacy licensees do not have to deface or remove radiation labels from individual containers and packages (e.g., syringes, vials) inside waste barrels/containers intended for disposal as medical waste, provided the following conditions are met:

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- The radioactive material labels on the outer waste barrels/containers will be defaced or removed prior to transfer to a waste disposal firm;
- Waste barrels/containers are sealed prior to delivery to the waste disposal firm;
- Waste barrels/containers will be delivered directly from the licensee's facility to a waste disposal firm for disposal;
- Medical waste is incinerated, and not sent to a medical waste landfill; and
- The waste disposal firm is notified that the barrels/containers must not be opened at any point, and for any reason, prior to incineration.

Other pharmacy radioactive waste that has not been returned from customers and has not otherwise come into contact with blood or body fluids should not have a biohazardous component. Following completion of and provided it has been stored separately from radioactive, biohazardous waste and contains no other hazardous components (e.g., needles, hazardous chemicals), such waste may require disposal as ordinary trash if radiation surveys (performed in a low-background area and without any interposed shielding) of the waste at the end of the holding period indicate radiation levels are indistinguishable from background. All radiation labels must be defaced or removed from containers and packages prior to final disposal as ordinary trash. If the decayed waste is compacted, all labels that are visible in the compacted mass must also be defaced or removed.

Records of DIS should include the date when the waste was put in storage for decay, date when 10 half-lives of the longest-lived radioisotope have transpired, date of disposal, results of final survey before disposal as ordinary trash, results of the background survey, identification of the instrument used to perform the survey and the signature or initials of the individual performing the survey.

Transfer to an Authorized Recipient

Licensees may transfer radioactive waste to an authorized recipient for disposal. It has been the director's experience that most commercial radiopharmacies only dispose of radioactive wastes with half-lives greater than 120 days by transfer to authorized recipients (e.g., low-level radioactive waste disposal facilities). Because radiopharmacy licensees typically possess small quantities of these materials, the volume of materials disposed of in this manner would also be minimal, if any. Currently, radiopharmacies use this system for waste disposal infrequently; therefore, detailed guidance is not provided in this document on the specific requirements related to the transfer of wastes to authorized recipients for disposal.

Because of the difficulties and costs associated with disposal of sealed sources, applicants should preplan the disposal. Applicants may want to consider contractual arrangements with the source supplier as part of a purchase agreement.

Release into Sanitary Sewerage

Licensees may dispose of radioactive waste by release into sanitary sewerage if each of the following conditions is met:

- Material is readily soluble (or is easily dispersible biological material) in water;
- Quantity of licensed material that the licensee releases into the sewer each month averaged

over the monthly volume of water released into the sewer does not exceed the concentration specified in rule 3701:1-38-12, Appendix C, Table III;

- If more than one radioisotope is released, the sum of the ratios of the average monthly discharge of a radioisotope to the corresponding limit in rule 3701:1-38-12, Appendix C, Table III cannot exceed unity; and
- Total quantity of licensed material released into the sanitary sewerage system in a year does not exceed the limits specified in rule 3701:1-38-19(D)(4).

Licensees are responsible for demonstrating licensed materials discharged into the sewerage system are indeed readily dispersible in water. NRC IN 94-07, "Solubility Criteria for Liquid Effluent Releases to Sanitary Sewerage Under the Revised 10 CFR Part 20," dated January 1994, provides the criteria for evaluating solubility of liquid waste.

Applicants should develop and implement procedures to ensure all releases of radioactive waste into the sanitary sewerage, if any, meet the criteria stated in 3701:1-38-19(D). Licensees are required to maintain accurate records of all releases of licensed material into the sanitary sewerage.

Response from Applicant: Submit the following statement: "We have developed and will implement and maintain written procedures for waste management that meet the requirements in rules 3701:1-38-18(C)(2) 3701:1-38-19(A), 3701:1-38-19(D), 3701:1-38-19(H), 3701:1-38-20, 3701:1-40-21 of the Ohio Administrative Code, as applicable."

Note: DIS is authorized via a license condition.

References: See the Notice of Availability on the inside front cover of this report to obtain copies of Policy and Guidance Directive PG 94-05, "Updated Guidance on Decay-In-Storage," dated October 1994; Information Notice 94-07, "Solubility Criteria for Liquid Effluent Releases to Sanitary Sewerage Under the Revised 10 CFR 20," dated January 1994; and Information Notice 84-94, "Reconcentration of Radionuclides Involving Discharges into Sanitary Sewerage Systems Permitted Under 10 CFR 20.203 (now 10 CFR 20.2003)," dated December 1984. Information Notices are available at <http://www.nrc.gov/reading-rm/doc-collections/gen-comm/info-notices>.

8.11.1 RETURNED WASTES FROM CUSTOMERS

Regulations: rules 3701:1-38-19(A), 3701:1-40-15, 3701:1-50-05.

Criteria: Commercial radiopharmacies may receive radioactive waste from customers. This radioactive waste is limited to items that originated at the radiopharmacy and that contained (or contain) radioactive material delivered for customer use (e.g., pharmacy-supplied syringes and vials and their contents).

Discussion: Commercial radiopharmacy licenses contain a license condition that permits radioactive waste, consisting of pharmacy-supplied items, to be received from their customers. The customer may return, and the radiopharmacy may accept for disposal, only items originating at the radiopharmacy that contained or contain radioactive material. This is limited to pharmacy-supplied syringes and vials and their contents. It is *not* acceptable for customers to return items originating at their facilities that are contaminated with radioactive material supplied by the pharmacy (e.g., gloves, absorbent material, IV tubing and patient-contaminated items) (See

Figure 8.12). If an applicant wishes a broader authorization for radioactive waste retrieval, the applicant must apply for a separate license as a radioactive waste broker under the general provisions of rules 3701:1-38-19(B) and 3701:1-40-15.



8.12 Returned Waste. *Only items that originated at the radiopharmacy (pharmacy supplied syringes and vials and their contents) may be returned to the radiopharmacy for disposal.*

Radiopharmacy customers, who act as the shipper for returned materials, should be supplied with detailed written instructions on how to properly prepare and package radioactive waste for return to the radiopharmacy. These instructions should clearly indicate only items that contained or contain radioactive materials supplied by the radiopharmacy may be returned. In addition, these instructions should be adequate to ensure customers comply with DOT and NRC regulations for the packaging and transport of licensed materials and for the radiation safety of drivers/couriers. Because customers may return unused syringes and vials, which may contain significant quantities of licensed material, the radiopharmacy should also include in their instructions methods for determining that the activities of radioisotopes returned to the pharmacy are “limited quantities,” or otherwise ensure customers prepare and offer packages for transport that meet NRC and DOT requirements if the packages contain greater than limited quantities of radioactive material. The radiopharmacy should also have written instructions for pharmacy staff to address pick up, receipt and disposal of the returnable radioactive waste. Appendix S contains a model procedure for the return of pharmacy radioactive wastes from customers.

If the pharmacy chooses to take the responsibility to act as the shipper for returned materials, the pharmacy must ensure its customer follows DOT and NRC regulations for the packaging and transport of licensed materials and for the radiation safety of drivers/couriers in the return process.

Response from Applicant: Submit the following statement: “We have developed and will implement and maintain written procedures for customer return of pharmacy-supplied syringes and vials and their contents, to specify that:

- Only pharmacy-supplied syringes and vials and their contents may be returned to the pharmacy;
- Instructions will be provided to radiopharmacy customers for the proper preparation and packaging of the radioactive waste for return to the radiopharmacy; and
- Instructions will be provided to pharmacy staff for the pick up, receipt and disposal of the

returned radioactive waste that meet the requirements in rules 3701:1-38-19(A), 3701:1-40-15, and 3701:1-50-05 of the OAC as applicable.”

Note: Retrieval, receipt and disposal of pharmacy-supplied syringes and vials from customers are authorized via a license condition.

8.12 ITEM 12: FEES

The next two items on ODH Form HEA5133 are to be completed on the form itself.

On ODH Form HEA5133, enter the appropriate fee category from rule 3701:1-38-02 and the amount of the fee will be invoiced.

Direct all questions about ODH’s fees or completion of Item 12 of ODH Form HEA5133 to the Bureau of Radiation Protection at (614) 466-2727.

8.13 ITEM 13: CERTIFICATION

Individuals acting in a private capacity are required to date and sign ODH Form HEA5133. Otherwise, representatives of the corporation or legal entity filing the application should date and sign ODH Form HEA5133. Representatives signing an application must be authorized to make binding commitments and to sign official documents on behalf of the applicant. As discussed previously in “Management Responsibility,” signing the application acknowledges management’s commitment and responsibilities for the radiation protection program. ODH will return all unsigned applications for proper signature.

Note:

- It is a criminal offense to make a willful false statement or representation on applications or correspondence (18 U.S.C. 1001).
- When the application references commitments, those items become part of the licensing conditions and regulatory requirements.

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9 AMENDMENTS AND RENEWALS TO A LICENSE

It is the licensee's obligation to keep the license current. If any of the information provided in the original application is to be modified or changed, the licensee must submit an application for a license amendment before the change takes place; however, in accordance with rule 3701:1-46-43(B)(5), commercial radiopharmacy licensees may allow individuals not named on their licenses to work as ANPs, provided the individuals meet the minimum training and experience requirements of rules 3701:1-46-43(B)(2) or (4), and the licensee notifies the director in writing, with the documentation specified in rule 3701:1-46-43(B)(5), as applicable, no later than 30 days after the licensee allows the individual to work as an ANP. Also, to continue the license after its expiration date, the licensee must submit an application for a license renewal at least 30 days before the expiration date (rule 3701:1-40-18(A)).

Applications for license amendment or renewal should do the following:

- Use the most recent guidance in preparing an amendment or renewal request;
- Submit in duplicate, either an ODH Form HEA5133 or a letter requesting amendment or renewal;
- Provide the license number;
- For renewals, provide a complete and up-to-date application if many outdated documents are referenced or there have been significant changes in regulatory requirements, ODH's guidance, the licensee's organization, or its Radiation Protection Program. Alternatively, describe clearly the exact nature of the changes, additions, and deletions; and

Using the suggested wording of responses and committing to using the model procedures in this report will expedite the review.

10 APPLICATIONS FOR EXEMPTIONS

Regulations: rule 3701:1-38-08.

Criteria: Licensees may request exemptions to regulations. The licensee must demonstrate the exemption is authorized by law, will not endanger life or property or the common defense and security and is otherwise in the public interest.

Discussion: Various sections of NRC's regulations address requests for exemptions (e.g., rule 3701:1-38-08.) These regulations state the director may grant an exemption, acting on his own initiative or on an application from an interested person.

Exemptions are not intended to revise regulations, are not intended for large classes of license and are generally limited to unique situations. Exemption requests must be accompanied by descriptions of the following:

- Exemption and justification for it;
- Proposed compensatory safety measures intended to provide a level of health and safety equivalent to the regulation for which the exemption is being requested; and
- Alternative methods for complying with the regulation and why compliance with the existing regulation is not feasible.

Until the director has granted an exemption in writing, the director expects strict compliance with all applicable regulations.

11 TERMINATION OF ACTIVITIES

Regulations: rules 3701:1-40-16(A), 3701:1-40-17(I), 3701:1-40-18(C), 3701:1-40-18(G), 3701:1-40-18(I), 3701:1-40-18(K), 3701:1-40-21(F).

Criteria: The licensee must do the following:

- Notify the director, in writing, within 60 days of any of the following:
 - The expiration of its license;
 - A decision to cease licensed activities permanently at the entire site (regardless of contamination levels);
 - A decision to cease licensed activities permanently in any separate building or outdoor area, if they contain residual radioactivity that makes them unsuitable for release according to ODH requirements;
 - No principal activities having been conducted at the entire site under the license for a period of 24 months; or
 - No principal activities having been conducted for a period of 24 months in any separate building or outdoor area, if it contains residual radioactivity making it unsuitable for release according to ODH requirements.

AND

- Submit a decommissioning plan, if required by rule 3701:1-40-18(G);
- Conduct decommissioning, as required by rules 3701:1-40-18(I) and 3701:1-40-18(K);
- Submit to the director a completed disposition of radioactive materials form (supplied by the director) and a demonstration that the premises are suitable for release for unrestricted use (e.g., results of final survey); and
- Before a license is terminated, send the records important to decommissioning to the director. If licensed activities are transferred or assigned in accordance with rule 3701:1-40-16(A), transfer records important to decommissioning to the new licensee.

Discussion: As noted in several instances discussed in “Criteria,” before a licensee can decide whether it must notify the director, the licensee must determine whether residual radioactivity is present and, if so, whether the levels make the building or outdoor area unsuitable for release, according to ODH requirements. A licensee’s determination that a facility is not contaminated is subject to verification by ODH inspection.

For guidance on the disposition of licensed material, see Section 8.11 on “Waste Management.” For guidance on decommissioning records, see Section 8.5.2 on “Radioactive Materials - Financial Assurance and Recordkeeping for Decommissioning.”

Response from Applicant: The applicant’s obligations in this matter begin when the license expires or at the time the licensee ceases operations, whichever is earlier. These obligations are to undertake the necessary decommissioning activities, to submit a completed disposition of radioactive materials form (supplied by the director) or equivalent information and to perform any other actions as summarized in “Criteria.” The applicant is not required to submit a response to the director during the initial application.

Reference: ODH Form HEA5116, “Certificate of Disposition of Materials,” is available from the director upon request.

APPENDIX A

Ohio Department of Health Form HEA5133

**“Application for a License for Radioactive
Materials”**

Ohio Department of Health Application for a License for Radioactive Material

This is an application for: <input type="checkbox"/> Initial License <input type="checkbox"/> Renewal or <input type="checkbox"/> Amendment of License Number:			
1. Name of Licensee (Person or firm proposing to conduct the activities described below.)		2. Address of Licensee (Mailing address of licensee. This may be a PO Box.)	
3. Location(s) of Use or Storage (May not be a PO Box, an actual street address is required. Use additional pages if necessary.)			
a. Address:			
b. Address:			
c. Address:			
4. Licensee Contact Person If consultant or other non-employee, so indicate <input type="checkbox"/>			
Name:	Phone: ()	Fax: ()	E-Mail:

Submit detailed information for items 5 through 11 on separate 8-1/2" x 11" plain paper.
See examples and instructions provided for type and scope of information requested.

5. Radioactive Material		
a. Element and Mass Number (e.g., Hydrogen-3)	b. Physical / Chemical Form (e.g., sealed source, liquid, metal foil)	c. Maximum Activity (in SI units)
6. Purpose for which radioactive material will be used		
7. Radiation Safety Officer (Include training and experience.)		
8. Training Program (Include topics to be covered, frequency of training, and recipients.)		
9. Facilities and Equipment (attach documentation and diagram of locations of use and storage.)		
10. Radiation Protection Program (Include personnel monitoring, instrumentation, and procedures.)		
11. Waste Disposal / Waste Management (List methods to be used by name or reference.)		
12. Indicate whether licensee is a <input type="checkbox"/> Domestic (in-state) or <input type="checkbox"/> Foreign (out-of-state) corporation If a Foreign corporation, show the Designated Agent		
Name:	Address:	Phone: ()
13. Application Certification		
The applicant stated herein, or any official executing this application on behalf of the applicant, certifies that:		
a. This application is prepared in conformity with Chapter 3748 of the Revised Code and rules adopted thereunder.		
b. All information contained herein, including supplements and attachments is true and correct to the best of our knowledge and belief.		
Printed name and title of applicant/official executing this application	Signature	Date
14. Licensee Federal Tax ID number (If no Tax ID number, then Social Security Number):		
15. License Reduced Fees Certification (Attach financial documentation to indicate qualifications for reduced fees.)		
The applicant stated herein, or any official executing this application on behalf of the applicant, certifies that:		
a. This License Reduced Fees Certification is prepared in conformity with Chapter 3748 of the Revised Code and rules adopted thereunder.		
b. All information contained herein, including supplements and attachments is true and correct to the best of our knowledge and belief.		
c. The qualifications for reduced fees is based on OAC 3701:1-38-02, paragraph (J), subparagraph ()		
Printed name and title of applicant/official executing this application	Signature	Date
Return completed application to: Ohio Department of Health Radiation Protection 246 North High Street Columbus, Ohio 43215	Make payment instrument payable to: Treasurer, State of Ohio Ohio Department of Health Accounts Receivable Unit P.O. Box 15278 Columbus, Ohio 43215	

APPENDIX B

Filing License Applications Electronically

The Ohio Department of Health (ODH) Bureau of Radiation Protection (BRP) has implemented a new database, named RADMAT, for entering and tracking all radioactive materials licensing and invoicing actions. One of the features of the new system is the ability to enter the necessary information for new licenses, renewals, and amendment requests directly into the database. **This will allow for electronic filing of license action requests by licensees.**

In order to allow for direct entry of information into the database, each licensee must designate one or more individuals as RADMAT user(s) for their license and these persons will be assigned a log-in ID and a unique password. This will allow access to the license record(s) for which the RADMAT user is authorized in order to originate licensing actions. The ODH protocol requires that the log-in ID and password be assigned to a trustworthy and reliable individual who will not disclose or share their log-in information with others. The log-in ID will be their first name, last name and the ODH Web site (e.g. Firstname.Lastname@odh.ohio.gov). The initial password will be assigned with the log-in ID, but must be changed by the RADMAT user upon their first log-in to the system.

There are several considerations which you need to be aware of when designating your RADMAT user(s):

1. If you designate your radiation safety officer as a RADMAT user, and this person is a contracted individual with similar duties at other institutions, they may be named as a RADMAT user for those other licensees as well.
2. If a person is designated as a RADMAT user by more than one licensee, that individual will be provided with one log-in ID which will allow access to all licenses for which they have been designated, because the log-in ID is based on the user's first and last names, not the licensee's name or license number. Any information submitted via license applications and amendments, including trade secret and security information, will be visible to this individual.
3. If a designated RADMAT user leaves your employ, notify the BRP immediately so that access to your facility's information may be removed from that user's account.

To receive access to the new database, you are requested to provide the BRP with the name(s) of the RADMAT user(s) for your radioactive materials license, using the attached form. If you are designating multiple individuals, please make copies of the form and submit one form for each person. Completed forms should be submitted to the BRP through one of the methods designated at the bottom of the form.

If you have any questions regarding this matter, you may call the BRP at 614-644-2727 and ask to speak to Mark Light for Medical licenses, Stephen James for Non-medical licenses or Chuck McCracken for Decommissioning licenses.

Designation of User for ODH RADMAT Computer System

The following individual has been designated as a RADMAT user for the Ohio Radioactive Materials License number listed below and should be provided access to the ODH RADMAT computer system on our behalf:

PLEASE PRINT or TYPE

RADMAT User's Name: _____

RADMAT User's Title: _____

RADMAT User's E-Mail Address: _____

Licensee Name: _____

Ohio Radioactive Materials License Number: _____

Certifying Official Designation:

The individual named above has been designated as a RADMAT user for the RADMAT computer system for the Ohio Radioactive Materials License number indicated above. I understand that I am to notify the Ohio Department of Health, Bureau of Radiation Protection in the event that the employment relationship with this individual is terminated.

Certifying Official's Signature: _____

Certifying Official's Printed Name: _____

Certifying Official's Title: _____ Date: _____

RADMAT User Statement of Understanding:

I have been designated as a RADMAT user for the ODH RADMAT computer system for the Ohio Radioactive Materials License number indicated above. I understand that I am to notify the Ohio Department of Health, Bureau of Radiation Protection in the event that I terminate my employment relationship with this licensee.

RADMAT User Signature: _____ Date: _____

Return the completed form to:

For Medical licenses

Ohio Department of Health
Bureau of Radiation Protection
Attn: Mark Light
246 North High Street
Columbus, Ohio 43215

For Non-Medical licenses

Substitute:
Attn: Stephen James

For Decommissioning licenses

Substitute:
Attn: Chuck McCracken

Or via e-mail to: Mark.Light@odh.ohio.gov

Stephen.James@odh.ohio.gov

Chuck.McCracken@odh.ohio.gov

Or to any of the above via fax to: 614-466-0381

For Bureau Use Only

Log-In ID Authorized By: _____ Date: _____

APPENDIX C

Suggested Format for Providing Information Requested in Items 5 through 11 of ODH Form HEA5133

Item No.	Title and Criteria	Yes	Description Attached
6.	<p>PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED</p> <p>For radiopharmaceuticals:</p> <ul style="list-style-type: none"> • We confirm that radiopharmaceuticals will be prepared under the supervision of an ANP or will be obtained from a supplier authorized pursuant to rule 3701:1-46-43 of the Ohio Administrative Code; and <input type="checkbox"/> • Describe all licensed material to be distributed or redistributed. <input type="checkbox"/> <p>For generators:</p> <ul style="list-style-type: none"> • We confirm that the generators will be obtained from a manufacturer licensed pursuant to rule 3701:1-46-43 of the Ohio Administrative Code, or under equivalent NRC or Agreement State requirements; and <input type="checkbox"/> • We confirm that unused generators will be redistributed without opening or altering the manufacturer’s packaging. <input type="checkbox"/> <p>For redistribution of used generators:</p> <ul style="list-style-type: none"> • Describe the procedures and instructions for safely repackaging the generators, including the use of the manufacturer’s original packaging and minimization of migration of radioactive fluids out of the generator during transport; <input type="checkbox"/> • We confirm that the manufacturer’s packaging and labeling will not be altered; <input type="checkbox"/> • We confirm that the generator will not be distributed beyond the expiration date shown on the generator label; <input type="checkbox"/> • We confirm that the redistributed generator will be accompanied by the manufacturer-supplied leaflet or brochure that provides radiation safety instructions for handling and using the generator; and <input type="checkbox"/> • We confirm that only generators used in accordance with the manufacturer’s instructions will be redistributed. <input type="checkbox"/> 		

Item No.	Title and Criteria	Yes	Description Attached
6.	<p>PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED (Cont.)</p> <p>For Redistribution of Sealed Sources — for Brachytherapy or Diagnosis:</p> <ul style="list-style-type: none"> • We confirm that the sealed sources for brachytherapy or diagnosis to be redistributed will be obtained from a manufacturer authorized to distribute sealed sources for brachytherapy or diagnosis in accordance with a specific license issued pursuant to rule 3701:1-46-44 of the Ohio Administrative Code or under equivalent NRC or Agreement State requirements; and • We confirm that the manufacturer’s packaging, labeling, and shielding will not be altered and that redistributed sources will be accompanied by the manufacturer-supplied package insert, leaflet, brochure, or other document that provides radiation safety instructions for handling and storing the sources. <p>For Redistribution of Calibration and Reference Sealed Sources:</p> <ul style="list-style-type: none"> • We confirm that calibration and reference sealed sources to be redistributed to medical use licensees will be obtained from a person licensed pursuant to 3701:1-46-44 of the Ohio Administrative Code to initially distribute such sources; and • We confirm that the manufacturer’s labeling and packaging will not be altered and that redistributed sources will be accompanied by the manufacturer-supplied calibration certificate and the leaflet, brochure or other document that provides radiation safety instructions for handling and storing the sources. <p>For Redistribution of Prepackaged Units for <i>In Vitro</i> Tests:</p> <ul style="list-style-type: none"> • We confirm that the prepackaged units for <i>in vitro</i> tests to be redistributed will have been obtained from a manufacturer authorized to distribute the prepackaged units for <i>in vitro</i> tests in accordance with a specific license issued pursuant to 3701:1-46-42 of the Ohio Administrative Code or under an equivalent NRC or Agreement State license. 	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	

Item No.	Title and Criteria	Yes	Description Attached
6.	<p>PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED (Cont.)</p> <p>For Redistribution to General Licensees:</p> <ul style="list-style-type: none"> • We confirm that the manufacturer’s packaging and labeling of the prepackaged units for <i>in vitro</i> tests will not be altered in any way; and <input type="checkbox"/> • We confirm that each redistributed prepackaged unit for <i>in vitro</i> tests will be accompanied by the manufacturer-supplied package insert, leaflet or brochure that provides radiation safety instructions for general licensees. <input type="checkbox"/> <p>For Redistribution to Specific Licensees:</p> <ul style="list-style-type: none"> • We confirm that the labels, package insert, leaflet, brochure or other documents accompanying the redistributed prepackaged units for <i>in vitro</i> tests will NOT reference general licenses, exempt quantities or NRC’s regulations that authorize a general license (e.g., rule 3701:1-46-11 of the Ohio Administrative Code); and <input type="checkbox"/> • We confirm that the labeling on redistributed prepackaged units for <i>in vitro</i> tests will conform to the requirements of rule 3701:1-38-18 of the Ohio Administrative Code. <input type="checkbox"/> <p>For Redistribution to Discrete Sources of radium-226:</p> <ul style="list-style-type: none"> • We confirm that the discrete sources of radium-226 will be obtained by a manufacturer authorized to distribute it. <input type="checkbox"/> • We confirm that the manufacturer’s packaging, labeling and shielding will not be altered and that redistributed sources will be accompanied by the manufacture-supplied package insert, leaflet, brochure or other document that provides radiation safety instructions for handling and storing sources. <input type="checkbox"/> <p>For radiopharmaceutical preparation, we will perform:</p> <ul style="list-style-type: none"> • compounding of iodine-131 capsules; <input type="checkbox"/> • radioiodination; <input type="checkbox"/> • chemical synthesis of PET radiopharmaceuticals; <input type="checkbox"/> • technetium-99m kit preparation; and <input type="checkbox"/> • other, specify. <input type="checkbox"/> 		

Item No.	Title and Criteria	Yes	Description Attached
6.	<p>PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED (Cont.)</p> <p>Supply specific information concerning the use of discrete sources of radium-226, sealed sources for reference and calibration and depleted uranium.</p> <p>We will provide customer the following radiation protection services involving licensed material:</p> <ul style="list-style-type: none"> • leak testing; • instrument calibration; and • other, specify. 	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
7.	<p>INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING AND EXPERIENCE</p> <p>For applicant's management structure, provide:</p> <ul style="list-style-type: none"> • An organizational chart describing the management structure, reporting paths and flow of authority between executive management and the RSO. <p>For the Radiation Safety Officer (RSO), provide:</p> <ul style="list-style-type: none"> • Name of the proposed RSO; <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> • A copy of the license (NRC or Agreement State) that authorized the uses requested and on which the individual was specifically named as the RSO, an ANP or an AU; <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • Description of the training and experience demonstrating that the proposed RSO is qualified by training and experience applicable to commercial nuclear pharmacies. <p><i>Note:</i> See Appendix G for convenient formats to use for documenting hours of training in basic radioisotope handling techniques and hours of experience using radioisotopes.</p> <p>For each proposed Authorized Nuclear Pharmacist (ANP), provide the following:</p> <ul style="list-style-type: none"> • Name of the proposed ANP; <p style="text-align: center;">AND</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

Item No.	Title and Criteria	Yes	Description Attached
7.	<p>INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING AND EXPERIENCE (Cont.)</p> <p><i>For an individual previously identified as an ANP on an NRC or Agreement State license or permit or by a commercial nuclear pharmacy that has been authorized to identify ANPs:</i></p> <ul style="list-style-type: none"> • The previous license number (if issued by NRC) or a copy of the license (if issued by an Agreement State) or a copy of a permit issued by an NRC Master Material Licensee, a permit issued by an NRC or Agreement State broadscope licensee or a permit issued by an NRC master material license broadscope permittee on which the individual was named an ANP or a copy of an authorization as an ANP from a commercial nuclear pharmacy that has been authorized to identify ANPs; <p style="text-align: center;">OR</p> <p><i>For an individual qualifying under rule 3701:1-58-20 of the Ohio Administrative Code:</i></p> <ul style="list-style-type: none"> • Copy of the certification(s) of the specialty board whose certification process has been recognized under rule 3701:1-58-20(A) of the Ohio Administrative Code; <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> • Written attestation, signed by a preceptor ANP, that training and experience required for certification have been satisfactorily completed and that a level of competency sufficient to function independently as an ANP has been achieved; <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • Description of the training and experience specified in 3701:1-58-20(B) of the Ohio Administrative Code demonstrating that the proposed ANP is qualified by training and experience; <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> • Written attestation, signed by a preceptor ANP, that the above training and experience have been satisfactorily completed and that a level of competency sufficient to function independently as an ANP has been achieved. <p style="text-align: center;">AND</p>		<p style="text-align: center;"><input type="checkbox"/></p>

Item No.	Title and Criteria	Yes	Description Attached
7.	<p>INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING AND EXPERIENCE (Cont.)</p> <ul style="list-style-type: none"> If applicable, description of recent related continuing education and experience as required by rule 3701:1-58-22 of the Ohio Administrative Code. <p><i>Notes</i></p> <ul style="list-style-type: none"> ODH “Training, Experience and Preceptor Statement” Form (ANP), “Authorized Nuclear Pharmacist Training and Experience and Preceptor Attestation [3701:1-58-22],” may be used to document training and experience (See Appendix G). Licensees must notify the director under rule 3701:1-58-09 within 30 days if an ANP permanently discontinues his or her duties under the license or has a name change. <p style="text-align: center;">OR</p> <p><i>For an individual qualifying under rule 3701:1-46-43(B)(5) of the Ohio Administrative Code:</i></p> <ul style="list-style-type: none"> The individual is designated as an ANP who prepares only radioactive drugs containing accelerator-produced radioactive material; <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> The individual practiced at a pharmacy at a government agency or federally recognized Indian tribe before April 8, 2007, or at all other pharmacies before August 8, 2009, or an earlier date as noticed by NRC. <p>For each proposed Authorized User (AU), provide the following:</p> <ul style="list-style-type: none"> Name of each proposed AU; <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> Types, quantities and proposed uses of licensed material; <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> A copy of license (State of Ohio, NRC or Agreement State) on which the individual was specifically named as an AU for the types, quantities and proposed uses of licensed materials; <p style="text-align: center;">OR</p>	<p style="text-align: center;"><input type="checkbox"/></p>	<p style="text-align: center;"><input type="checkbox"/></p>

Item No.	Title and Criteria	Yes	Description Attached
10.	<p>RADIATION SAFETY PROGRAM (Cont.)</p> <ul style="list-style-type: none"> • license possession limits are not exceeded; • licensed material in storage is secured from unauthorized access or removal; • licensed material not in storage is maintained under constant surveillance and control; and • records of receipt (either from the licensee’s own production operations or from another licensee), transfer and disposal of licensed material are maintained. <p>Occupational Dosimetry We have developed and will implement and maintain written procedures for monitoring occupational dose that meet the requirements in rules 3701:1-38-14, 3701:1-38-12 and 3701:1-38-20 of the Ohio Administrative Code, as applicable.</p> <p>Public Dose The applicant’s program to control doses received by individual members of the public will be examined during inspection, but it should not be submitted in a license application.</p> <p>Safe Use of Radionuclides and Emergency Procedures We have developed and will implement and maintain written procedures for the safe use of radioactive materials that address:</p> <ul style="list-style-type: none"> • facility and personnel radioactive contamination minimization, detection and control; • performing molybdenum-99 breakthrough measurements on all generator elutions used to prepare radioactive drugs for human medical use; and • use of protective clothing and equipment by personnel that meet the requirements in rules 3701:1-38-11, 3701:1-38-17, 3701:1-40-16(E) and 3701:1-38-10(A)(1)(C) of the Ohio Administrative Code, as applicable; <p style="text-align: center;">AND</p>	<p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;"><input type="checkbox"/></p>	<p style="text-align: center;">Need Not Be Submitted with Application</p>

Item No.	Title and Criteria	Yes	Description Attached
10.	<p>RADIATION SAFETY PROGRAM (Cont.)</p> <p>Radioactive Drug Shielding for Distribution</p> <p>For each radioactive drug to be distributed (except for products intended for redistribution without manipulation and in the manufacturer’s original shipping package), provide:</p> <ul style="list-style-type: none"> • The radionuclide and the maximum activity for each type of container (e.g., vial, syringe); • Describe the type and thickness of the “transport radiation shield” provided for each type of container; and • Indicate the maximum radiation level to be expected at the surface of each “transport radiation shield” when the radioactive drug container is filled with the maximum activity. <p>Leak Tests</p> <p>We have developed and will implement and maintain written procedures for leak testing that meet the requirements in rules 3701:1-38-14, and 3701:1-38-20 of the OAC.</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>
11.	<p>WASTE MANAGEMENT</p> <p>Pharmacy-generated Radioactive Wastes</p> <p>We have developed and will implement and maintain written procedures for waste management that meet the requirements in rules 3701:1-38-19, 3701:1-38-20 and 3701:1-40-21 of the OAC, as applicable.</p> <p>Returned Wastes from Customers</p> <p>We have developed and will implement and maintain written procedures for customer return of pharmacy-supplied syringes and vials and their contents, to specify that:</p> <ul style="list-style-type: none"> • only pharmacy-supplied syringes and vials and their contents may be returned to the pharmacy; • instructions will be provided to radiopharmacy customers for the proper preparation and packaging of the radioactive waste for return to the radiopharmacy; and • instructions will be provided to pharmacy staff for the pick-up, receipt and disposal of the returned radioactive waste. <p>that meet the requirements in rules 3701:1-38-19(A), 3701:1-40-15, and 3701:1-50-05 of the OAC, as applicable.</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	

APPENDIX D

Checklist for License Application

Checklist for License Application

D.1 ITEM 1: ACTION TYPE

<p>ACTION TYPE:</p> <p><input type="checkbox"/> New</p> <p><input type="checkbox"/> Amendment</p> <p><input type="checkbox"/> Renewal</p>	<p>ADMINISTRATIVE REVIEW:</p> <p><input type="checkbox"/> Current Guidance Used</p> <p><input type="checkbox"/> References in Application Based On Current Regulations</p> <p><input type="checkbox"/> All Attachments Referenced Included</p> <p><input type="checkbox"/> Signature on Application</p>
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D.2 ITEM 2: LEGAL IDENTITY

NAME:	
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D.3 ITEMS 2 & 3: ADDRESS

STORAGE & LOCATION OF USE ADDRESS:	MAILING ADDRESS:

D.4 ITEM 4: PERSON TO BE CONTACTED ABOUT THIS APPLICATION

CONTACT PERSON:	
TELEPHONE NUMBER:	

D.5 ITEMS 5 & 6: MATERIALS TO BE POSSESSED AND PROPOSED USES

Yes	No	Radioisotope	Form or Mfg/Model No.	Quantity	Purpose of Use	Specify Other Uses Not Listed on SSD Certificate
		Byproduct Materials with Atomic No. 1-83	Any	millicuries per nuclide, 1 curie total possession, except as noted:	3701:1-46-43 and 3701:1-40-19	<input type="checkbox"/> Not applicable <input type="checkbox"/> Uses are:
		Molybdenum-99	Any	curies	3701:1-46-43 and 3701:1-40-19	<input type="checkbox"/> Not applicable <input type="checkbox"/> Uses are:
		Technetium-99m	Any	curies	3701:1-46-43 and 3701:1-40-19	<input type="checkbox"/> Not applicable <input type="checkbox"/> Uses are:
		Iodine-131	Any	millicuries	3701:1-46-43 and 3701:1-40-19	<input type="checkbox"/> Not applicable <input type="checkbox"/> Uses are:
		Fluorine-18	Any	millicuries	3701:1-46-43 and 3701:1-40-19	<input type="checkbox"/> Not applicable <input type="checkbox"/> Uses are:
		Iodine-123	Any	millicuries	3701:1-46-43 and 3701:1-40-19	<input type="checkbox"/> Not applicable <input type="checkbox"/> Uses are:
		Xenon-133	Any	curies	3701:1-46-43 and 3701:1-40-19	<input type="checkbox"/> Not applicable <input type="checkbox"/> Uses are:

APPENDIX D

Yes	No	Radioisotope	Form or Mfg/Model No.	Quantity	Purpose of Use	Specify Other Uses Not Listed on SSD Certificate
		Any byproduct material in a brachytherapy source, as listed in 3701:1-58-43	Sealed sources	millicuries	3701:1-46-43 and 3701:1-40-19	<input type="checkbox"/> Not applicable <input type="checkbox"/> Uses are:
		Any byproduct material in a sealed source for diagnosis, as listed in 3701:1-58-53	Sealed sources	curies per source and curies total	3701:1-46-43 and 3701:1-40-19	<input type="checkbox"/> Not applicable <input type="checkbox"/> Uses are:
		Any byproduct material listed in 3701:1-46-11 (A)	Prepackaged units for <i>in vitro</i> diagnostic tests	millicuries	3701:1-46-11	<input type="checkbox"/> Not applicable <input type="checkbox"/> Uses are:
		Any byproduct material authorized under 3701:1-58-26	Sealed sources	millicuries	Calibration and checking of the licensees instruments and 3701:1-46-43 and 3701:1-40-19	<input type="checkbox"/> Not applicable <input type="checkbox"/> Uses are:
		Depleted uranium	Metal	kilograms	Shielding for molybdenum-99/technetium-99m generators	<input type="checkbox"/> Not applicable <input type="checkbox"/> Uses are:
		Cesium-137	Sealed sources in compatible device as specified in Sealed Source and Device Registry Sheet	Not to exceed maximum activity per source as specified in Sealed Source and Device Registry Sheet	Instrument calibration	<input type="checkbox"/> Not applicable <input type="checkbox"/> Uses are:
		Other (specify)				

Item Number and Title	Suggested Response	Yes	Alternative Procedures Attached
	<p style="text-align: center;">OR</p> <p>Description of the training and experience specified in rule 3701:1-58-20(B) demonstrating that the proposed ANP is qualified by training and experience;</p> <p style="text-align: center;">AND</p> <p>Written attestation, signed by a preceptor ANP, that the above training and experience has been satisfactorily completed and that a level of competency sufficient to function independently as an ANP has been achieved;</p> <p style="text-align: center;">AND</p> <p>If applicable, description of recent related continuing education and experience as required by rule 3701:1-58-22.</p> <p><i>Note:</i></p> <ul style="list-style-type: none"> • ODH “Training, Experience and Preceptor Statement” Form (ANP), “Authorized Nuclear Pharmacist Training and Experience and Preceptor Attestation [rule 3701:1-58-22],” may be used to document training and experience. • Licensees must notify the director under rule 3701:1-58-09 within 30 days if an ANP permanently discontinues his or her duties under the license or has a name change. <p style="text-align: center;">OR</p> <p>For an individual qualifying under rule 3701:1-46-43(B)(5):</p> <ul style="list-style-type: none"> • The individual is designated as an ANP who prepares only radioactive drugs containing accelerator-produced radioactive material; <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> • The individual practiced at a pharmacy at a government agency or federally recognized Indian tribe before April 8, 2007, or at all other pharmacies before August 8, 2009, or an earlier date as noticed by NRC. 	<p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;"><input type="checkbox"/></p>	<p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;"><input type="checkbox"/></p>

Item Number and Title	Suggested Response	Yes	Alternative Procedures Attached
<p>7. Individual(s) Responsible for Radiation Safety Program and Their Training and Experience</p> <p>7.4 Authorized User(s)</p> <p>Name(s): _____</p>	<p>Identify types, quantities and proposed uses of licensed material;</p> <p style="text-align: center;">AND</p> <p>A copy of license (State of Ohio, NRC or Agreement State) on which the individual was specifically named as an AU for the types, quantities and proposed uses of licensed materials;</p> <p style="text-align: center;">OR</p> <p>A copy of the permit maintained by a licensee of broad scope that identifies the individual as an AU for the types, quantities and proposed uses of licensed materials;</p> <p style="text-align: center;">OR</p> <p>Description of the training and experience demonstrating that the proposed AU is qualified by training and experience to use the requested licensed materials</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>
<p>8. Training for Individuals Working in or Frequenting Restricted Areas (Occupationally Exposed and Ancillary Personnel)</p>	<p>We have developed and will implement and maintain written procedures for a training program for each group of workers, including: topics covered; qualifications of the instructors; method of training; method for assessing the success of the training; and the frequency of training and refresher training.</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>
<p>8. Training for Personnel Involved in Hazardous Materials Package Preparation and Transport</p>	<p>We have developed and will implement and maintain written procedures for training personnel involved in hazardous materials package preparation and transport that meet the requirements in 49 CFR 172.700, 49 CFR 172.702, and 49 CFR 172.704, as delineated in rule 3701:1-50-05, as applicable.</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>
<p>8. Training for Supervised Individuals Preparing Radiopharmaceuticals</p>	<p>The applicant's program for training of supervised individuals preparing radiopharmaceuticals will be examined during inspections, but should not be submitted in the license application.</p>		<p>N/A</p>

Item Number and Title	Suggested Response	Yes	Alternative Procedures Attached
<p>9. Facilities and Equipment</p>	<p>Provide a copy of the registration or license from a State Board of Pharmacy as a pharmacy; or provide evidence that the facility is operating as a nuclear pharmacy within a federal medical institution;</p> <p style="text-align: center;">AND</p> <p>Describe the facilities and equipment to be made available at each location where radioactive material will be used, which includes the method used to physically transfer licensed material for PET radiopharmacies to the different processes (e.g., chemical synthesis, dispensing). A diagram should be submitted that shows the applicant’s entire facility and identifies activities conducted in all contiguous areas surrounding the facility. Diagrams should be drawn to a specified scale, or dimensions should be indicated.</p> <p>Include the following information:</p> <ul style="list-style-type: none"> • Descriptions of the area(s) assigned for the production or receipt, storage, preparation, measurement and distribution of radioactive materials and the location(s) for radioactive waste storage; • Sufficient detail in the diagram to indicate locations of shielding, the proximity of radiation sources to unrestricted areas and other items related to radiation safety; • Descriptions of the ventilation systems, including gloveboxes or fume hoods, with pertinent airflow rates, area differential pressures, filtration equipment and monitoring systems for the use or storage of radioactive materials with the probability of becoming airborne, such as compounding radioiodine capsules and dispensing radioiodine solutions; and • Verification that ventilation systems ensure effluents are ALARA, are within the dose limits of rule 3701:1-38-13 and are within the constraints for air emissions established under rule 3701:1-38-11(E)(4). 	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>10. Radiation Safety Program</p> <p>10.1 Audit Program</p>	<p>The applicant’s program for reviewing the content and implementation of its radiation protection program will be examined during inspections, but it should not be submitted in the license application.</p>		<p>N/A</p>

Item Number and Title	Suggested Response	Yes	Alternative Procedures Attached
<p>10. Radiation Safety Program</p> <p>10.2 Survey Instruments</p>	<p>We will use equipment that meets the radiation monitoring instrument specifications and implement the model survey meter calibration program published in Appendix J to NMS-LIC-13, Rev. 1, “Program-Specific Guidance About Commercial Radiopharmacy Licenses;”</p> <p style="text-align: center;">OR</p> <p>We will use equipment that meets the radiation monitoring instrument specifications published in Appendix J to NMS-LIC-13, Rev. 1, “Program-Specific Guidance About Commercial Radiopharmacy Licenses,” and instruments will be calibrated by persons authorized by the director, NRC, an Agreement State or a licensing state to perform that service;</p> <p style="text-align: center;">OR</p> <p>A description of alternative minimum equipment to be used for radiation monitoring and/or alternative procedures for the calibration of radiation monitoring equipment.</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>10. Radiation Safety Program</p> <p>10.3 Material Receipt and Accountability</p>	<p>We have developed, and will implement and maintain, written procedures for safely opening packages that meet the requirements in rule 3701:1-38-18;</p> <p style="text-align: center;">AND</p> <p>We will conduct physical inventories of sealed sources of licensed material at intervals not to exceed six months;</p> <p style="text-align: center;">AND</p> <p>We have developed, and will implement and maintain written procedures for licensed material accountability and control to ensure:</p> <ul style="list-style-type: none"> • License possession limits are not exceeded; • Licensed material in storage is secured from unauthorized access or removal; • Licensed material not in storage is maintained under constant surveillance and control; and • Records of receipt, transfer and disposal of licensed material are maintained. 	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

Item Number and Title	Suggested Response	Yes	Alternative Procedures Attached
10. Radiation Safety Program 10.4 Occupational Dosimetry	We have developed and will implement and maintain written procedures for monitoring occupational dose that meet the requirements in rules 3701:1-38-14, 3701:1-38-12 and 3701:1-38-20, as applicable.	<input type="checkbox"/>	<input type="checkbox"/>
10. Radiation Safety Program 10.5 Public Dose	The applicant's program to control doses received by individual members of the public will be examined during inspection, but it should not be submitted in a license application.	N/A	
10. Radiation Safety Program 10.6 Safe Use of Radionuclides and Emergency Procedures	We have developed and will implement and maintain written procedures for the safe use of radioactive materials that address: <ul style="list-style-type: none"> • Facility and personnel radioactive contamination minimization, detection and control; • Performing molybdenum-99 breakthrough measurements on all generator elutions used to prepare radioactive drugs for human medical use; and • Use of protective clothing and equipment by personnel; that meet the requirements in rules 3701:1-38-11, 3701:1-38-17, 3701:1-40-16(E), and 3701:1-38-10(A)(1)(c) of the Ohio Administrative Code, as applicable.	<input type="checkbox"/>	<input type="checkbox"/>

Item Number and Title	Suggested Response	Yes	Alternative Procedures Attached
<p>10. Radiation Safety Program</p> <p>10.7 Safe Use of Radionuclides and Emergency Procedures</p>	<p>We have developed and will implement and maintain written procedures for identifying and responding to emergencies involving radioactive material, including:</p> <ul style="list-style-type: none"> • Lost, stolen or missing licensed material; • Exposures to personnel and the public in excess of NRC regulatory limits; • Releases of licensed materials in effluents and the sanitary sewer in excess of NRC regulatory limits; • Excessive radiation levels or radioactive material concentrations in restricted or unrestricted areas; • Radioactive spills and contamination; • Fires, explosions and other disasters with the potential for the loss of containment of licensed material; and • Routine contacts with local fire departments and local law enforcement agencies <p>that meet the requirements in rules 3701:1-38-11, 3701:1-38-21, and 3701:1-40-20 of the Ohio Administrative Code and other requirements, as applicable.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>10. Radiation Safety Program</p> <p>10.8 Surveys</p>	<p>We have developed, and will implement and maintain, written procedures for a survey program that specifies the performance of radiation and contamination level surveys in restricted and unrestricted areas, personnel contamination monitoring, action levels and the frequencies and records maintenance of those surveys and monitoring that meet the requirements in rules 3701:1-38-14, and 3701:1-38-20, as applicable.</p>	<input type="checkbox"/>	<input type="checkbox"/>

Item Number and Title	Suggested Response	Yes	Alternative Procedures Attached
<p>10. Radiation Safety Program 10.9 Dosage Measurement Systems</p>	<p>Describe the types of systems (measurement or combination of measurement and calculation) to be used for the measurement of alpha,- beta,- gamma- and photon-emitting radioactive drugs;</p> <p style="text-align: center;">AND</p> <p>For each dosage measurement system used to measure the amount of radioactivity in alpha,- beta,- gamma- or photon-emitting radioactive drugs, state: “We have developed, and will implement and maintain, a written procedure for the performance of dosage measurement system checks and tests that meets the requirements in rule 3701:1-46-43(C) of the Ohio Administrative Code;”</p> <p style="text-align: center;">AND</p> <p>If applicable, include a sample calculation for determining beta-correction factors for dose calibrators with ionization chambers;</p> <p style="text-align: center;">OR</p> <p>If applicable, include a means for ensuring the accuracy of beta-correction factors supplied by the instrument manufacturer or other entity.</p>	<p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;"><input type="checkbox"/></p>	<p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;"><input type="checkbox"/></p>
<p>10. Radiation Safety Program 10.10 Transportation</p>	<p>The applicant’s program for transportation will be examined during inspection, but it should not be submitted in a license application.</p>		<p style="text-align: center;">N/A</p>
<p>10. Radiation Safety Program 10.11 Minimization of Contamination</p>	<p>The applicant does not need to provide a response to this item under the following condition: NRC will consider that the criteria have been met if the applicant’s responses meet the criteria for the following sections: “Facilities and Equipment; Radiation Safety Program - Safe Use of Radionuclides and Emergency Procedures; Radiation Safety Program - Surveys; Radiation Safety Program - Leak Testing; and Waste Management” NMS-LIC-13, Rev. 1.</p>		

Item Number and Title	Suggested Response	Yes	Alternative Procedures Attached
10. Radiation Safety Program 10.12 Radioactive Drug Labeling for Distribution	Describe all labels, indicating the colors to be used, that will accompany the products and describe where each label is placed (e.g., on the “transport radiation shield” or the container used to hold the radioactive drug); and agree to affix the required labels to all “transport radiation shields” and each container used to hold the radioactive drugs.		<input type="checkbox"/>
10. Radiation Safety Program 10.13 Radioactive Drug Shielding for Distribution	For each radioactive drug to be distributed (except for products intended for redistribution without manipulation and in the manufacturer’s original shipping package): <ul style="list-style-type: none"> • Provide the radionuclide and the maximum activity for each type of container (e.g., vial, syringe); • Describe the type and thickness of the “transport radiation shield” provided for each type of container; and • Indicate the maximum radiation level to be expected at the surface of each “transport radiation shield” when the radioactive drug container is filled with the maximum activity. 		
10. Radiation Safety Program 10.14 Leak Tests	We have developed, and will implement and maintain, written procedures for leak testing that meet the requirements in rules 3701:1-38-14, and 3701:1-38-20.	<input type="checkbox"/>	<input type="checkbox"/>
11. Waste Management Pharmacy-Generated Radioactive Wastes	We have developed, and will implement and maintain, written procedures for waste management that meet the requirements in rules 3701:1-38-19(A), 3701:1-38-19(D), 3701:1-38-19(H), 3701:1-38-20 and 3701:1-40-21, as applicable.	<input type="checkbox"/>	<input type="checkbox"/>

<p>11. Waste Management Returned Wastes from Customers</p>	<p>We have developed and will implement and maintain written procedures for customer return of pharmacy-supplied syringes and vials and their contents, to specify that:</p> <ul style="list-style-type: none"> • Only pharmacy-supplied syringes and vials and their contents may be returned to the pharmacy; • Instructions will be provided to radiopharmacy customers for the proper preparation and packaging of the radioactive waste for return to the radiopharmacy; and • Instructions will be provided to pharmacy staff for the pick-up, receipt and disposal of the returned radioactive waste <p>that meet the requirements in rule 3701:1-38-19(A), 3701:1-40-15, and 3701:1-50-05, as applicable.</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>
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APPENDIX E

Sample License

SAMPLE RADIOPHARMACY MATERIALS LICENSE

Amendment No. 0Page 1 of 5

OHIO DEPARTMENT OF HEALTH LICENSE FOR RADIOACTIVE MATERIAL

Pursuant to Chapter 3748 of the Ohio Revised Code, and in reliance on statements and representations made by the licensee, a license is hereby issued authorizing the licensee named herein to receive, acquire, possess, and transfer radioactive material as designated below; to use such material for the purpose(s) and at the place(s) designated below; to deliver or transfer such material to persons authorized to receive it in accordance with the applications of Chapter 3748 of the Ohio Revised Code and all applicable rules promulgated thereunder. This license is subject to all applicable rules, regulations and orders of the Ohio Department of Health now or hereinafter in effect and to any conditions specified below.

LICENSEE 1. BKY Radiopharmacy 2. 1234 Main Street Columbus, Ohio 12345		LICENSE NUMBER 3. 02500000000 EXPIRATION DATE 4. January 1, 2020 BUREAU DOCKET NUMBER 5.
6. RADIOACTIVE MATERIAL	7. CHEMICAL AND/OR PHYSICAL FORM	8. MAXIMUM QUANTITY THAT LICENSEE MAY POSSESS AT ANY ONE TIME UNDER THIS LICENSE
A. Any unsealed radioactive material with the exception of Molybdenum-99, Technetium-99m, Xenon-133, Iodine-131, or NARM used to prepare radioactive drugs for medical use.	A. Any radiopharmaceutical form	A. 37 GBq (1 Ci)
B. Technetium-99m	B. Any radiopharmaceutical form	B. 7.4 TBq (200 Ci)
C. Xenon-133	C. Any radiopharmaceutical form	C. 185 GBq (5 Ci)
D. Iodine-131	D. Any form	D. 36.999 GBq (1 Ci)
E. Fluorine-18	E. Any radiopharmaceutical form	E. 185 GBq(5 Ci)
F. Cobalt-57	F. Any radiopharmaceutical form	F. 1.85 GBq (50 mCi)
G. Cobalt-58	G. Any radiopharmaceutical form	G. 1.85 GBq (50 mCi)
H. Gallium-67	H. Any radiopharmaceutical form	H. 9.25 GBq (250 mCi)
I. Indium-111	I. Any radiopharmaceutical form	I. 3.7 GBq (100 mCi)
J. Iodine-123	J. Any radiopharmaceutical form	J. 7.4 GBq (200 mCi)
K. Thallium-201	K. Any radiopharmaceutical form	K. 27.75 GBq (750 mCi)

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6. RADIOACTIVE MATERIAL	7. CHEMICAL AND/OR PHYSICAL FORM	8. MAXIMUM QUANTITY THAT LICENSEE MAY POSSESS AT ANY ONE TIME UNDER THIS LICENSE
L. Krypton-81m	L. Any radiopharmaceutical form	L. 37 GBq (1 Ci)
M. Molybdenum – 99	M. Any Molybdenum-99/Techetium-99m generator initially distributed in accordance with a specific license issue pursuant to rule 3701:1-46-43 of the Ohio Administrative Code, NRC or equivalent Agreement State regulations	M. 7.4 TBq (200 Ci)
N. Rubidium – 81	N. Any Rubidium-81/Krypton-81m generator initially distributed in accordance with a specific license issue pursuant to rule 3701:1-46-43 of the Ohio Administrative Code , NARM licensing state or equivalent Agreement State regulations	N. 37 GBq (1 Ci)
O. Any radioactive material listed in rule 3701:1-58-43 of the Ohio Administrative Code	O. Any sealed source that has been manufactured, labeled, packaged, and distributed in accordance with a specific license issued pursuant to rule 3701:1-46-44 of the Ohio Administrative Code , NRC, NARM licensing state or equivalent Agreement State regulations	O. 18.5 GBq (500 mCi)
P. Any radioactive material listed in rule 3701:1-58-53 of the Ohio Administrative Code	P. Any sealed source that has been manufactured, labeled, packaged, and distributed in accordance with a specific license issued pursuant to rule 3701:1-46-44 of the Ohio Administrative Code, NRC, NARM licensing state or equivalent Agreement State regulations	P. 166.5 GBq (4.5 Ci), no single source to exceed 55.5 GBq (1.5 Ci)
Q. Any radioactive material listed in rule 3701:1-46-11 of the Ohio Administrative Code	Q. Prepackaged units for <u>in vitro</u> diagnostic tests	Q. 1.85 GBq (50 mCi)
R. Any sealed source listed in rule 3701:1-58-27 of the Ohio Administrative Code except Cobalt 57	R. Any sealed source listed in rule 3701:1-58-27 of the Ohio Administrative Code that has been manufactured, labeled, packaged, and distributed in accordance with a specific license issued pursuant to 3701:1-46-44 of the Ohio Administrative Code, NRC, NARM licensing state or equivalent Agreement State regulations	R. 1.85 GBq (50 mCi)

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6. RADIOACTIVE MATERIAL	7. CHEMICAL AND/OR PHYSICAL FORM	8. MAXIMUM QUANTITY THAT LICENSEE MAY POSSESS AT ANY ONE TIME UNDER THIS LICENSE
S. Cobalt-57	S. Sealed source registered either with rule 3701:1-46-49 of the Ohio Administrative Code, NRC, NARM licensing state or equivalent Agreement State regulation	S. 7.4 GBq (200 mCi)
T. Uranium (depleted in the isotope Uranium 235)	T. Metal encased in stainless steel	T. 220 kilograms
U. Any radioactive material with atomic numbers 2 – 83, inclusive	U. Liquid	U. 3.7 GBq (100 mCi)
V. Any radioactive material with atomic numbers 2 – 83, inclusive	V. Analytical samples	V. As needed
W. Strontium-82/Rubidium-82 Generator	W. Any Strontium-82/Rubidium-82 generator initially distributed in accordance with a specific license issue pursuant to rule 3701:1-46-43 of the Ohio Administrative Code, NRC or equivalent Agreement State regulations	W. 14.8 GBq (400 mCi)
X. Strontium-85	X. Any	X. 3.7 GBq (1 Ci)

9. Authorized Use

- A – L. Preparation and distribution of prepared radioactive drugs (included Mo99/Tc99m & Rb82/Kr81m generators) to authorized recipients.
- M – N. For use in producing Technetium-99m Pertechnetate. Redistribution of generators to authorized recipients.
 - 1. Redistribution of generators as received from the manufacturer in the manufacturer’s original packaging and shielding and accompanied by the manufacturer’s approved instructions to authorized recipients for use and storage.
 - 2. Each redistributed generator will be accompanied by the manufacturer-supplied package insert, leaflet, or brochure that describes the procedures to be followed and the equipment and shielding to be used in using the generator.
 - 3. Unused generators will be redistributed without opening or altering the manufacturer’s packaging.
 - 4. Used generators will be redistributed using the manufacturer’s packaging and labeling.
 - 5. Used generators will not be distributed for human use beyond the expiration date shown on the generator label.
- O – P. Redistribution of sealed sources as received from the manufacturer in the manufacturer’s original packaging and shielding and accompanied by the manufacturer’s approved instructions to authorized recipients for use and storage.
- Q. Redistribution to specific licensees or general licensees pursuant to rule 3701:1-46-11 of the Ohio Administrative Code provided the packaging and labeling remain unchanged.
- R – S. Instrumentation calibration. Redistribution of pursuant to rule 3701:1-46-44 of the Ohio Administrative Code, of sources to specifically authorized recipients persons licensed pursuant to rule 3701:1-46-37 of the Ohio Administrative Code.
- T. Shielding for Mo99/Tc99m generators.

APPENDIX E

U. Use and distribution for instrument reference and calibration.

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- V. Possession incident to the performance of swipe testing of customers sealed sources.
- W. Redistribution to specific licenses or general licenses as received from the manufacturer in the manufacturer's original packaging and shielding and accompanied by the manufacturer's approved instructions to authorized recipients for use and storage.
- X. By-product (impurity) of Sr-82/Rb-82 generators.

Pursuant to rules 3701:1-46-43 and 3701:1-46-44 of the Ohio Administrative Code, the licensee is authorized to distribute the radioactive material described in Items 6 & 7 (A-U) of this license to persons licensed pursuant to rules 3701:1-58-32, 3701:1-58-34, 3701:1-58-37, 3701:1-43, and 3701:1-58-53 of the Ohio Administrative Code, NRC or under equivalent licenses of Agreement or NARM licensing states.

CONDITIONS

10. Licensed material may only be used at the licensee's facilities located at:
 Insert Street address of facility
11. The Radiation Safety Officer for this license is
 Insert name of RSO
12. Licensed material shall be limited by the procedures outlined in Sections 6, 7, and 8 of this license. Materials may only be used by, or under the supervision of, the below listed individual(s) designated in writing:
 Authorized User(s)
 Insert name(s) of AU's
 Authorized Nuclear Pharmacist(s)
 Insert name(s) of ANP's
13.
 - A. Sealed sources shall be tested for leakage and/or contamination at intervals not to exceed six (6) months, unless a longer leak test interval is specified by the manufacturer and specifically authorized by the Director, the NRC, or an Agreement State, at intervals not to exceed three years.
 - B. Notwithstanding Paragraph A of this Condition, sealed sources designed to emit alpha particles shall be tested for leakage and/or contamination at intervals not to exceed three (3) months.
 - C. In the absence of a certificate from a transferor indicating that a leak test has been made within the required leak test interval, a sealed source shall not be put into service until tested.
 - D. Sealed sources need not be tested if:
 - 1) they contain only a radioactive gas; or
 - 2) the half-life of the isotope is 30 days or less; or
 - 3) they contain 3.7 MBq (100 uCi) or less of beta- or gamma-emitting, or 370 kBq (10 uCi) or less of alpha-emitting material; or
 - 4) they are in storage and are not being used. However, when they are removed from storage for use or transfer to another person, and have not been tested within the required leak test interval, they shall be tested before use or transfer. No sealed source shall be stored for a period of more than ten years without being tested for leakage and/or contamination.
 - E. The leak test shall be capable of detecting the presence of 185 Bq (5 nCi) of radioactive material on the test sample. If the test reveals the presence of 185 Bq (5 nCi) or more of removable contamination, a report shall be filed with the Ohio Department of Health, and the source shall be removed immediately from service and decontaminated, repaired, or disposed of in accordance with Ohio Department of Health regulations. The report shall be filed within five (5) days of the date the leak test result is known, with the Bureau of Radiation Protection - Ohio Department of Health 246 N. High St., Columbus, Ohio 43215. The report shall specify the source involved, the test results, and corrective action taken.
 - F. Tests for leakage and/or contamination shall be performed by the licensee or other persons specifically licensed by the Director, the NRC, or an Agreement State, to perform such services.
 - G. All sealed sources that are used or obtained shall have been evaluated and approved under the provisions of rule 3701:1-46-49 of the Ohio Administrative Code or by equivalent NRC, Agreement State, or NARM licensing state regulation.
14. Sealed sources or detector cells containing licensed material shall not be opened or sources removed from source holders by the licensee.

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15. The licensee shall conduct a physical inventory every 6 months, or at another interval approved by the Director, to account for all sources and/or devices received and possessed under the license. Records of inventories shall be maintained for at least 3 years from the date of each inventory, and shall include: the quantities and kinds of licensed material, manufacturer's name and model numbers, location of the sources and/or devices, and the date of the inventory.
16. Radioactive waste may be picked up from the licensee's customers and disposed of in accordance with the statements, representations and procedures in the licensee's application and correspondence listed below.
17. The licensee is authorized to transport licensed material only in accordance with the provisions of Chapter 3701:1-50 of the Ohio Administrative Code.
18. The licensee is authorized to hold radioactive material with a physical half-life of less than 120 days for decay in storage before disposal in ordinary trash, provided:
 - A. Waste to be disposed of in this manner shall be held for decay a minimum of ten half-lives.
 - B. Before disposal as ordinary trash, the waste shall be surveyed at the container surface with the appropriate survey instrument set on its most sensitive scale and with no interposed shielding to determine that its radioactivity cannot be distinguished from background. All radiation labels shall be removed or obliterated.
 - C. A record of each such disposal shall be retained for three years. The record must include the date of disposal, the date on which the product was placed in storage, the radionuclides disposed of, the survey instrument used, the background dose rate, the dose rate measured at the surface of each waste container, and the name of the individual who performed the disposal.
19. In addition to the possession limits in item 8, the licensee shall further restrict the possession of sealed source licensed materials to quantities below the minimum limit specified in rule 3701:1-40-17 of the Ohio Administrative Code for establishing decommissioning financial assurance.
20. Notwithstanding the requirements of rule 3701:1-46-43 of the Ohio Administrative Code the licensee may re-distribute alpha-, beta-or photon-emitting radioactive drugs, which have been initially distributed by another radiopharmaceutical supplier licensed pursuant to rule 3701:1-46-43 of the Ohio Administrative Code, without verifying the radioactivity of the dosage. The licensee must not manipulate the dosage, including the packaging and the label.
21. Except as specifically provided otherwise in this license, the licensee shall conduct its program in accordance with the statements, representations, and procedures contained in the documents, including any enclosures, listed below. The Ohio Department of Health's statutes, rules, and orders shall govern unless statements, representations, and procedures in the licensee's application and correspondence are more restrictive than the regulations.
 - A. Application dated November 17, 2014;
 - B. Letters dated November 23, 2014, December 22, 2014 (Amendment 0)

FOR THE OHIO DEPARTMENT OF HEALTH

Date: _____

By: _____

Robert E. Owen, Chief
Bureau of Radiation Protection
 on behalf of the Director of Health

APPENDIX F

Information Needed for Transfer of Control Application

Information Needed for Transfer of Control Application

Licensees must provide full information and obtain the director's *prior written consent* before transferring control of the license; some licensees refer to this as "transferring the license."

Provide the following information concerning changes of control by the applicant (transferor and/or transferee, as appropriate). If any items are not applicable, so state.

1. The new name of the licensed organization. If there is no change, the licensee should so state.
2. The new licensee contact and telephone number(s) to facilitate communications.
3. Any changes in personnel having control over licensed activities (e.g., officers of a corporation) and any changes in personnel named in the license such as radiation safety officer, authorized users or any other persons identified in previous license applications as responsible for radiation safety or use of licensed material. The licensee should include information concerning the qualifications, training and responsibilities of new individuals.
4. An indication of whether the transferor will remain in non-licensed business without the license.
5. A complete, clear description of the transaction, including any transfer of stocks or assets, mergers, etc., so legal counsel is able, when necessary, to differentiate between name changes and transferring control.
6. A complete description of any planned changes in organization, location, facility, equipment or procedures (i.e., changes in operating or emergency procedures).
7. A detailed description of any changes in the use, possession, location or storage of the licensed materials.
8. Any changes in organization, location, facilities, equipment, procedures or personnel that would require a license amendment even without transferring control.
9. An indication of whether all surveillance items and records (e.g., calibrations, leak tests, surveys, inventories and accountability requirements) will be current at the time of transfer. Provide a description of the status of all surveillance requirements and records.
10. Confirmation that all records concerning the safe and effective decommissioning of the facility, pursuant to rules 3701:1-40-17(I) and 3701:1-44-18(F); public dose; and waste disposal by release to sewers, incineration, radioactive material spills and on-site burials, have been transferred to the new licensee, if licensed activities will continue at the same location, or to the director for license terminations.
11. A description of the status of the facility, specifically, the presence or absence of contamination should be documented. If contamination is present, will decontamination occur before transfer? If not, does the successor company agree to assume full liability for the decontamination of the facility or site?
12. A description of any decontamination plans, including financial assurance arrangements of the transferee, as specified in rules 3701:1-40-17 and 3701:1-44-18. Include information about how the transferee and transferor propose to divide the transferor's

assets, and responsibility for any cleanup needed at the time of transfer.

13. Confirmation that the transferee agrees to abide by all commitments and representations previously made to the director by the transferor. These include, but are not limited to: maintaining decommissioning records required by 3701:1-40-17(I); implementing decontamination activities and decommissioning of the site; and completing corrective actions for open inspection items and enforcement actions.

With regard to contamination of facilities and equipment, the transferee should confirm, in writing, that it accepts full liability for the site and should provide evidence of adequate resources to fund decommissioning; or the transferor should provide a commitment to decontaminate the facility before transferring control.

With regard to open inspection items, etc., the transferee should confirm, in writing, that it accepts full responsibility for open inspection items and/or any resulting enforcement actions; or the transferee proposes alternative measures for meeting the requirements; or the transferor provides a commitment to close out all such actions with the director before license transfer.

14. Documentation that the transferor and transferee agree to transferring control of the licensed material and activity, and the conditions of transfer; and that the transferee is made aware of all open inspection items and its responsibility for possible resulting enforcement actions.
15. A commitment by the transferee to abide by all constraints, conditions, requirements, representations and commitments identified in the existing license. If not, the transferee must provide a description of its program, to ensure compliance with the license and regulations.

APPENDIX G

Formats for Documenting Training and Experience for Individuals Responsible for Radiation Protection Program

Table G-1 Authorized User or Radiation Safety Officer Training in Basic Radioisotope Handling Techniques

Name (Last, First, Initial)								
Location of Training	Dates	Title	Total Hours	Breakdown of Course in Clock Hours				
				RPP	BH	IR	INST	REG
			TOTALS					

RPP - Radiation Protection Principles

BH - Biological Hazards

IR - Ionizing Radiation Units & Characteristics

INST - Radiation Detection Instrumentation

REG - Regulations and Standards

Table G-2 Authorized User and Radiation Safety Officer Experience in Handling Radioisotopes

(Actual use of radioisotopes under the supervision of an authorized user or Radiation Safety Officer, respectively)

Name (Last, First, Initial)				
Isotope(s) used	Maximum amount used at any one time	Location of use	Purpose of use*	Total Hours of Experience

*Purpose of Use

1. Shipping, receiving and performing related radiation surveys.
2. Using and performing checks for proper operation of dose calibrators, survey meters, and other instruments used to measure photon-emitting and high-energy, beta-emitting radionuclides.
3. Using and performing checks for proper operation of instruments used to measure alpha-emitting and low-energy, beta-emitting radionuclides.
4. Calculating, assaying and safely preparing radioactive materials.
5. Use of procedures to prevent or minimize contamination and/or use of proper decontamination procedures.

Documentation of Training and Experience to Identify an Individual on a License as an Authorized Nuclear Pharmacist.

I. Experienced Authorized Nuclear Pharmacists

An applicant or licensee that is adding an experienced authorized nuclear pharmacist (ANP) to its commercial radiopharmacy license needs only to provide evidence that the individual is listed on a license issued by the State of Ohio, NRC or Agreement State, a permit issued by an NRC Master Materials Licensee, a permit issued by a State of Ohio, NRC or Agreement State broad-scope licensee or a permit issued by an NRC master materials broad-scope permittee, and that the individual meets the recentness of training criteria described in rule 3701:1-58-22 of the Ohio Administrative Code. The applicant also may provide evidence that the individual is listed on a State of Ohio, NRC or Agreement State commercial nuclear pharmacy license or identified as an ANP by a commercial nuclear pharmacy authorized to identify ANPs. For individuals who have been previously authorized by, but not listed on, the commercial nuclear pharmacy license, medical broad-scope license or master materials license medical broad-scope permit, the applicant should submit either verification of previous authorizations granted or evidence of acceptable training and experience.

II. Applications that Include Individuals for Authorized Nuclear Pharmacist Recognition by NRC

Applicants should submit ODH “Training, Experience and Preceptor Statement” Form (ANP) to show the individual meets the correct training and experience criteria in Chapter 3701:1-58 of the Ohio Administrative Code. There are two primary training and experience routes to qualify an individual as an ANP. The first is by means of certification by a board recognized by NRC and listed on the NRC Web site (<http://www.nrc.gov/materials/miau/med-use-toolkit.html>) as provided in rule 3701:1-58-20(A) of the Ohio Administrative Code. Preceptor attestations must also be submitted for all individuals. The second route is by meeting the structured educational program, supervised work experience and preceptor attestation requirements in rule 3701:1-58-20(B), of the Ohio Administrative Code.

III. Recentness of Training

The required training and experience, including board certification, described in Chapter 3701:1-58 of the Ohio Administrative Code must be obtained within the seven years preceding the date of the application, or the individual must document having had related continuing education, retraining and experience since obtaining the required training and experience. Examples of acceptable continuing education and experience include the following:

- Successful completion of classroom and laboratory review courses that include radiation safety practices relative to the proposed type of authorized medical use;
- Practical and laboratory experience with patient procedures using radioactive material for the same use(s) for which the applicant is requesting authorization; and
- Practical and laboratory experience under the supervision of an AU at the same or another licensed facility that is authorized for the same use(s) for which the applicant is requesting authorization.

IV. General Instructions and Guidance for Filling Out ODH “Training, Experience and Preceptor Statement” Form

If the applicant wishes to identify a license the applicant should provide a copy of the license. If the applicant wishes to identify an NRC Master Materials License permit, the applicant should provide a copy of the permit. If the applicant wishes to identify an individual (i.e., supervising individual or preceptor) who is authorized under a broad-scope license or broad-scope permit of a Master Materials License, the applicant should provide a copy of the permit issued by the broad-scope licensee/permittee. Alternatively, the applicant may provide a statement signed by the radiation safety officer or chairperson of the Radiation Safety Committee similar to the following:

“ _____(name of supervising individual or preceptor) is authorized under _____(name of licensee/permittee) broad-scope license number _____ to use _____(materials) during _____(time frame) .”

INTRODUCTORY INFORMATION

Name of Individual

Provide the individual’s complete name so the director can distinguish the training and experience received from that received by others with a similar name.

Note: Do not include personal or private information (e.g., date of birth, Social Security number, home address, personal phone number) as part of your qualification documentation.

State or Territory where Licensed

Please note the director requires pharmacists to be licensed by the State of Ohio to prescribe drugs in the practice of pharmacy.

Requested Authorization(s)

Check all authorizations that apply and fill in the blanks as provided.

Part I. Training and Experience

There are always multiple pathways provided for each training and experience section. Select the applicable one.

Item 1. Board Certification

The applicant or licensee may use this pathway if the proposed nuclear pharmacist is certified by a board recognized by NRC (to confirm that NRC recognizes that board’s certifications, see NRC's Web page <http://www.nrc.gov/materials/miau/med-use-toolkit.html>).

Note: An individual who is board eligible will not be considered for this pathway until the individual is actually board certified. Further, individuals holding other board certifications will also not be considered for this pathway.

The applicant or licensee must provide a copy of the board certification and completed attestation as indicated on the attached ODH “Training, Experience and Preceptor Statement” Form (ANP).

As indicated on the form, additional information is needed if the board certification was greater than seven years ago.

Item 2. Structured Educational Program for a Proposed Authorized Nuclear Pharmacist

This pathway is used for those individuals not listed on the license as an ANP, who do not meet the requirements for the board certification pathway.

The regulatory requirements refer to two categories of training: (a) classroom and laboratory training, and (b) supervised work experience. All hours credited to classroom and laboratory training must relate directly to radiation safety and safe handling of byproduct material and be allocated to one of the topics in rule 3701:1-58-20(B), of the Ohio Administrative Code.

The proposed ANP may receive the required classroom and laboratory training, and supervised work experience at a single training facility or at multiple training facilities; therefore, space is provided to identify each location and date of training or experience. The date should be provided in the month/day/year (mm/dd/yyyy) format. The specific number of hours needed for each training and supervised work experience element will depend upon the type of approval sought. Under the “classroom and laboratory training” section provide the number of clock hours spent on each of the topics listed in the regulatory requirements.

The proposed ANP may obtain the required “classroom and laboratory training” in any number of settings, locations and educational situations. For example, at some medical teaching/university institutions, a course may be provided for that particular need and taught in consecutive days. In other training programs, the period may be a semester or quarter as part of the formal curriculum. Also, the classroom and laboratory training may be obtained using a variety of other instructional methods. Therefore, the director will broadly interpret “classroom and laboratory training” to include various types of instruction, including online training, as long as it meets the specific clock hour requirements and the subject matter relates to radiation safety and safe handling of byproduct material for the uses requested.

Under the “supervised practical experience” section of the form, provide the number of clock hours for each topic. The supervised practical experience topics for the nuclear pharmacists include all the basic elements in the practice of nuclear pharmacy. Therefore, all the hours of supervised experience are allocated to these topics.

Note: If the proposed new authorized individual had more than one supervisor, provide the information requested for each supervising individual. Also, as indicated on the form, additional information is needed if the training and/or supervised practical experience was completed more than seven years ago.

Part II. Preceptor Attestation

The director defines the term “preceptor” in rule 3701:1-58-01 of the Ohio Administrative Code, “Definitions,” to mean “an individual who provides or directs training and experience required for an individual to become an authorized user, an authorized medical physicist, an authorized nuclear pharmacist or a radiation safety officer.” While the supervising individual for the work experience may also be the preceptor, the preceptor does not have to be the supervising individual as long as the preceptor directs or verifies the training and experience required. The preceptor must attest in writing regarding the training and experience of any individual to serve as an authorized individual and attest the individual has satisfactorily completed the appropriate training and experience criteria and has achieved a level of competency or a level of radiation safety knowledge sufficient to function independently. This preceptor also has to meet specific

requirements.

The director may require supervised work experience conducted under the supervision of an authorized individual in a licensed material use program. Supervision may occur at various licensed facilities, from a large teaching university hospital to a small private practice.

The ODH “Training, Experience and Preceptor Statement” Form (ANP) Part II - Preceptor Statement page has two sections. The preceptor must select either the board certification or the structured educational program when filling out the first section on this page. The second and final sections of the page request specific information about the preceptor’s authorization to use licensed material in addition to the preceptor’s signature.

Ohio Department of Health

STATE OF OHIO
 Bureau of Radiation Protection
 (614) 644-2727

TRAINING, EXPERIENCE AND PRECEPTOR STATEMENT

The Ohio Department of Health, Bureau of Radiation Protection is requesting disclosure of all information on this statement for the purpose of authorizing an individual to work with radioactive material. Failure to provide any information may result in denial or delay of authorizing an individual to work with radioactive material.

Instructions: Complete all applicable items. Use supplementary sheets where necessary. Retain one copy and submit original of the document to the Ohio Department of Health, 246 North High Street, Bureau of Radiation Protection / 7th Floor 35 Bldg., P.O. Box 118, Columbus, Ohio 43216-0118.

PART I TRAINING AND EXPERIENCE

Describe training and experience in sufficient detail to match the training and experience criteria in applicable regulations (Chapter 58 of the Ohio Administrative Code).

1. Name of Individual, Proposed Authorization and Applicable Training Requirements

2. Physician, Podiatrist, Dentist or Pharmacist – State or Territory Where Licensed

3. CERTIFICATION

Specialty Board	Category	Month and Year Certified

4. Didactic or Classroom and Laboratory Training (optional for Medical Physicists)

The following does not need to be completed when using Board Certification to meet Chapter 58 of the Ohio Administrative training and experience requirements.

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation			
Radiation Protection			
Mathematics Pertaining to Use and Measurement of Radioactivity			
Chemistry of Radioactive Material for Medical Use			
Other			

6. Formal Training (applies to Medical Physicist and Therapy Physicians)

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 and applicable Regulation OAC 3701:1-58-51

7. Radiation Safety Officer – One Year Full-Time Work Experience (in areas identified in number 5a and 5b)

- Yes** Completed one year of full time radiation safety experience (in all areas identified in number 5a) under the supervision of _____ the RSO for License No. _____.
- N/A**

8. Medical Physicist – One Year Full-Time Training/Work Experience

- Yes** **A.** Completed one year of full-time training in therapeutic radiological physics (10CFR 35.961, Subpart J) or medical physics (OAC 3701:1-58-19) under the supervision of _____ who meets the requirements for Authorized Medical Physicist
- N/A**
- and**
- Yes** **B.** Completed one year of full-time work experience (for areas in number 5a) for (specify use or device) _____ under the supervision of _____ who is a medical physicist (10CFR 35.961, Subpart J) or meets requirements for Authorized Medical Physicists (OAC 3701:1-58-19) (specify user or device) _____.
- N/A**

9. Supervised 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 Chapter 58, provide the following information for each):

Name of Supervisor	Supervisor is: <input type="checkbox"/> Authorized user <input type="checkbox"/> Authorized Medical Physicist <input type="checkbox"/> Radiation Safety Officer <input type="checkbox"/> Authorized Nuclear Pharmacist
--------------------	--

Supervisor meets requirements of Chapter 58 or 10 CFR, Part 35, Section(s) _____

for medical use in Chapter 58 or 10 CFR Part 35, Section(s) _____

Address of Supervising Individual	Materials License Number (Indicate which state or if NRC)
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APPENDIX H

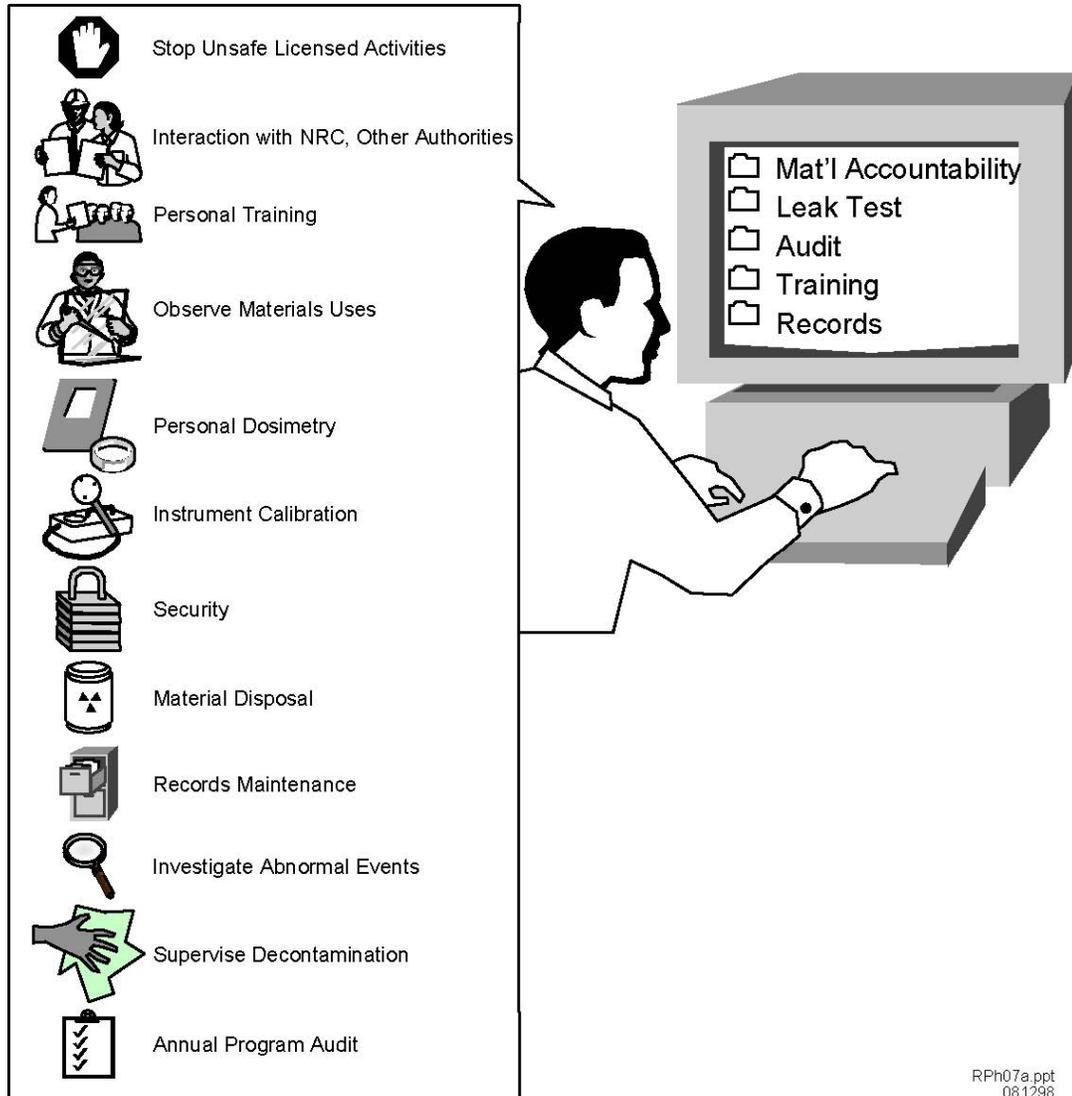
Typical Duties and Responsibilities of the Radiation Safety Officer

Typical Duties and Responsibilities of the Radiation Safety Officer

The RSO's duties and responsibilities include ensuring radiological safety and compliance with State of Ohio, NRC and DOT regulations, and with the conditions of the license (see Figure H.1). Typically, these duties and responsibilities include ensuring:

- General surveillance is provided over all activities involving radioactive material, including routine monitoring, special surveys and responding to events;
- Incidents are responded to and investigated, their cause(s) and appropriate corrective action(s) are identified, and timely corrective action(s) are taken;
- Proper authorities are notified of incidents such as damage, fire or theft;
- Corrective actions are developed, implemented and documented when violations of regulations or license conditions or program weaknesses are identified;
- All activities are immediately terminated following any unsafe condition or activity that is found to be a threat to public health and safety;
- He or she is the primary source of radiation protection information for personnel at all levels of responsibility;
- All radiation workers are properly trained;
- Procedures for the safe use of radioactive materials are developed and implemented;
- The licensee's procedures and controls, based upon sound radiation protection principles, are periodically reviewed to ensure that occupational doses and doses to members of the public are as low as is reasonably achievable (ALARA). Documentation is maintained to demonstrate, by measurement or calculation, that the total effective dose equivalent to the individual member of the public likely to receive the highest dose from the licensed operation does not exceed the annual limit;
- Prospective evaluations are performed of occupational exposures, and those individuals likely to receive, in one year, a radiation dose in excess of 10 percent of the allowable limits are provided personnel monitoring devices;
- When necessary, personnel monitoring devices are used and exchanged at the proper intervals, and records of the results of such monitoring are maintained;
- The performance of fume hoods and gloveboxes used for volatile radioactive material work are monitored for proper operation;
- The receipt, opening and delivery of all packages of radioactive material arriving at the nuclear pharmacy are overseen and coordinated;
- An inventory of all radioactive materials is maintained and the types and quantities of radionuclides at the facility are limited to the forms and amounts authorized by the license;
- Sealed sources are leak tested at required intervals;
- There is effective management of the radioactive waste program, including effluent monitoring;

- Packaging and transport of radioactive material is in accordance with all applicable DOT requirements;
- An up-to-date license is maintained and amendment and renewal requests and notifications of new ANPs are submitted in a timely manner;
- Radiation safety program audits are performed at least annually and documented;
- He or she acts as liaison to the director; and
- All required records are properly maintained.



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Figure H.1 Typical Duties and Responsibilities of the RSO.

APPENDIX I

Suggested Commercial Radiopharmacy Audit Checklist

Suggested Commercial Radiopharmacy Audit Checklist

Note: All areas indicated in audit notes may not be applicable to every license and may not need to be addressed during each audit. For example, licensees do not need to address areas which do not apply to the licensee's activities, and activities that have not occurred since the last audit need not be reviewed at the next audit.

Date of This Audit: _____ Date of Last Audit: _____

Next Audit Date: _____

Auditor: _____ Date: _____

(Signature)

Management Review: _____ Date: _____

(Signature)

Audit History

- A. Last audit of this location conducted on (date)
- B. Were previous audits conducted at intervals not to exceed 12 months? [rule 3701:1-38-11]
- C. Were records of previous audits maintained? [rule 3701:1-38-20]
- D. Were any deficiencies identified during last two audits or two years, whichever is longer?
- E. Were corrective actions taken? (Look for repeated deficiencies.)

Organization and Scope of Program

- A. If the mailing address or places of use changed, was the license amended? [rule 3701:1-40-16]
- B. If ownership changed or bankruptcy filed, was the director's prior consent obtained or was the director notified? [rule 3701:1-40-16]
- C. Authorized Nuclear Pharmacists
 - 1. New ANP since last audit? If so, does new ANP meet NRC training requirements? [rules 3701:1-46-43, 3701:1-58-01, 3701:1-58-20(B), 3701:1-58-21]
 - 2. If an individual began work as an ANP, was the director notified within 30 days or was license amended? [rule 3701:1-46-43]

D. Radiation Safety Officer

1. New RSO since last audit? If so, does new RSO meet the director's training requirements?
2. If the RSO was changed, was license amended?
3. Is RSO fulfilling his/her duties?
4. To whom does RSO report?

E. Authorized Users

1. New AU since last audit? If so, does new AU meet the director's training requirements?
2. If an AU was added, was license amended?

F. If the designated contact person for the director changed, was the director notified?

G. Type and quantity of byproduct material

1. Does the license authorize all of regulated radionuclides possessed?
2. Is actual possession of those radionuclides within the limits on the license?

Facilities

A. Are facilities as described in the license application?

B. If facilities have changed, has the license been amended?

Equipment and Instrumentation

A. Sufficient numbers of portable and fixed radiation monitors?

B. Do survey meters meet the director's criteria? [rule 3701:1-38-14]

C. Are calibration records maintained? [rule 3701:1-38-20(B)]

D. Is there sufficient shielding (L-block, etc.) for work with radionuclides?

E. Are generators housed in separate room and/or properly shielded to keep doses ALARA?

F. Are procedures established for identifying, evaluating and reporting safety component defects? [rule 3701:1-38-23(E)]

G. Dose Calibrators for Photon-emitters [rule 3701:1-46-43(C)]

1. Constancy, at least once each day prior to assay of patient dosages ($\pm 10\%$)?
2. Linearity, at installation and at required frequency ($\pm 10\%$)?
3. Geometry dependence, at installation ($\pm 10\%$)?
4. Accuracy, at installation and at required frequency ($\pm 10\%$)?
5. After repair, adjustment or relocation of the dose calibrator, were appropriate tests above repeated?

H. Dose Measurement Systems for Beta- and Alpha-emitters [rule 3701:1-46-43(C)]

1. Calibrated for each isotope used, with that isotope?

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2. Constancy, at least once each day prior to assay of patient dosages ($\pm 10\%$)?
3. Geometry dependence, at installation ($\pm 10\%$)?
4. Accuracy, at installation and at manufacturer's recommended frequency ($\pm 10\%$)?
5. Linearity, at installation and at manufacturer's recommended frequency ($\pm 10\%$)?
6. After repair, adjustment or relocation of the dose calibrator, were appropriate tests above repeated?

Area Surveys and Contamination Control [rule 3701:1-38-14]

- A. Are area surveys being performed at applicable locations and required frequencies? Records maintained? [rule 3701:1-38-20]
- B. Are removable contamination surveys being performed at applicable locations and required frequencies? Records maintained? [rule 3701:1-38-20]
- C. Is appropriate corrective action taken and documented when excess radiation or contamination levels are detected?

Leak Tests

- A. Was each sealed source leak tested every six months or at other prescribed intervals?
- B. Was the leak test performed according to the license?
- C. Are records of results retained with the appropriate information included?
- D. Were any sources found leaking and if yes, was the director notified?

Sealed Source Inventory

- A. Is a record kept showing the receipt of each sealed source? [rule 3701:1-40-21(A)(1)]
- B. Are all sealed sources physically inventoried every six months?
- C. Are records of inventory results with appropriate information maintained?

Training and Instructions to Workers

- A. Were all workers who are likely to exceed 1 mSv (100 mrem) in a year instructed per [rule 3701:1-38-10]? Refresher training provided, as needed? [rule 3701:1-38-10] Records maintained?
- B. Were other workers trained as needed (e.g., radiopharmacy technicians, authorized users, couriers/drivers, ancillary personnel)? [rule 3701:1-40-15] Records maintained?
- C. Are workers knowledgeable of applicable Chapter 3701:1-38 radiation protection procedures, emergency response procedures and license conditions?
- D. Was HAZMAT training provided, if required? [49 CFR 172.700, 49 CFR 172.701, 49 CFR 172.702, 49 CFR 172.704 as delineated in rule 3701:1-50-05]

Material Use Control and Transfer

- A. Are restricted and unrestricted areas delineated?
- B. Are radioactive materials that are stored in a controlled or unrestricted area secured from unauthorized access or removal? [rule 3701:1-38-17]

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- C. Are radioactive materials that are in a controlled or unrestricted area and not in storage controlled and maintained under constant surveillance? [rule 3701:1-38-17]
- D. Procedures for receiving and opening packages? [rule 3701:1-38-18]
- E. Transfer of byproduct material only to authorized recipients? [rules 3701:1-40-19, 3701:1-46-42, 3701:1-46-43, 3701:1-46-44]
- F. Records of receipt and transfer? [rule 3701:1-40-21]

Personnel Radiation Protection

- A. Are ALARA considerations incorporated into the radiation protection program? [rule 3701:1-38-11(E)(2)]
- B. Were prospective evaluations performed showing that unmonitored individuals receive $\leq 10\%$ of limit? [rule 3701:1-38-14(B)(1)]
- C. Did unmonitored individuals' activities change during the year which could put them over 10% of limit?
- D. If "yes" to C. above, was a new evaluation performed?
- E. Is external dosimetry required (individuals likely to receive $>10\%$ of limit,)? And is dosimetry provided to these individuals?
 - 1. Is the dosimetry supplier NVLAP approved? [rule 3701:1-38-14(A)(3)]
 - 2. Are the dosimeters exchanged at appropriate frequency?
 - 3. Are dosimetry reports reviewed by the RSO when they are received?
 - 4. Are the records on NRC Forms or equivalent? [rule 3701:1-38-20(I)]
 - a. NRC-Form 4 "Cumulative Occupational Exposure History" (or equivalent) completed?
 - b. NRC-Form 5 "Occupational Exposure Record for a Monitoring Period" (or equivalent) completed?
 - 5. Declared pregnant worker/embryo/fetus
 - a. If a worker declared her pregnancy, did licensee comply with rule 3701:1-38-12?
 - b. Were records kept of embryo/fetus dose per [rule 3701:1-38-20(I)]?
- F. Monitoring for internal dose if individuals likely to receive $>10\%$ of ALI?
- G. Are workers notified annually of their exposures?
- H. Are records of exposures, surveys, monitoring, and evaluations maintained? [rule 3701:1-38-20]

Waste Management

- A. Waste storage areas
 - 1. Is storage area properly posted? [rule 3701:1-38-18]
 - 2. Are containers properly labeled? [rule 3701:1-38-18]
- B. Decay-in-Storage

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1. Do radionuclides being stored all have half-lives less than 120 days?
2. Are radionuclides being segregated for storage according to half-life?
3. Before waste is disposed of:
 - a. Survey performed at the container surface with an appropriate survey instrument set on its most sensitive scale, with no interposed shielding, to determine that its radioactivity cannot be distinguished from background?
 - b. All radiation labels removed or obliterated, as appropriate?
4. Recordkeeping?

C. Disposal by release into sanitary sewerage.

1. Is licensed material readily soluble (or readily dispersible biological material) in water? [IN 94-07]: “Solubility Criteria for Liquid Effluent Releases to Sanitary Sewerage Under the Revised 10 CFR Part 20”. [rule 3701:1-38-19]
2. Quantity of licensed material that the licensee releases into the sewer each month averaged over the monthly volume of water released into the sewer does not exceed the concentration specified in rule 3701:1-38-12, Appendix C, Table III?
3. If more than one radioisotope is released, the sum of the ratios of the average monthly discharge of a radioisotope to the corresponding limit in rule 3701:1-38-12, Appendix C, Table III does not exceed unity?
4. Total quantity of licensed material released into the sanitary sewerage system in a year does not exceed the limits specified in rule 3701:1-38-19(D)(4)?

D. Transfer to Authorized Recipient

1. Waste being transferred to a person specifically authorized to receive it? [rule 3701:1-38-19]
2. Waste properly manifested? [rule 3701:1-38-19]

Receipt of Radioactive Waste from Customers

- A. Waste returned consists only of items that contained radioactive materials that the radiopharmacy supplied (e.g., pharmacy-supplied syringes, vials)?
- B. Waste package checked for removable contamination upon receipt?

Effluents

- A. Effluents from materials being maintained ALARA?
- B. Fume hoods checked to confirm an adequate airflow?
- C. Effluent monitored to determine activity being released?
- D. Filters being maintained according to the manufacturer’s instructions and pharmacy procedures?

Public Dose

- A. Public access to radioactive materials and exposure to effluents controlled in a manner to keep doses below 1 mSv (100 mrem) in a year? [rule 3701:1-38-13(A)(1)]

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- B. Air emissions maintained below constraint limit of 0.1 mSv (10 Millirem) in a year? [rule 3701:1-38-11(E)(4)]
- C. Survey or prospective evaluation performed per rule 3701:1-38-14(A)(1)? Have there been any additions or changes to the storage, security or use of surrounding areas that would necessitate a new survey or evaluation?
- D. Unrestricted area radiation levels exceed 0.02 mSv (2 mrem) in any one hour? [rule 3701:1-38-13(A)(2)]
- E. Records maintained? [rule 3701:1-38-20]

Use and Emergency Procedures

- A. Procedures for safe use of radioactive materials and emergency procedures developed and implemented?
- B. Do the procedures contain the required elements?
- C. Radioactive materials being handled safely?
- D. Staff wearing protective clothing and personnel monitors as appropriate?
- E. Assistance coordinated with outside agencies for emergency response (e.g., fire department)?
- F. Did any emergencies occur?
 1. If so, were they handled properly?
 2. Were appropriate corrective actions taken?
 3. Was director notification or reporting required? [rule 3701:1-38-21]

Transportation

- A. DOT-7A or other authorized packages used? [49 CFR 173.415]
- B. Package performance test records on file?
- C. Package has two labels (ex. Yellow-II) with Transportation Index (TI), Nuclide, Activity and Hazard Class? [49 CFR 172.403, 49 CFR 173.441]
- D. Package properly marked? [49 CFR 172.301, 49 CFR 172.302, 49 CFR 172.304, 49 CFR 172.310, 49 CFR 172.324]
- E. Package closed and sealed during transport? [49 CFR 173.412(a), 49 CFR 173.475(f)]
- F. Shipping papers prepared and used? [49 CFR 172.200(a)]
- G. Shipping papers contain proper entries? (Shipping name; Hazard Class; Identification Number (UN Number); Total Quantity; Package Type; Nuclide; Reportable Quantity (RQ); Physical and Chemical Form; Activity (SI units required); category of label; TI; Shipper's Name, Certification, and Signature; Emergency Response Phone Number; Emergency Response Information; and Cargo Aircraft Only (if applicable)) [49 CFR 172.200, 49 CFR 172.201, 49 CFR 172.202, 49 CFR 172.203, 49 CFR 172.204, 49 CFR 172.604]
- H. Shipping papers within driver's reach and readily accessible during transport? [49 CFR 177.817(e)]

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- I. Package secured against movement? [49 CFR 177.834]
- J. Any incidents reported to DOT? [49 CFR 171.15, 49 CFR 171.16]

Auditor's Independent Survey Measurements (If Made)

- A. Describe the type, location and results of measurements. Also note the survey instrument used, serial number, and calibration date. Does any radiation level exceed regulatory limits? [rules 3701:1-38-14(A)(1), 3701:1-38-14(B)(1),]

Notification and Reports

- A. Was any radioactive material lost or stolen? Were reports made? [rules 3701:1-38-21, 3701:1-40-20]
- B. Did any reportable incidents occur? Were reports made? [rules 3701:1-38-21, 3701:1-40-20]
- C. Did any overexposures or high radiation levels occur? Reported? [rules 3701:1-38-21, 3701:1-40-20]
- D. Were any contaminated packages or packages with surface radiation levels exceeding 200 mrem received? Reported to the director?
- E. If any events (as described in items A through D above) did occur, what were the root causes? Were appropriate notifications made and corrective actions taken?
- F. Is the management/RSO aware of telephone number for ODH? [614-722-7221]

Posting and Labeling

- A. ODH "Notice to Employees" posted? [rule 3701:1-38-10]
- B. ODH regulations, license documents posted or a notice posted? [rule 3701:1-38-10]
- C. Other posting and labeling? [rule 3701:1-38-18]

Recordkeeping for Decommissioning

- A. Records kept of information important to decommissioning? [rule 3701:1-40-17(I)]
- B. Records include all information outlined in rule 3701:1-40-17(I)?

Bulletins and Information Notices

- A. NRC Bulletins, NRC Information Notices, NMSS newsletters received?
- B. Appropriate training and action taken in response?

Special License Conditions or Issues

- A. Did auditor review special license conditions or other issues?

Deficiencies Identified in Audit; Corrective Actions

- A. Summarize problems/deficiencies identified during audit.
- B. If problems/deficiencies identified in this audit, describe corrective actions planned or taken by the facility. Include date(s) when corrective actions are implemented.
- C. Provide any other recommendations for improvement.

Evaluation of Other Factors

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- A. Licensee's senior management is appropriately involved with the radiation protection program and/or RSO oversight?
- B. RSO has sufficient time to perform his/her radiation safety duties?
- C. Licensee has sufficient staff to support the radiation protection program?

APPENDIX J

Radiation Monitoring Instrument Specifications and Model Survey Instrument Calibration Program

Radiation Monitoring Instrument Specifications and Model Survey Instrument Calibration Program

The specifications in Table J.1 will help applicants and licensees choose the proper radiation detection equipment for monitoring the radiological conditions at their facility(ies).

Table J.1 Typical Survey Instruments¹ *Instruments used to measure radiological conditions at licensed facilities.*

Portable Instruments Used for Contamination and Ambient Radiation Surveys			
Detectors	Radiation	Energy Range	Efficiency
Exposure Rate Meters	Gamma, X-ray	mR-R	N/A
Count Rate Meters			
GM	Alpha	All energies (dependent on window thickness)	Moderate
	Beta	All energies (dependent on window thickness)	Moderate
	Gamma	All energies	<1%
NaI Scintillator	Gamma	All energies (dependent on crystal thickness)	Moderate
Plastic Scintillator	Beta	C-14 or higher (dependent on window thickness)	Moderate
Stationary Instruments Used to Measure Wipe, Bioassay, and Effluent Samples			
Detectors	Radiation	Energy Range	Efficiency
LSC*	Alpha	All energies	High
	Beta	All energies	High
	Gamma		Moderate
Gamma Counter (NaI)*	Gamma	All energies	High
Gas Proportional	Alpha	All energies	High
	Beta	All energies	Moderate
	Gamma	All energies	<1%

¹Table from The Health Physics & Radiological Health Handbook, Third Edition, Edited by Bernard Shleien, 1998 (except * items).

Model Instrument Calibration Program

Training

Before allowing an individual to perform survey instrument calibrations, the RSO will ensure that he or she has sufficient training and experience to perform independent survey instrument calibrations.

Classroom training may be in the form of lecture, videotape or self-study and will cover the following subject areas:

- Principles and practices of radiation protection;
- Radioactivity measurements, monitoring techniques and using instruments;
- Mathematics and calculations basic to using and measuring radioactivity; and
- Biological effects of radiation.

Appropriate on-the-job-training consists of the following:

- Observing authorized personnel performing survey instrument calibration; and
- Conducting survey meter calibrations under the supervision and in the physical presence of an individual authorized to perform calibrations.

Facilities and Equipment for Calibration of Dose Rate or Exposure Rate Instruments

- To reduce doses received by individuals not calibrating instruments, calibrations will be conducted in an isolated area of the facility or at times when no one else is present;
- Individuals conducting calibrations will wear assigned dosimetry; and
- Individuals conducting calibrations will use a calibrated and operable survey instrument to ensure that unexpected changes in exposure rates are identified and corrected.

Model Procedure for Calibrating Survey Instruments

A radioactive sealed source(s) used for calibrating survey instruments will:

- Approximate a point source;
- Have its apparent source activity or the exposure rate at a given distance traceable by documented measurements to a standard certified to be within $\pm 5\%$ accuracy by National Institutes of Standards and Technology (NIST);
- Approximate the same energy and type of radiation as the environment in which the calibrated device will be employed; and
- For dose rate and exposure rate instruments, the source should be strong enough to give an exposure rate of at least about 7.7×10^6 coulombs/kilogram/hour (30 mR/hr) at 100 cm (e.g., 3.1 gigabecquerels (85 mCi) of cesium-137 or 7.8×10^7 megabecquerels (21 mCi) of cobalt-60).

The three kinds of scales frequently used on dose or dose rate survey meters are calibrated as follows²:

- Linear readout instruments with a single calibration control for all scales shall be adjusted at the point recommended by the manufacturer or at a point within the normal range of use. Instruments with calibration controls for each scale shall be adjusted on each scale. After adjustment, the response of the instrument shall be checked at approximately 20% and 80% of full scale. The instrument's readings shall be within $\pm 15\%$ of the conventionally true values for the lower point and $\pm 10\%$ for the upper point;
- Logarithmic readout instruments, which commonly have a single readout scale spanning several decades, normally have two or more adjustments. The instrument shall be adjusted for each scale according to site specifications or the manufacturer's specifications. After adjustment, calibration shall be checked at a minimum of one point on each decade. Instrument readings shall have a maximum deviation from the conventionally true value of no more than 10% of the full decade value;
- Meters with a digital display device shall be calibrated the same as meters with a linear scale;
- Readings above 2.58×10^4 coulomb/kilogram/hour (1 R/hr) need not be calibrated, but such scales should be checked for operation and response to radiation; and
- The inverse square and radioactive decay law should be used to correct changes in exposure rate due to changes in distance or source decay.

Surface Contamination Measurement Instruments²

- Survey meters' efficiency must be determined by using radiation sources with similar energies and types of radiation that the survey instrument will be used to measure.
- If each scale has a calibration potentiometer, the reading shall be adjusted to read the conventionally true value at approximately 80% of full scale, and the reading at approximately 20% of full scale shall be observed. If only one calibration potentiometer is available, the reading shall be adjusted at mid-scale on one of the scales, and readings on the other scales shall be observed. Readings shall be within 20% of the conventionally true value.

Model Procedures for Calibrating Liquid Scintillation Counters, Gamma Counters, Gas Flow Proportional Counters, and Multichannel Analyzers

A radioactive sealed source used for calibrating instruments will do the following:

- Approximate the geometry of the samples to be analyzed;
- Have its apparent source activity traceable by documented measurements to a standard certified to be within $\pm 5\%$ accuracy by NIST; and
- Approximate the same energy and type of radiation as the samples that the calibrated device will be used to measure.

Calibration

- Calibration must produce readings within $\pm 20\%$ of the actual values over the range of the instrument.
- Calibration of liquid scintillation counters will include quench correction.

Calibration Records

Calibration reports for all survey instruments will indicate the procedure used and the data obtained. The description of the calibration will include:

- The owner or user of the instrument;
- A description of the instrument, including the manufacturer's name, model number, serial number and type of detector;
- A description of the calibration source, including the exposure rate at a specified distance or activity on a specified date;
- For each calibration point, the calculated exposure rate or count rate, the indicated exposure rate or count rate, the deduced correction factor (the calculated exposure rate or count rate divided by the indicated exposure rate or count rate) and the scale selected on the instrument;
- For instruments with external detectors, the angle between the radiation flux field and the detector (i.e., parallel or perpendicular);
- For instruments with internal detectors, the angle between radiation flux field and a specified surface of the instrument;
- For detectors with removable shielding, an indication whether the shielding was in place or removed during the calibration procedure;
- The exposure rate or count rate from a check source, if used; and
- The name of the person who performed the calibration and the date it was performed.

The following information will be attached to the instrument as a calibration sticker or tag:

- For exposure rate meters, the source isotope used to calibrate the instrument (with correction factors) for each scale;
- The efficiency of the instrument, for each isotope the instrument will be used to measure (if efficiency is not calculated before each use);
- For each scale or decade not calibrated, an indication that the scale or decade was checked only for function but not calibrated;
- The date of calibration and the next calibration due date; and
- The apparent exposure rate or count rate from the check source, if used.

Air Sampler Calibration

In order to assess accurately the air concentration of radioactive materials in a given location, the volume of air sampled and the quantity of contaminant in the sample must be determined. Accurate determination of the volume of air sampled requires standard, reproducible and

periodic calibration of the air metering devices that are used with air sampling instruments.

The publication titled “Air Sampling Instruments” found in the 9th Edition, American Conference of Governmental Industrial Hygienists, 2001, provides guidance on total air sample volume calibration methods acceptable to NRC staff, as supplemented below.

Frequency of Calibration

A licensee committed to a routine or emergency air sampling program should perform an acceptable calibration of all airflow or volume metering devices at least annually (see Regulatory Guide 8.25).

- Special calibrations should be performed at any time there is reason to believe the operating characteristics of a metering device have been changed, by repair or alteration, or whenever system performance is observed to have changed significantly.
- Routine instrument maintenance should be performed as recommended by the manufacturer.
- Primary or secondary standard instruments used to calibrate air sampling instruments should be inspected frequently for consistency of performance.

Error Limit For Measurement of Air Sample Volume

Most methods of calibrating airflow or air volume metering devices require direct comparison to a primary or secondary standard instrument, to determine a calibration curve or a correction factor. An example of a primary standard is a spirometer that measures total air volume directly with high precision by liquid displacement. An example of a secondary standard is a wet-test meter that has been calibrated against a primary standard. Primary standards are usually accurate to within $\pm 1\%$ and secondary standards to within $\pm 2\%$.

The following are significant errors associated with determining the total air volume sampled:

- E_c : The error in determining the calibration factor. (An acceptable estimate is the percentage error associated with the standard instrument used in the calibration.)³
- E_s : Intrinsic error in reading the meter scale. (An acceptable estimate is the percentage equivalent of one-half of the smallest scale division, compared to the scale reading.)
- E_t : The percentage error in measurement of sampling time that should be kept within 1%.
- E_v : The most probable value of the cumulative percentage error in the determination of the total air volume sampled. This can be calculated from the following equation, provided there are no additional significant sources of errors:

$$E_v = [E_s^2 + E_c^2 + E_t^2]^{1/2}$$

The most probable value of the cumulative error E_v , in the determination of total volume, should be less than 20%.

A sample calculation of the most probable value of the cumulative error in total volume measured is as follows: If accuracies of the scale reading, the calibration factor, and sample time

³ The calibration factor should be based on two kinds of determinations. First, correction factors should be determined at several flow rates distributed over the full-scale range. Each flow rate correction factor should be determined while adjusting flow rates upscale and again while adjusting flow rates downscale, and the two sets of data should be compared. Second, subsequent calibrations should compare the new correction factors to those determined during the previous calibration. If observed differences are significant compared to the overall volume error limit of 20%, an additional error term should be included in the calculation above.

are ± 4 , 2, and 1%, respectively, and there are no other significant sources of error, the cumulative error would be:

$$E_v = [4^2 + 2^2 + 1^2]^{1/2} = 4.58\% \text{ or approx. } 5\%$$

If there are significant differences in pressure and temperature between the calibration site and the sampling site, appropriate corrections should be made using the ideal gas laws provided below:

Documentation of Calibration of Air Metering Devices

The licensee should maintain records of all routine and special calibrations of airflow or volume metering devices, including the primary or secondary standard used, method employed and estimates of accuracy of the calibrated metering devices. All instruments should be clearly labeled as to the date and results of the most recent calibration and should include the appropriate correction factors to be used.

References: See the Notice of Availability on the inside front cover of this report to obtain a copy of:

1. NUREG-1556 Vol. 18, "Program-Specific Guidance About Service Provider Licenses," dated November 2000.
2. Regulatory Guide 8.25, Revision 1, "Air Sampling in the Workplace," dated June 1992. and
3. NUREG-1400, "Air Sampling in the Workplace," dated September 1993.

Additional References:

1. The Health Physics & Radiological Health Handbook, Third Edition, Edited by Bernard Shleien, dated 1998.
2. ANSI N323A-1997, "Radiation Protection Instrumentation Test and Calibration." Copies may be obtained from the American National Standards Institute, 1430 Broadway, New York, NY 10018 or ordered electronically at the following address: <http://www.ansi.org>. and
3. "Air Sampling Instruments," American Conference of Governmental Industrial Hygienists, 9th Edition, dated 2001.

APPENDIX K

Public Dose

Public Dose

This Appendix describes different methods for determining radiation doses to members of the public.

Licensees must ensure:

- The radiation doses received by individual members of the public do not exceed 1 millisievert (mSv) (100 millirem (mrem)) in one calendar year resulting from the licensee's possession and/or use of licensed materials (rule 3701:1-38-13);
- Air emissions of radioactive material to the environment will not result in exposures to individual members of the public in excess of 0.1 mSv (10 mrem) (TEDE) in one year from those emissions (rule 3701:1-38-11); and
- The radiation dose in unrestricted areas does not exceed 0.02 mSv (2 mrem) in any one hour (rule 3701:1-38-13).

Members of the public include persons who live, work or may be near locations where byproduct material is used or stored and employees whose assigned duties do not include the use of byproduct material but may work in the vicinity where such materials are used or stored.

Doses to Members of the Public	
<p>INCLUDES doses from:</p> <ul style="list-style-type: none"> • Radiation and/or radioactive material released by a licensee; • Sources of radiation under the control of a licensee; and • Air effluents from sources of licensed radioactive materials. 	<p>DOES NOT INCLUDE doses from:</p> <ul style="list-style-type: none"> • Sanitary sewerage discharges from licensees; • Natural background radiation; • Medical administration of radioactive material; or • Voluntary participation in medical research.

Typical unrestricted areas may include offices, shops, areas outside buildings, property and storage areas. The license does not control access to these areas for the purposes of controlling exposure to radiation or radioactive materials. However, the licensee may control access to these areas for other reasons such as security.

The licensee may show compliance with the annual dose and constraint limits for individual members of the public by:

Demonstrating by measurement or calculation that the TEDE to the individual likely to receive the highest dose at the boundary of the unrestricted area does not exceed 1 mSv (100 mrem) from all exposure pathways, and does not exceed 0.1 mSv (10 mrem) from air emissions; and

- Demonstrating that the annual average concentration of radioactive material released in gaseous and liquid effluents at the boundary of the unrestricted area does not exceed the values specified in Table II of Appendix C to rule 3701:1-38-12 (20% of the values for gaseous effluents); and if an individual were continuously present in an unrestricted area, the dose from external sources would not exceed 0.02 mSv (2 mrem) in an hour and 0.5 mSv (0.05 rem) in a year.

In order to perform a dose assessment, the licensee should identify all potential sources of external and internal radiation exposure to members of the public and all locations of use, transport and storage of radioactive material at its facility. The licensee must then take radiation measurements or perform calculations to demonstrate compliance.

Measurements

The licensee may use measurements to demonstrate the TEDE to the individual likely to receive the highest dose at the boundary of the unrestricted area does not exceed 1 mSv (100 mrem) and does not exceed 0.1 mSv (10 mrem) from air emissions. These measurements may include:

- Dose rate surveys for radiation exposures from external radiation sources; and
- Measurements of radionuclides in air and water effluents.

The method used to measure dose will depend upon the nature of the radiation source. If the source of radiation is constant, it may be adequate to measure the dose rate and integrate it over time. If the source of radiation differs or changes over time, it may be necessary to perform continuous measurements.

Radioactivity releases may be determined by effluent monitoring or by effluent sampling and analysis. At radiopharmacies, airborne effluents are discharged when potentially volatile materials are used, such as during iodine capsule preparation, but the discharge itself is usually not continuous because volatile materials are used periodically rather than continuously. Liquid effluents may be discharged continuously or may be stored and subsequently discharged on a batch basis. For each type of source and for each route of potential exposure, consider the location of measurement points, whether continuous or periodic monitoring is required, the frequency of sampling and measurement and any additional information. For discharges of airborne radionuclides, for example, it may be necessary to obtain information on the efficiency of filters and the air flow rate of the discharge system, as well as meteorological data and the distance to the nearest individual member of the public.

Calculation Method

Using a calculation method, the licensee must determine the highest dose an individual is likely to receive at the boundary of the unrestricted area. The licensee must take into account the individual's exposure from external sources and the concentration of radionuclides in gaseous and liquid releases. In practice, the licensee may wish to make conservative assumptions to simplify the dose calculation (See Figure K.1).

The public dose limit applies to the individual who is likely to receive the highest dose from licensed operations, therefore, the dose calculations must consider the location with the potential for the highest internal and external exposures. This calculation should assume the individual

was continuously present 24 hours a day, 365 days a year, or an occupancy factor of 1 (see Table K.1). If the result of the calculation using an occupancy factor of 1 demonstrates the public dose and constraint limits are not exceeded, then there is no need for further evaluation.

Table K.1 Standard Occupancy Factors

Occupancy Factor	Description
1	Work areas such as offices, laboratories shops and occupied space in nearby buildings or outdoor areas
1/4	Corridors, lounges, elevators using operators, unattended parking lots
1/16	Waiting rooms, restrooms, stairways, unattended elevators, janitor’s closets, outside areas used only for pedestrians or vehicular traffic

If the calculation demonstrates that either the public dose or constraint limit is exceeded with an occupancy factor of 1, then more realistic assumptions of the individual’s occupancy at the points of highest internal and external exposures must be made. The licensee may use the occupancy factors in Table K.1 or may calculate a specific occupancy factor by determining the likely fraction of time that the individual is present.

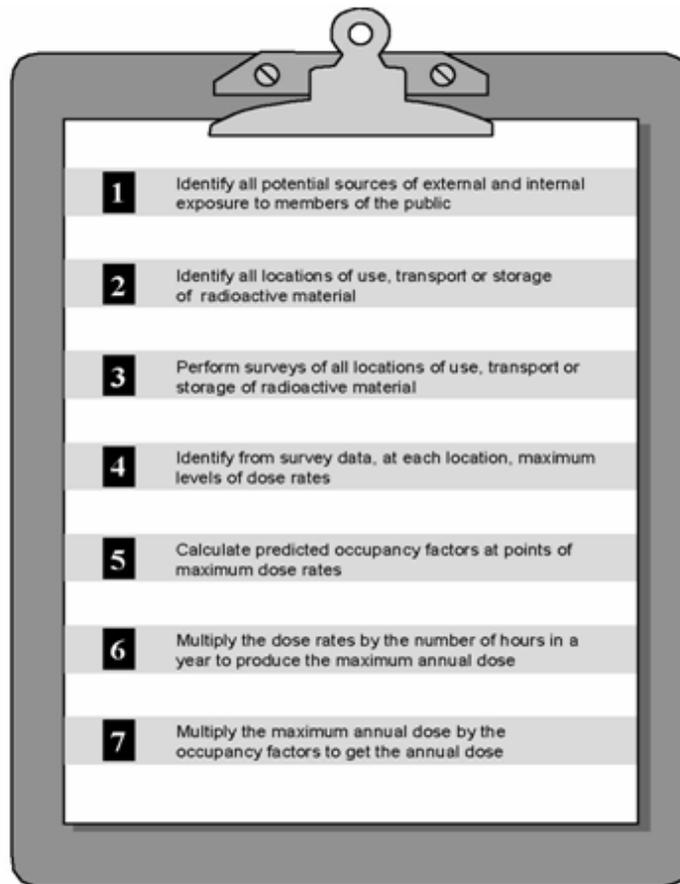


Figure K.1 Calculating Public Dose. *Steps to calculate the annual dose to an individual*

member of the public.

Records

The licensee must maintain records to demonstrate compliance with the dose limit for individual members of the public, until the director terminates the license. In general, survey and monitoring records of ambient radiation and effluent radioactivity should be adequate.

Records demonstrating the dose to an individual member of the public should identify the instrument(s) used in the survey, the name of the surveyor, the date of the survey, the location of the survey(s), including a description or drawing of the area surveyed, survey results and, if applicable, the occupancy factors used and justification for their use. In addition, records demonstrating the dose to an individual member of the public that involve effluent sampling analysis should include information on concentrations of specific radionuclides, the minimum detectable activity of the system and the estimated uncertainty of measurements.

APPENDIX L

Model Leak Test Program

Model Leak Test Program

Training

Before allowing an individual to perform leak testing, the licensee must ensure he or she has sufficient classroom and on-the-job training to show competency in performing leak tests independently.

Classroom training may be in the form of lecture, videotape or self-study and will cover the following subject areas:

- Principles and practices of radiation protection;
- Radioactivity measurements, monitoring techniques and using instruments;
- Mathematics and calculations basic using and measuring radioactivity; and
- Biological effects of radiation.

Appropriate on-the-job-training consists of:

- Observing authorized personnel collecting and analyzing leak-test samples; and
- Collecting and analyzing leak-test samples under the supervision and in the physical presence of an individual authorized to perform leak tests.

Facilities and Equipment

- To ensure achieving the required sensitivity of measurements, leak tests will be analyzed in a low-background area.
- Use a calibrated and operable survey instrument to check leak-test samples for gross contamination before they are analyzed.
- Analyze the leak-test sample using an instrument that is appropriate for the type of radiation to be measured (e.g., NaI(Tl) well counter system for gamma-emitters, liquid scintillation for beta-emitters, gas-flow proportional counters for alpha-emitters).
- If the sensitivity of the counting system is unknown, the minimum detectable activity (MDA) needs to be determined. The MDA may be determined using the following formula:

$$MDA = \frac{2.71 + 4.65 \sqrt{(B_{kg} \times t)}}{t \times E} = \text{Minimum Detectable Activity}$$

where: MDA = minimum detectable activity in disintegrations per minute (dpm)
 bkg = background count rate in counts per minute (cpm)
 t = background counting time in minutes
 E = detector efficiency in counts per disintegration

For example:

$$\begin{aligned} \text{where: } \text{bkg} &= 200 \text{ counts per minute} \\ t &= 2 \text{ minutes} \\ E &= 0.1 \text{ counts per disintegration (10\% efficient)} \end{aligned}$$

$$\begin{aligned} \text{MDA} &= \frac{2.71 + 4.65}{(200 \text{ cpm} \times 2 \text{ minutes})} = \frac{2.71 + 4.65}{(400) 2 \times 0.1} \\ &= \frac{2.71 + 4.65 (20)}{0.2} = \frac{2.71 + 93}{0.2} = \frac{95.71}{0.2} \\ &= \frac{478.55 \text{ disintegrations}}{\text{minute}} \end{aligned}$$

$$\text{becquerels (Bq)} = \frac{1 \text{ disintegration}}{\text{second}}$$

$$\text{Bq} = \frac{478.55 \text{ disintegration}}{\text{Minutes}} \times \frac{\text{minute}}{60 \text{ seconds}} = 7.976 \text{ Bq}$$

Frequency for Conducting Leak Tests of Sealed Sources

Leak tests will be conducted at the frequency specified in the respective SSDR certificate.

Procedure for Performing Leak Testing and Analysis

- For each source to be tested, list identifying information such as sealed source serial number, radionuclide, activity.
- If available, use a survey meter to monitor exposure.
- Prepare a separate wipe sample (e.g., cotton swab or filter paper) for each source.
- Number each wipe to correlate with identifying information for each source.
- Wipe the most accessible area where contamination would accumulate if the sealed source were leaking.
- Select an instrument that is sensitive enough to detect 185 Bq (0.005 microcuries) of the radionuclide.
- Using the selected instrument, count and record background count rate.
- Check the instrument's counting efficiency using a standard source of the same radionuclide as the source being tested or one with similar energy characteristics. Accuracy of standards should be within $\pm 5\%$ of the stated value and traceable to primary radiation standard such as those maintained by the National Institutes of Standards and Technology (NIST).
- Calculate efficiency.

For example: $\frac{[(\text{cpm from std}) - (\text{cpm from bkg})]}{\text{activity of std in Bq}}$ = efficiency in cpm/Bq

where: cpm = counts per minute
 std = standard
 bkg = background
 Bq = becquerel

- Count each wipe sample; determine net count rate.
- For each sample, calculate and record estimated activity in Bq (or mCi).

For example: $\frac{[(\text{cpm from wipe sample}) - (\text{cpm from bkg})]}{\text{efficiency in cpm/Bq}}$ = Bq on wipe sample

- Sign and date the list of sources, data, and calculations. Retain records for three years (3701:1-38-20(C)). If the wipe test activity is 185 Bq (0.005 microcurie) or greater, notify the RSO, so that the source can be withdrawn from use and disposed of properly. Also notify the director.

Reference: See NUREG-1556 Vol. 18 “Program-Specific Guidance About Service Provider Licenses,” dated November 2000.

APPENDIX M

Summary of DOT Requirements for Transportation of Type A or Type B Quantities of Licensed Material

Summary of DOT Requirements for Transportation of Type A or Type B Quantities of Licensed Material

Licensed material must be transported in accordance with DOT regulations. The major areas in the DOT regulations that are most relevant for transportation of Type A or Type B quantities of licensed material are:

- Table of Hazardous Materials and Special Provisions - 49 CFR 172.101: Purpose and use of hazardous materials table;
- Shipping Papers - 49 CFR 172.200-204: Applicability, general entries, description of hazardous material on shipping papers, additional description requirements, shipper's certification;
- Package Marking - 49 CFR 172.300, 49 CFR 172.301, 49 CFR 172.303, 49 CFR 172.304, 49 CFR 172.310, 49 CFR 172.324: Applicability, general marking requirements for non-bulk packagings, prohibited marking, marking requirements, radioactive material, hazardous substances in non-bulk packaging;
- Package Labeling - 49 CFR 172.400, 49 CFR 172.401, 49 CFR 172.403, 49 CFR 172.406, 49 CFR 172.407, 49 CFR 172.436, 49 CFR 172.438, 49 CFR 172.440: General labeling requirements, prohibited labeling, Class 7 (radioactive) material, placement of labels, label specifications, radioactive white-I label, radioactive yellow-II label, radioactive yellow-III label;
- Placarding of Vehicles - 49 CFR 172.500, 49 CFR 172.502, 49 CFR 172.504, 49 CFR 172.506, 49 CFR 172.516, 49 CFR 172.519, 49 CFR 172.556: Applicability of placarding requirements, prohibited and permissive placarding, general placarding requirements, providing and affixing placards: highway, visibility and display of placards, general specifications for placards, RADIOACTIVE placard;
- Emergency Response Information - 49 CFR 172.600, 49 CFR 172.602, 49 CFR 172.604: Applicability and general requirements, emergency response information, emergency response telephone number;
- Training - 49 CFR 172.702, 49 CFR 172.704: Applicability and responsibility for training and testing requirements;
- Shippers – General Requirements for Shipments and Packaging - 49 CFR 173.403, 49 CFR 173.410, 49 CFR 173.411, 49 CFR 173.412, 49 CFR 173.413, 49 CFR 173.415, 49 CFR 173.416, 49 CFR 173.433, 49 CFR 173.435, 49 CFR 173.441, 49 CFR 173.471, 49 CFR 173.475, 49 CFR 173.476: Definitions, general design requirements, industrial packages, additional design requirements for Type A packages, requirements for Type B packages, authorized Type A packages, authorized Type B packages, requirements for determining A1 and A2 values for radionuclides and for the listing of radionuclides on shipping papers and labels, table of A1 and A2 values for radionuclides, radiation level limitations, requirements for U.S. NRC-approved packages, quality control requirements prior to each shipment of Class 7 (radioactive) materials, approval of special form Class 7 (radioactive) materials; and

APPENDIX M

- Carriage by Public Highway - 49 CFR 177.816, 49 CFR 177.817, 49 CFR 177.834(a), 49 CFR 177.842: Driver training, shipping papers, general requirements (packages secured in a vehicle), Class 7 (radioactive) material.

For additional transportation information, licensees may consult DOT's "A Review of the Department of Transportation Regulations for Transportation of Radioactive Materials" or go to the DOT Web site at <http://hazmat.dot.gov>.

APPENDIX N

Model Personnel Training Program

Model Personnel Training Program

Training Program

1. General instructions
 - 1.1 Training will be provided:
 - Before an employee assumes duties with or in the immediate vicinity of radioactive materials;
 - At least annually, as refresher training for all employees; and
 - Whenever a significant change occurs in duties, regulations or the terms of the license.
 - 1.2 Subjects covered for individuals working with, or in the vicinity of, radioactive materials or radiation:
 - Safe radiation practices associated with the job (examples of topics that may be covered are found in Section 3 of this Appendix);
 - Site-specific radiation safety practices; and
 - Applicable ODH regulations.
 - 1.3 Subjects covered for ancillary personnel:
 - Significance of the radiation symbol and its use on signs and labels;
 - Location of unrestricted areas; and
 - Whether the individual is authorized to access the restricted areas of the facility.
 - 1.4 Type of instruction:
 - Instruction in the licensee's site-specific radiation safety program and ODH regulatory requirements may be in the form of lecture, demonstrations, videotape or self-study, and should emphasize practical subjects important to the safe use of licensed material; and
 - Individuals receiving instructions should be provided an opportunity to ask questions.
2. Instruction for individuals likely to receive an occupational dose in excess of 100 mSv (100 mrem)
 - 2.1 Instruction will be provided:
 - Before an employee assumes duties with or in the immediate vicinity of radioactive materials;
 - At least annually, as refresher training; and

- Whenever a significant change occurs in duties, regulations or terms of the license.
- 2.2 Licensee must provide instruction in subjects covered in rule 3701:1-38-10 of the Ohio Administrative Code.
- 2.3 Records of initial and refresher training should be maintained and should include:
- Name of the individual who provided the instruction;
 - Names of the individuals who received the instruction;
 - Date of instruction; and
 - List of the topics covered.
3. Suggested radiation safety training topics for individuals working with, or in the vicinity of, byproduct material (this section is intended as a guide to topics covered in a typical radiation safety training program; topics selected should be commensurate with the individuals' duties).
- 3.1 Basic radiation safety information:
- Basic radiation biology (e.g., interaction of ionizing radiation with cells and tissues);
 - Radiation safety
 - radiation vs. contamination;
 - internal vs. external exposure;
 - biological effects of radiation;
 - ALARA concept; and
 - use of time, distance and shielding to minimize exposure.
 - Risk estimates, including comparison with other health risks (rule 3701:1-38-10).
 - Regulatory requirements
 - RSO;
 - material control and accountability;
 - dose to individual members of the public;
 - personnel dosimetry;
 - occupational dose limits and their significance;
 - dose limits to the embryo/fetus, including instruction on declaration of pregnancy;
 - workers' right to be informed of occupational radiation exposure;
 - radiation safety program audits;
 - ordering and receipt of packages;
 - transfer;

- waste disposal;
- recordkeeping;
- surveys;
- postings;
- labeling of containers;
- handling and reporting of incidents or events;
- licensing and inspection by ODH;
- need for complete and accurate information;
- employee protection; and
- deliberate misconduct.

3.2 General topics for safe use of radioisotopes:

- Wear a laboratory coat or other protective clothing at all times when working with radioactive materials;
- Use syringe shields and vial shields when preparing and handling radioactive drugs;
- Measure all radiopharmaceuticals prior to transfer;
- Measure the molybdenum-99 content of each generator elution and do not transfer those radiopharmaceuticals for human medical use that will contain more than 0.15 microcuries of molybdenum-99 per mCi of technetium-99m at the time of administration;
- Wear disposable gloves at all times when handling radioactive materials and change gloves frequently to minimize the spread of contamination;
- Before leaving the hot lab, monitor hands, shoes and clothing for contamination in a low-background area, allowing sufficient time for instrument response;
- Do not eat, drink, smoke or apply cosmetics in any area where licensed material is stored or used;
- Do not store food, drink or personal effects in areas where licensed material is stored or used (see Figure Q.1). Personal items brought into the restricted area (radios, compact discs, notepads, books, etc.) should be surveyed for contamination before removal from the area;
- Food and beverages used in the preparation of radiopharmaceuticals should be clearly labeled “Not for personal consumption” if stored with radioactive materials;
- Wear personnel monitoring devices, if required, at all times while in areas where licensed materials are used or stored;
- Dispose of radioactive waste only in designated, labeled and properly shielded receptacles;

- Never pipette by mouth;
- Store radioactive solutions in clearly labeled containers; and
- Secure all licensed material when it is not under the constant surveillance and immediate control of the user(s).

3.3 Instruction on radiopharmacy-specific program elements:

- Applicable regulations and license conditions;
- Areas where radioactive material is used or stored;
- Potential hazards associated with radioactive material in each area where the individuals will work;
- Special procedures for handling volatile materials;
- Proper use of radiation shielding;
- Proper use of survey and analytical instruments;
- Appropriate response to spills, emergencies or other unsafe conditions;
- Emergency procedures;
- Previous incidents, events and/or accidents;
- Survey program;
- Effluent monitoring and control;
- Customer-returned waste pickup, receipt and handling;
- Waste management and minimization;
- Personnel monitoring;
- Procedures for receiving packages containing radioactive materials;
- Procedures for opening packages;
- Sealed sources and leak tests; and
- Other topics, as applicable.

APPENDIX O

Model Dose Calibrator Testing Program

Model Dose Calibrator Testing Program

Model Procedures for Testing Dose Calibrators Used to Measure Photon-emitting Radionuclides

This model procedure can be used by applicants and licensees for checking and testing dose calibrators.

Model Procedure

1. Test for the following at the indicated frequency (consider repair, replacement or arithmetic correction if the dose calibrator falls outside the suggested tolerances):
 - 1.1 Constancy, at least once each day prior to assay of patient dosages (a safe margin is considered to be below $\pm 10\%$);
 - 1.2 Linearity at installation and at least quarterly thereafter (a safe margin is considered to be below $\pm 10\%$);
 - 1.3 Geometry dependence at installation (a safe margin is considered to be below $\pm 10\%$); and
 - 1.4 Accuracy, at installation and at least annually thereafter (a safe margin is considered to be below $\pm 10\%$).
2. After repair, adjustment or relocation of the dose calibrator, such that proper function of the ionization chamber or electronics would likely be in doubt, repeat the above tests as appropriate.
3. Constancy means reproducibility in measuring a constant source over a long period of time. Assay at least one relatively long-lived source such as cesium-137, cobalt-60, cobalt-57 or radium-226, using a reproducible geometry each day before using the calibrator; consider using two or more sources with different photon energies and activities.

Use the following procedure:

- 3.1 Assay each reference source using the appropriate dose calibrator setting (e.g., use the cesium-137 setting to assay cesium-137);
- 3.2 Measure background at the same setting, and subtract or confirm the proper operation of the automatic background circuit if it is used;
- 3.3 For each source used, either plot or log (i.e., record in the dose calibrator log book) the background level for each setting checked and the net activity of each constancy source;
- 3.4 Using one of the sources, repeat the above procedure for all commonly used radioisotope settings. Plot or log the results; and
- 3.5 Establish an action level or tolerance for each recorded measurement at which the individual performing the test will automatically notify the authorized nuclear pharmacist or the radiation safety officer of a suspected malfunction of the

calibrator. These action levels should be written in the log book or posted on the calibrator. The dose calibrator should be repaired or replaced if the error exceeds 10%.

4. The linearity of a dose calibrator should be ascertained over the range of its use between the maximum activity in a vial and 30 microcuries. Note that with radionuclides with short half-lives such as PET radionuclides, there may be difficulties measuring a low activity such as 30 microcuries. Therefore, the lowest activity that is measurable, which must be below the lowest dose distributed, is acceptable. Linearity means that the calibrator is able to indicate the correct activity over the range of use of that calibrator. This example uses a vial of technetium-99m that has the anticipated maximum activity to be assayed (e.g., the first elution from a new generator) and assumes the predetermined safety margin is $\pm 5\%$.

4.1 Time Decay Method

- 4.1.1 Inspect the instrument to ascertain that the measurement chamber liner is in place and that instrument zero is properly set (see manufacturer's instructions);
- 4.1.2 Assay the technetium-99m vial in the dose calibrator and subtract background to obtain net activity in millicuries;
- 4.1.3 Repeat step 4.1.2 at time intervals of 6, 24, 30 and 48 hours after the initial assay;
Note: Time intervals used for other radionuclides may vary depending on the radionuclide's half-life.
- 4.1.4 Using the 30-hour activity measurement as a starting point, calculate the predicted activities at 0, 6, 24 and 48 hours using the following table:

<u>Assay Time</u> ¹ (hours)	<u>Correction Factor</u>
0	31.6
6	15.8
24	2.00
30	1.00
48	0.126

- 4.1.5 Plot both the measured net activity and the calculated activity versus time;
- 4.1.6 On the graph, the measured net activity plotted should be within $\pm 5\%$ of the calculated activity if the instrument is linear and functioning properly. If variations greater than 5% are noted, adjust the instrument, have it repaired or use arithmetic correction factors to correct the readings obtained in daily operations; and
- 4.1.7 If instrument linearity cannot be corrected, for routine assays it will be necessary to use either an aliquot of the eluate that can be accurately measured or the graph constructed in step 4.1.5 to relate measured activities to calculated activities.

- 4.2 Shield Method: If a set of “sleeves” of various thicknesses are used to test for linearity, it will first be necessary to calibrate them.
- 4.2.1 Begin the linearity test by assaying the technetium-99m syringe or vial in the dose calibrator, and subtract background to obtain the net activity in millicuries. Record the date, time to the nearest minute and net activity. This first assay should be done in the morning at a regular time. After making the first assay, the sleeves can be calibrated as follows. (Steps 4.2.2 through 4.2.4 must be completed within six minutes.);
- 4.2.2 Put the base and sleeve 1 in the dose calibrator with the vial. Record the sleeve number and indicated activity;
- 4.2.3 Remove sleeve 1 and put in sleeve 2. Record the sleeve number and indicated activity;
- 4.2.4 Continue for all sleeves;
- 4.2.5 Complete the following decay-method linearity test steps:
- 4.2.5.1 Repeat the assay at about noon, and again at about 4 p.m. Continue on subsequent days until the assayed activity is less than 30 microcuries. For dose calibrators on which the range is selected with a switch, select the range normally used for the measurement;
- 4.2.5.2 Convert the time and date information recorded to hours elapsed since the first assay;
- 4.2.5.3 On a sheet of semilog graph paper, label the logarithmic vertical axis in millicuries and label the linear horizontal axis in hours elapsed. At the top of the graph, note the date and the manufacturer, model number and serial number of the dose calibrator. Plot the data;
- 4.2.5.4 Draw a “best fit” straight line through the data points. For the point farthest from the line, calculate its deviation from the value on the line;

$$(A\text{-observed} - A\text{-line})/(A\text{-line}) = \text{deviation}$$
- 4.2.5.5 If the worst deviation is more than ± 0.05 , the dose calibrator should be repaired or adjusted. If this cannot be done, it will be necessary to make a correction table or graph that will allow conversion from activity indicated by the dose calibrator to “true activity.”
- 4.2.6 From the graph made in step 4.2.5.3, find the decay time associated with the activity indicated with sleeve 1 in place. This is the “equivalent decay time” for sleeve 1. Record that time with the data recorded in step 4.2.2.
- 4.2.7 Find the decay time associated with the activity indicated with sleeve 2 in place. This is the “equivalent decay time” for sleeve 2. Record that time

with the data recorded in step 4.2.3.

4.2.8 Continue for all sleeves.

4.2.9 The table of sleeve numbers and equivalent decay times constitutes the calibration of the sleeve set.

The sleeve set may now be used to test dose calibrators for linearity.

4.2.10 Assay the technetium-99m syringe or vial in the dose calibrator, and subtract background to obtain the net activity in millicuries. Record the net activity.

4.2.11 Steps 4.2.12 through 4.2.14 below must be completed within six minutes.

4.2.12 Put the base and sleeve 1 in the dose calibrator with the vial. Record the sleeve number and indicated activity.

4.2.13 Remove sleeve 1 and put in sleeve 2. Record the sleeve number and indicated activity.

4.2.14 Continue for all sleeves.

4.2.15 On a sheet of semi-log graph paper, label the logarithmic vertical axis in millicuries and label the linear horizontal axis in hours elapsed. At the top of the graph, note the date and the model number and serial number of the dose calibrator.

4.2.16 Plot the data using the equivalent decay time associated with each sleeve.

4.2.17 Draw a “best fit” straight line through the data points. For the point farthest from the line, calculate its deviation from the value on the line. $(A\text{-observed} - A\text{-line})/A\text{-line} = \text{deviation}$.

4.2.18 If the worst deviation is more than ± 0.05 , the dose calibrator should be repaired or adjusted. If this cannot be done, it will be necessary to make a correction table or graph that will allow conversion from activity indicated by the dose calibrator to “true activity.”

5. Geometry independence means the indicated activity does not change with volume or configuration. The test for geometry independence should be conducted using syringes and vials that are representative of the entire range of size, shape and constructions normally used for injections and a vial similar in size, shape and construction to the radiopharmaceutical kit vials normally used. The following example assumes injections are done with 3-cc plastic syringes, that radiopharmaceutical kits are made in 30-cc glass vials, and that the predetermined safety margin is $\pm 5\%$.

5.1 In a small beaker or vial, mix 2 cc of a solution of technetium-99m with an activity concentration between 1 and 10 mCi/ml. Set out a second small beaker or vial with nonradioactive saline. Tap water may be used.

5.2 Draw 0.5 cc of the technetium-99m solution into the syringe and assay it. Record the volume and millicuries.

5.3 Remove the syringe from the calibrator, draw an additional 0.5 cc of

- nonradioactive saline or tap water, and assay again. Record the volume and millicuries indicated.
- 5.4 Repeat the process until a volume of 2.0-cc has been assayed. The entire process must be completed within 10 minutes.
 - 5.5 Select as a standard the volume closest to that normally used for injections. For all other volumes, divide the standard millicuries by the millicuries indicated for each volume. The quotient is a volume correction factor. Alternatively, graph the data and draw horizontal error lines above and below the chosen “standard volume.”
 - 5.6 If any correction factors are greater than 1.05 or less than 0.95, or if any data points lie outside the error lines, it will be necessary to make a correction table or graph that will allow a conversion from “indicated activity” to “true activity.” If this is necessary, be sure to label the table or graph “syringe geometry dependence,” and note the date of the test and the model and serial number of the calibrator.
 - 5.7 To test the geometry dependence for a 30-cc glass vial, draw 1.0 cc of the technetium-99m solution into a syringe and then inject it into the vial. Assay the vial. Record the volume and millicuries indicated.
 - 5.8 Remove the vial from the calibrator and, using a clean syringe, inject 2.0 cc of nonradioactive saline or tap water, and assay again. Record the volume and millicuries indicated.
 - 5.9 Repeat the process until a volume of 19.0-cc has been assayed. The entire process must be completed within 10 minutes.
 - 5.10 Select as a standard the volume closest to that normally used for mixing radiopharmaceutical kits. For all other volumes, divide the standard millicuries by the millicuries indicated for each volume. The quotient is a volume correction factor. Alternatively, the data may be graphed, with horizontal 5% error lines drawn above and below the chosen “standard volume.”
 - 5.11 If any correction factors are greater than 1.05, or less than 0.95, or if any data points lie outside the 5% error lines, it will be necessary to make a correction table or graph that will allow conversion from “indicated activity” to “true activity.” If this is necessary, be sure to label the table or graph “vial geometry dependence,” and note the date of the test and the model number and serial number of the calibrator.
6. Accuracy means that, for a given calibrated reference source, the indicated millicurie value is equal to the millicurie value determined by the National Institute of Standards and Technology (NIST) or by the supplier who has compared that source to a source that was calibrated by NIST. Certified sources are available from NIST and from many radioisotope suppliers. At least two sources with different principal photon energies (such as cobalt-57, cobalt-60, cesium-137) should be used. One source should have a principal photon energy between 100 keV and 500 keV. If a radium-226 source is used, it should be at least 10 microcuries; other sources should be at least 50 microcuries. Consider using at least one reference source whose activity is within the range of activities normally assayed.

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- 6.1 Assay a calibrated reference source at the appropriate setting (e.g., use the cobalt-57 setting to assay cobalt-57) and then remove the source and measure background. Subtract background from the indicated activity to obtain the net activity. Record this measurement. Repeat for a total of three determinations;
 - 6.2 Average the three determinations. The average value should be within the predetermined safety margin, which in this example is 5% of the certified activity of the reference source, mathematically corrected for decay;
 - 6.3 Repeat the procedure for other calibrated reference sources;
 - 6.4 If the average value does not agree, within 5%, with the certified value of the reference source, the dose calibrator may need to be repaired or adjusted. The dose calibrator should be repaired or replaced if the error exceeds 10%;
 - 6.5 At the same time the accuracy test is performed, assay the source that will be used for the daily constancy test (it need not be a certified reference source) on all commonly used radioisotope settings. Record the settings and indicated millicurie values with the accuracy data; and
 - 6.6 Put a sticker on the dose calibrator, noting when the next accuracy test is due.
7. The individual performing the tests will sign or initial the records of all geometry, linearity and accuracy tests.

APPENDIX P

Material Receipt and Accountability

Material Receipt and Accountability

Sample Model Procedure for Ordering and Receiving Radioactive Material

- The RSO should approve or place all orders for radioactive material and should ensure that the requested material, quantities, manufacturer and model are authorized by the license and that the possession limits are not exceeded.
- Carriers should be instructed to deliver radioactive packages directly to the designated receiving area.

Sample Instructions to Personnel Involved in Material Receipt

Shipping and Receiving Personnel

During normal working hours, within three hours of receipt of any package of licensed material, each package must be visually inspected for any signs of shipping damage, such as crushed or punctured containers or signs of dampness. Any suspected damage must be reported to the RSO immediately. Do not touch any package suspected of leaking. Request the person delivering the package, if still on site, to remain until monitored by the RSO.

Outside of normal working hours (e.g., nights, weekends and holidays), deliveries may be made to a designated, secured storage area. These packages must be checked for contamination and external radiation levels within three hours after personnel arrive at the facility. They should not be allowed to remain in the designated storage area any longer than necessary, as they may be a source of exposure for personnel.

Sample Model Procedure for Safely Opening Packages Containing Licensed Materials

For packages received under the specific license, authorized individuals should implement procedures for opening each package, as follows:

- Wear gloves to prevent hand contamination;
- Visually inspect the package for any sign of damage (e.g., crushed, punctured). If damage is noted, stop and notify the RSO;
- Check DOT White I, Yellow II or Yellow III label or packing slip for activity of contents, to ensure the shipment does not exceed license possession limits;
- Monitor the external surfaces of a labeled package according to specifications in Table 8.1;
- Open the outer package (following supplier's directions if provided) and remove packing slip. Open inner package to verify contents, comparing requisition, packing slip and label on the container. Check integrity of the final source container (e.g., inspecting for breakage of seals or vials, loss of liquid, discoloration of packaging material, high count rate on smear). Again check that the shipment does not exceed license possession limits. If anything other than the expected observation is identified, stop and notify the RSO;
- Survey the packing material and packages for contamination before discarding. If contamination is found, treat as radioactive waste. If no contamination is found, obliterate the

radiation labels prior to discarding in the regular trash;

- Maintain records of receipt, package survey, and wipe test results; and
- Notify the final carrier and the director when removable radioactive surface contamination exceeds the limits of 22 disintegrations per minute per square centimeter (dpm/cm²) averaged over 300 cm² or external radiation levels exceed 2.0 mSv/hr (200 mrem/hr) at the surface.

APPENDIX Q

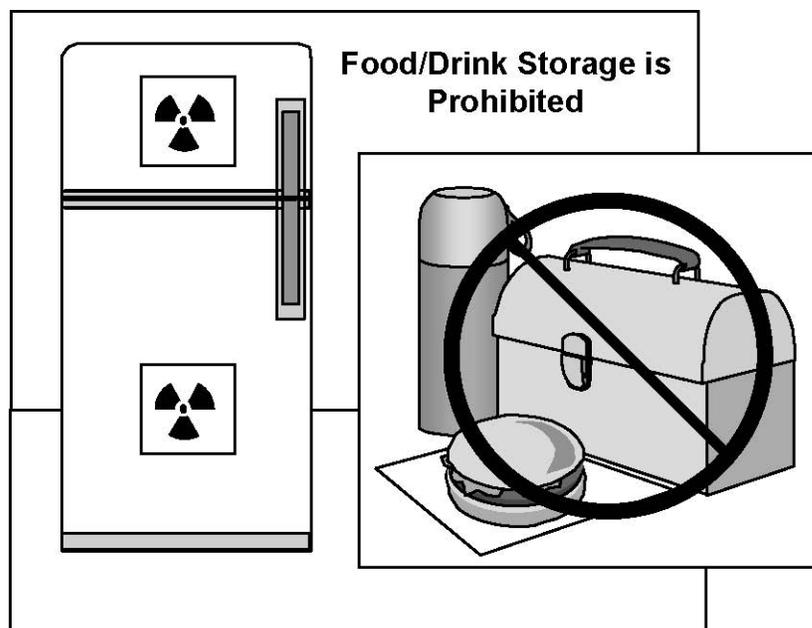
General Topics for Safe Use of Radioisotopes and Model Emergency Procedures

General Topics for Safe Use of Radioisotopes and Model Emergency Procedures

General Topics for Safe Use of Radioisotopes

Each licensee using radioactive material should establish general rules for the safe use of the material so workers know what is required. Typical instructions should include:

- Wear a laboratory coat or other protective clothing at all times when working with radioactive materials;
- Use syringe shields and vial shields when preparing and handling radioactive drugs;
- Measure all radiopharmaceuticals prior to transfer;
- Measure the molybdenum-99 content of each generator elution and do not transfer those radiopharmaceuticals for human medical use that will contain more than 0.15 microcuries of molybdenum-99 per millicurie of technetium-99m at the time of administration;
- Wear disposable gloves at all times when handling radioactive materials and change gloves frequently to minimize the spread of contamination;
- Before leaving the hot lab, monitor hands, shoes and clothing for contamination in a low-background area, allowing sufficient time for instrument response;
- Do not eat, drink, smoke or apply cosmetics in any area where licensed material is stored or used;
- Do not store food, drink or personal effects in areas where licensed material is stored or used (see Figure Q.1). Personal items brought into the restricted area (radios, compact discs, notepads, books, etc.) should be surveyed for contamination before removal from the area;
- Food and beverages used in the preparation of radiopharmaceuticals should be clearly labeled “Not for personal consumption” if stored with radioactive materials;
- Wear personnel monitoring devices, if required, at all times while in areas where licensed materials are used or stored;
- Dispose of radioactive waste only in designated, labeled and properly shielded receptacles;
- Never pipette by mouth;
- Store radioactive solutions in clearly labeled containers; and
- Secure all licensed material when it is not under the constant surveillance and immediate control of the user(s).



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Figure Q.1 Storage of Food and Drink. *Food or drink for personal consumption should not be stored in refrigerators with radioisotopes.*

Model Procedures for Handling Millicurie Quantities of Radioiodine

Because of the potential for significant intakes due to volatility and accidental ingestion, and the potential for skin exposures (SDE) from contamination, licensees should establish specific procedures for the containment and handling of millicurie quantities of radioiodine, most commonly iodine-131. The following guidance is the minimum that should be considered if the applicant intends to manipulate radioiodine:

- Manipulation of radioiodine (e.g., handling or compounding capsules, performing radioiodination, dispensing from bulk solution) should be conducted in an isolated area within the main hot lab of the pharmacy. This will aid in maintaining exposures ALARA and provide a means to isolate the area in the event of a spill;
- Radioiodine handling should be performed only inside a glovebox or fume hood. The ventilation for gloveboxes and fume hoods should be checked at least once every six months to ensure adequate airflow and confirm negative pressure with respect to the area around the glovebox or fume hood. Exhaust stacks for gloveboxes and fume hoods used for handling radioiodine should not be located near ventilation intakes to minimize the likelihood of recirculation to the pharmacy or to other tenants in a shared building;
- Gloveboxes and fume hoods must include appropriate filters (activated charcoal) to minimize effluents from radioiodine handling;
- Filters must be installed and used in accordance with the manufacturer's specifications (e.g., adequate air flow to ensure adequate residence time);
- Filters should be checked at installation and periodically, based on use, but not less than once per calendar quarter, to ensure continued efficiency;

- Air flow through fume hoods and gloveboxes should be confirmed before each use;
- Magna-helic sensors, if used, should be checked before each use of the glovebox or fume hood, to ensure minimum flow across the filter;
- Absorbent materials and dry chemical buffers, for use in the event of a spill, should be located near the area where millicurie quantities of radioiodine are handled;
- Additional protective clothing should be used when handling millicurie quantities of radioiodine. Personnel should be double gloved and use shoulder-length sleeve guards. The gloves and glove seals on gloveboxes should be checked periodically and replaced when needed; and
- All personnel handling greater than 500 millicuries of iodine-131 in a year should be considered for bioassay. This is the threshold below which intakes over 1% of the annual limit on intake are not likely, and assumes no containment. When used in a properly operating fume hood, the threshold for consideration of the need for bioassay rises to 5 curies of iodine-131. If used in a properly operating glovebox, with properly sealed glove ports and well maintained gloves, the threshold rises to 50 curies of iodine-131 handled by one person per year. Pharmacies using gloveboxes that do not have sealed glove ports may not use the threshold indicated for that equipment, but may use the threshold for properly maintained fume hoods.

Model Procedures for Handling Events

Suggested Thresholds for Defining Minor Contamination Events, Minor Spills and Major Spills

Licensees should establish clearly delineated thresholds for describing these types of events. Licensees should establish a graded response to emergencies, incorporating increasing formality of a response based on the potential risks posed by the events. No emergency procedure can anticipate every likely event; therefore, flexibility and judgment must be incorporated into such procedures. Most importantly, if licensee staff are not sure of the proper or expected response to any event, no matter how minor, they should be instructed to immediately cease further action, control access to the area, contact the RSO and wait for instructions.

Although the following is only suggested guidance for establishing response thresholds, *significant* deviations in actual licensee emergency procedures should be clearly justified.

Minor Contamination Events

Minor contamination events are those events typically identified through routine surveys that involve removable contamination levels greater than the licensee's action limit, but less than 10 times the licensee's action limit. These events can be easily decontaminated without the need for strict adherence to a step-by-step procedure. Such events require judgment on the part of the individuals responding to determine the scope and extent of the contamination and to assess their ability to respond effectively. In order to prevent the spread of contamination, co-workers should be notified if decontamination of the area will be delayed. The RSO should be notified promptly of such events, either before, or immediately after, cleanup of the area. Isolated minor contamination events may not require a formal root cause evaluation or extensive corrective action determinations; however, several events in the same location, involving the same individual, or during similar processes, may warrant such in-depth evaluations and

determinations.

Minor Spills

Minor spills are those events typically identified at the time they occur (e.g., a dropped syringe or vial containing radioactive material) involving the release (spill) of radioactive material requiring a more formal adherence to a step-by-step procedure. Such events will usually involve millicurie quantities of material and have a potential for exposures to personnel or the public if not properly controlled and decontaminated. The upper limit for defining minor spills should not be more than five times the lowest annual limit on intake of the material involved in the spill. Such a limit would include the following quantities of radioactive material:

1. Up to 400 millicuries of technetium-99m;
2. Up to 150 microcuries of iodine-131;
3. Up to 250 millicuries of fluorine-18;
4. Up to 100 millicuries of thallium-201; and
5. Up to 10 millicuries of samarium-153.

Minor spills may warrant root cause evaluations and corrective action determinations, depending on the circumstances. The RSO should be notified immediately of such events so that decontamination procedures can be monitored. Minor spills involving quantities of radioactive material near the upper threshold may require more than one person to respond to assist in the cleanup, perform confirmation surveys or monitor materials and personnel exiting the area.

Major Spills

Any spill involving a quantity of radioactive material in excess of the quantity defined for a minor spill is considered a major spill. Such spills have a greater potential for exposures to workers and the public, including the possibility of overexposure, if not properly contained. Individuals should never attempt to clean a major spill by themselves, or without the personal supervision and direction of the RSO. Major spills should generally be reported to the director in accordance with the requirements of rule 3701:1-40-20 of the Ohio Administrative Code. Major spills may also require evaluations of intakes and skin doses, if personnel contamination is identified, as well as root cause evaluations and corrective action determinations. Qualified assistance should be sought immediately for those major spills that are beyond the licensee's capability to address.

General Safety Procedures to Handle Spills

- Name and telephone number of RSO or an alternate person(s) should be posted conspicuously in areas of use, so it is readily available to workers in case of emergencies. Licensees should have emergency equipment readily available for handling spills. Spill response materials should include the following:
 - disposable gloves;
 - housekeeping gloves;
 - disposable lab coats;
 - disposable shoe covers;
 - roll of absorbent paper with plastic backing;
 - masking tape;

- plastic trash bags with twist ties;
- “Radioactive Material” labeling tape;
- marking pen;
- pre-strung “Radioactive Material” labeling tags;
- box of wipes;
- instructions for “Emergency Procedures;”
- clipboard with a copy of the Radioactive Spill Report Form for the facility; and
- pen or pencil.

Minor Contaminations and Spills of Liquids and Solids

- Instructions to Workers
 - These instructions apply to minor contamination events (less than 10 times the licensee’s action limit) and minor spills of radioactive material. The response to each is similar; however, the response to minor contamination events need not be as formal as the response to spills involving millicurie quantities of radioactive material;
 - Notify persons in the area that a spill has occurred;
 - Prevent the spread of contamination by covering the spill with absorbent paper. Paper should be dampened if solids are spilled;
 - Clean up the spill, wearing disposable gloves and using absorbent paper;
 - Carefully fold the absorbent paper with the clean side out and place in a plastic bag for transfer to a radioactive waste container. Put contaminated gloves and any other contaminated disposable material in the bag;
 - Resurvey the area. Check the area around the spill for contamination. Also check hands, clothing, and shoes for contamination; and
 - Report the incident to the Radiation Safety Officer (RSO) promptly.
- Reminders to RSO
 - Follow up on the decontamination activities and document the results;
 - As appropriate, determine cause and corrective actions needed; consider bioassays if licensed material may have been ingested or inhaled; and
 - If necessary, notify the director.

Major Spills of Liquids and Solids

- Instructions to Workers
 - Clear the area. If appropriate, survey all persons not involved in the spill and vacate the room;
 - Prevent the spread of contamination by covering the spill with absorbent paper (paper should be dampened if solids are spilled), but do not attempt to clean it up. To prevent the spread of contamination, limit the movement of all personnel who may be contaminated;
 - Shield the source only if it can be done without further contamination or significant increase in radiation exposure;
 - Close the room and secure the area to prevent entry. Post the room with a sign to warn

- anyone trying to enter that a spill of radioactive material has occurred;
 - Notify the RSO immediately;
 - Survey all personnel who could possibly have been contaminated. Decontaminate personnel by removing contaminated clothing and flushing contaminated skin with lukewarm water and then washing with a mild soap;
 - Allow no one to return to work in the area unless approved by the RSO; and
 - Follow the instructions of the RSO (e.g., decontamination techniques, surveys, provision of bioassay samples, requested documentation).
- Reminders to RSO
 - Confirm decontamination of personnel. If decontamination of personnel was not fully successful, consider inducing perspiration by covering the area with plastic. Then wash the affected area again to remove any contamination that was released by the perspiration;
 - Skin contamination must be evaluated to determine potential exposures. Beta-emitting radionuclides have a high potential for resulting in shallow-dose exposures in excess of regulatory limits from small (microcurie) quantities of contamination;
 - Supervise decontamination activities and document the results. Documentation should include location and results of surveys and decontamination results;
 - Determine root cause and needed corrective actions; consider need for bioassays if licensed material may have been ingested, inhaled or absorbed; and
 - If necessary, notify the director.

Minor Fires

- Instructions to Workers
 - If possible, immediately attempt to put out the fire by approved methods (e.g., fire extinguisher) if other fire hazards or radiation hazards are not present;
 - Notify all persons present to vacate the area and have one individual immediately call the RSO and fire department or 911 (as instructed by RSO);
 - Once the fire is out, isolate the area to prevent the spread of possible contamination;
 - Ensure injured personnel receive medical attention;
 - Survey all persons involved in combating the fire for possible contamination;
 - Decontaminate personnel by removing contaminated clothing and flushing contaminated skin with lukewarm water, then washing with a mild soap;
 - In consultation with the RSO, determine a plan of decontamination and the types of protective devices and survey equipment that will be necessary to decontaminate the area;
 - Allow no one to return to work in the area unless approved by the RSO; and
 - Follow the instructions of the RSO (e.g., decontamination techniques, surveys, provision of bioassay samples, requested documentation).
- Reminders to RSO
 - Notify emergency medical personnel of any injured individuals who may be contaminated. Provide radiation safety assistance (e.g., monitoring) as needed or

- requested;
- Supervise decontamination activities at the facility;
- If decontamination of personnel was not fully successful, consider inducing perspiration by covering the area with plastic. Then, wash the affected area again to remove any contamination that was released by the perspiration;
- Consult with fire safety officials to ensure there is no likelihood of the fire restarting and that it is safe to re-enter the building;
- Determine cause and needed corrective actions; consider need for bioassays if licensed material may have been ingested or inhaled. Document incident; and
- If necessary, notify the director.

Fires, Explosions, or Major Emergencies

- **Instructions to Workers**
 - Notify all persons in the area to leave immediately;
 - Notify the fire department or 911;
 - Notify the RSO and other facility safety personnel;
 - Ensure injured personnel receive medical attention;
 - Upon arrival of firefighters, inform them where radioactive materials are stored or where radioisotopes were being used; inform them of the present location of the licensed material and the best possible entrance route to the radiation area, as well as any precautions to avoid exposure or risk of creating radioactive contamination by use of high pressure water, etc.;
 - Allow no one to return to work in the area unless approved by the RSO; and
 - Follow the instructions of the RSO (e.g., decontamination techniques, surveys, provision of bioassay samples, requested documentation).
- **Reminders to RSO**
 - Notify emergency medical personnel of any injured individuals who may be contaminated. Provide radiation safety assistance (e.g., monitoring) as needed or requested;
 - Coordinate activities with local fire department or other emergency personnel;
 - Consult with the firefighting personnel or other emergency personnel and set up a controlled area where personnel can be surveyed for contamination of their protective clothing and equipment after the fire is extinguished;
 - Once the fire is extinguished, provide assistance to firefighters or other emergency personnel who may need to re-enter restricted areas to determine the extent of the damage to the licensed material use and storage areas. To the extent practical, assist firefighters and emergency personnel in maintaining their exposures ALARA if the fire resulted in a significant release of radioactive material or loss of shielding capability, such that excessive radiation levels (greater than 100 millirems per hour) are created;
 - Perform thorough contamination surveys of firefighters and emergency personnel and their equipment before they leave the controlled area, and decontaminate if necessary;
 - Supervise decontamination activities;
 - Consider bioassays if licensed material may have been ingested or inhaled. Document

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- incident; and
- If necessary, notify the director.

Copies of emergency procedures should be provided to all users. A current copy of the emergency procedures should be posted in each area where radioactive material is used.

APPENDIX R

Model Radiation Survey Procedures

Model Radiation Survey Procedures

This Appendix provides applicants and licensees with additional information on surveys, including training requirements, survey frequency, contamination limits and bioassays.

Ambient Radiation Level Surveys

- Dose-rate surveys, at a minimum, should be performed in locations where workers are exposed to radiation levels that might result in radiation doses in excess of 10% of the occupational dose limits.
- Dose-rate surveys, at a minimum, should be performed in locations where members of the public could receive a total effective dose equivalent of 1 mSv (100 mrem) in a year, or the dose in any unrestricted area from external sources could exceed 0.02 mSv (2 mrem) in any one hour.
- Dose-rate surveys should be performed in a manner and frequency that is representative of the use of radioactive materials. At a minimum, these surveys should be conducted daily in areas of radioactive material use, where exposures to workers could reasonably occur; (e.g., generator storage/elution and dose preparation stations). Other areas, where radiological conditions are not expected to change appreciably from day to day, should be surveyed weekly; (e.g., radioactive waste storage areas).

Contamination Surveys

Licensees' contamination surveys should be sufficient to identify areas of contamination that might result in unacceptable levels of exposure to workers or to the public. Combined removable and fixed contamination should be surveyed using appropriate radiation detection equipment. Removable contamination can be detected and measured through wipe tests, which should be analyzed using an appropriate counting instrument. Fixed contamination may be measured directly at the surface of the contamination with the appropriate instrument detector held at close proximity to the surface without direct contact. See Table J.1 for examples of appropriate instruments.

Contamination surveys should be performed:

- To evaluate radioactive contamination that could be present on surfaces of floors, walls, laboratory furniture or equipment;
- After any spill or contamination event;
- To evaluate contamination of users and the immediate work area at the end of each day when licensed material is used;
- In unrestricted areas at frequencies consistent with the types and quantities of materials in use; and
- In areas adjacent to restricted areas and in all areas through which licensed materials are transferred and temporarily stored before shipment.

Contamination Survey Frequency

All areas where radioactive materials are eluted, prepared, assayed, dispensed or packaged for transport should be surveyed daily. All other areas where radioactive materials are used or stored should be surveyed weekly.

Contamination in Unrestricted Areas

Contamination found in unrestricted areas should be immediately decontaminated to background levels. When it is not possible to get to background levels, the licensee must ensure the amounts do not exceed the contamination levels listed in Table Q.1.

Table R.1 Recommended Action Levels in dpm/100 cm² for Removable Surface Contamination by Radiopharmaceuticals

	C-11, N-13, O-15, F-18, P-32, Se-75, Sr-85, Sr-89, In-111, I-123, I-125, I-131, Sm-153, Yb-169, Re-186, Au-198	Cr-51, Ga-67, Tc-99m, Tl-201
1. Unrestricted areas, personal clothing	200	2000
2. Restricted areas, protective clothing used only in restricted areas, skin	2000	20000

When equipment or facilities that are potentially contaminated are to be released for unrestricted use, the above table provides the maximum acceptable residual levels. To the extent practicable, it is appropriate to decontaminate below these levels. Surface contamination surveys should be conducted for both removable and fixed contamination before these facilities or equipment are released from restricted to unrestricted use to ensure that they meet these limits.

A standardized method for wipe testing of a relatively uniform area should be used to aid in comparing contamination at different times and places. A wipe taken from an area of approximately 100 cm² is acceptable to indicate levels of removable contamination.

Survey Record Requirements

Each survey report should include the following:

- Diagram of the area identifying specific locations surveyed (See Figure 8.3);
- Ambient radiation levels with appropriate units;
- Contamination levels with appropriate units;
- Make and model number of instruments used;
- Background levels;
- Name of the person making the evaluation and recording the results and date; and

- Corrective actions taken for elevated levels identified and results of resurveys. Licensees should record contamination levels observed and procedures followed for incidents involving contamination of individuals. The record should include names of individuals involved, description of work activities, calculated dose, probable causes (including root causes), steps taken to reduce recurrence of contamination, times and dates and surveyor's signature.

Air Sampling

Air sampling can be used to do the following:

- Determine whether the confinement of radioactive materials is effective;
- Measure airborne radioactive material concentrations in the workplace;
- Estimate worker intakes of radioactive material;
- Determine posting requirements;
- Determine what protective equipment and measures are appropriate; and
- Warn of significantly elevated levels of airborne radioactive materials.

Refer to Regulatory Guide 8.25, Revision 1, "Air Sampling in the Workplace," dated June 1992, and NUREG-1400, "Air Sampling in the Workplace," dated September 1993, for further guidance on air sampling.

Air Stack Release Monitoring

Airborne radioactive effluents should be monitored at the release points (e.g., stack) to provide accurate measurements to estimate public exposure. Licensees should verify the performance of effluent monitoring systems by regular calibration of equipment and checks of filtration to ensure their reliability.

Regulatory Guide 4.20, "Constraints on Release of Airborne Radioactive Materials to the Environment for Licensees Other Than Power Reactors," dated December 1996, provides guidance on methods acceptable (calculation or COMPLY code) to the director for compliance with the constraint on air emissions to the environment.

Regulatory Guide 8.37, "ALARA Levels for Effluents from Materials Facilities," dated July 1993, provides guidance on designing an acceptable program for establishing and maintaining ALARA levels for gaseous and liquid effluents at materials facilities.

Effluent monitoring systems should be designed in accordance with ANSI N13.1 (1969), "Guide to Sampling Airborne Radioactive Materials in Nuclear Facilities," and ANSI N42.18, "Specification and Performance of On-site Instrumentation for Continuously Monitoring Radioactive Effluents."

Radioiodine Monitoring

The handling of radioiodine requires additional surveys and monitoring. Such surveys and monitoring include:

- Routine surveys should be performed of air filters incorporated in fume hoods and gloveboxes to identify when filters should be exchanged prior to saturation;
- Routine surveys should be performed in the area where radioiodine is handled immediately

following each use to identify elevated radiation and contamination levels; and

- Continuous monitoring of the air effluent should be performed during radioiodine use. In-line filters should be monitored periodically to determine actual effluents.

Sanitary Sewerage Release Monitoring

The licensee should evaluate the concentrations of radioactive material in water that is released to the environment and to the sanitary sewer. The licensee must show that these releases meet the limits in rules 3701:1-38-13 and 3701:1-38-19 of the Ohio Administrative Code, respectively.

Bioassay Monitoring

Frequency of Required Bioassay Measurements

Determining the appropriate frequency of routine bioassay measurements depends upon the exposure potential and the physical and chemical characteristics of the radioactive material and the route of entry to the body.

Consider the following elements:

- Potential exposure of the individual;
- Retention and excretion characteristics of the radionuclide;
- Sensitivity of the measurement technique; and
- Acceptable uncertainty in the estimate of intake and committed dose equivalent.

Bioassay measurements used for demonstrating compliance with the occupational dose limits should be conducted often enough to identify and quantify potential exposures and resultant intakes that, during any year, are likely to collectively exceed 0.1 times the annual limit on intake (ALI). The 10% ALI criterion is consistent with rule 3701:1-38-14(B)(2) of the Ohio Administrative Code, which requires licensees to monitor intakes and assess occupational doses for exposed individuals who are likely to exceed 10% of the applicable limit (i.e., intakes likely to exceed 0.1 ALI for adults).

Separate categories of bioassay measurements, routine measurements and special measurements further determine the frequency and scope of measurements.

Routine Measurements

Routine measurements include baseline measurements, periodic measurements and termination measurements. These measurements should be conducted to confirm appropriate controls exist and to assess dose.

An individual's baseline measurement of radioactive material within the body should be conducted before beginning work that involves exposure to radiation or radioactive materials for which monitoring is required.

In addition to the baseline measurements, periodic bioassay measurements should be performed. The frequency of periodic measurements should be based on the likelihood of significant exposure of the individual. In determining the worker's likely exposure, consider such information as the worker's access, work practices, measured levels of airborne radioactive material and exposure time. Periodic measurements should be made when the cumulative

exposure to airborne radioactivity, since the most recent bioassay measurement, is > 0.02 ALI (40 derived air concentration (DAC) hours). Noble gases and airborne particulates with a radioactive half-life of less than two hours should be excluded from the evaluation, because external exposure generally controls these radionuclides.

When an individual is no longer subject to the bioassay program because of change in employment status, termination bioassay measurement should be made, when practicable, to ensure any unknown intakes are quantified.

Special Monitoring

Because of uncertainty in the time of intakes and the absence of other data related to the exposure (e.g., physical and chemical forms, exposure duration), correlating positive results to actual intakes for routine measurements can sometimes be difficult. Abnormal and inadvertent intakes from situations such as inadequate engineering controls, inadvertent ingestion, contamination of a wound or skin absorption, should be evaluated on a case-by-case basis.

When determining whether potential intakes should be evaluated, consider the following circumstances:

- Presence of unusually high levels of facial and/or nasal contamination;
- Operational events with a reasonable likelihood that a worker was exposed to unknown quantities of airborne radioactive material (e.g., loss of system or container integrity);
- Known or suspected incidents of a worker ingesting radioactive material; and
- Incidents that result in contamination of wounds or other skin absorption.

References

1. Regulatory Guide 4.20, "Constraints on Release of Airborne Radioactive Materials to the Environment for Licensees Other Than Power Reactors," dated December 1996.
2. Regulatory Guide 8.9, Revision 1, "Acceptable Concepts, Models, Equations, and Assumptions for a Bioassay Program," dated July 1993.
3. Regulatory Guide 8.25, Revision 1, "Air Sampling in the Workplace," dated June 1992.
4. Regulatory Guide 8.37, "ALARA Levels for Effluents from Materials Facilities," dated July 1993.
5. NUREG-1400, "Air Sampling in the Workplace," dated September 1993.
6. NUREG/CR - 4884, "Interpretation of Bioassay Measurements," dated July 1987.
7. ANSI N13.1 (1969), "Guide to Sampling Airborne Radioactive Materials in Nuclear Facilities," dated 1993.
8. ANSI N42.18, "Specification and Performance of On-site Instrumentation for Continuously Monitoring Radioactive Effluents," 1991.

APPENDIX S

Model Procedure for Return of Radioactive Wastes from Customers

Model Procedure for Return of Radioactive Wastes from Customers

Procedures for Customers to Return Radioactive Waste to the Radiopharmacy

Return only items that contained or contain radioactive materials supplied by the radiopharmacy (e.g., pharmacy-supplied syringes and vials and their contents). Most return shipments to radiopharmacies will qualify as excepted packages of limited quantity, in accordance with DOT requirements (49 CFR 173.421). For those packages containing radioactive material in excess of the limited quantity, customers should ensure all applicable DOT requirements are met for the packages. These include, but are not limited to, certification packaging (Type A), package marking and labeling and shipping papers. For specific guidance on preparing these types of packages, follow the in-house procedures for shipping radioactive material packages or contact the pharmacy for guidance.

Preparation of radioactive materials for return as excepted package of limited quantity:

- Ensure the activities of material being returned are limited quantities as defined by DOT in Table 4 of 49 CFR 173.425. Special attention should be given for the return of unused doses that may still contain significant activities of radionuclides. The amount of radioactivity in unused doses may necessitate that a syringe or vial be held for decay to reduce the activity to that permitted for shipment of limited quantities;
- Place the syringe or vial in the original, labeled, lead shield in which it was delivered; and
- Place shielded waste into the shipping package (e.g., padded briefcase or ammo box) in which it was delivered. Note: Packages used to ship radioactive material to customers meet the DOT package requirements for transport of limited quantities.

Preparation of package:

- Using a calibrated survey meter, measure the radiation levels at all points on the surface of the package to ensure levels are less than or equal to 0.5 mrem/hr;
- Use contamination wipes on the surface of the package to ensure the removable contamination does not exceed the limit specified in 49 CFR 173.443(a), 22 dpm/cm² over a 300 cm² area;
- Label the package as an “Excepted Package - Limited Quantity of Material;” and
- Seal the package so that it will be evident upon receipt if the package was accidentally opened during shipment.

Procedure for Receipt and Opening of Packages from Customers Containing Radioactive Waste

- Place all returned packages in an identifiable location within the radiopharmacy;
- Put on disposable gloves;
- Monitor the package for removable contamination. If wipe tests indicate contamination levels

greater than 22 dpm/cm² over a 300 cm² area: notify the customer and NRC, survey the driver/courier who retrieved the waste and the vehicle used to transport the waste to the radiopharmacy and decontaminate the package or remove it from service for decay;

- Open the package and identify each nuclide in the shielded containers;
- Dispose of radioactive waste into the appropriate container for the half-life of the nuclide being disposed of, in accordance with the radiopharmacy's procedures for disposal of waste by decay-in-storage;
- Survey the transport radiation shields for contamination with a low-level survey meter. Any transport radiation shield that indicates activity exceeding background readings should be decontaminated or removed from service.

APPENDIX T

Director Incident Notifications

Director Incident Notifications

Table T.1 Typical Notifications Required for Radiopharmacy Licensees

Event	Telephone Notification	Written Report	Regulatory Requirement
Theft or loss of material	immediate	30 days	3701:1-38-21(A)(1)(b)(i)
Whole body dose greater than 0.25 Sv (25 rems)	immediate	30 days	3701:1-38-21(B)(1)(a)(i)
Extremity dose greater than 2.5 Sv (250 rems)	immediate	30 days	3701:1-38-21(B)(1)(a)(iii)
Intake of five times the annual limit on intake	immediate	30 days	3701:1-38-21(B)(1)(b)
Removable contamination exceeding the limits of 3701:1-50-17(I) (beta/gamma/low toxicity alpha 22 dpm/cm ² ; all other alpha - 2.2 dpm/cm ²)	immediate	none	3701:1-38-18(G)(1)
External radiation levels exceeding the limits - (any point on the surface - 2 mSv/hr (200 mrem/hr))	immediate	none	3701:1-38-18(G)(2)
Whole body dose greater than 0.05 Sv (5 rems) in 24 hours	24 hours	30 days	3701:1-38-21(B)(2)(a)(i)
Extremity dose greater than 0.5 Sv (50 rems) in 24 hours	24 hours	30 days	3701:1-38-21(B)(2)(a)(iii)
Intake of one annual limit on intake	24 hours	30 days	3701:1-38-21(B)(2)(b)
Occupational dose greater than the applicable limit in rule 3701:1-38-12.	none	30 days	3701:1-38-21(C)(1)(a)(i)
Dose to individual member of public greater than 1 mSv (100 mrems)	none	30 days	3701:1-38-21(C)(1)(a)(iv)

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Defect in equipment that could create a substantial safety hazard	2 days	30 days	
Filing petition for bankruptcy under 11 U.S.C.	none	immediately after filing petition	3701:1-40-16(F)

Event	Telephone Notification	Written Report	Regulatory Requirement
Expiration of license	none	60 days	3701:1-40-18(C)
Decision to permanently cease licensed activities at <i>entire site</i>	none	60 days	3701:1-40-18(C)
Decision to permanently cease licensed activities in any <i>separate building or outdoor area</i> that is unsuitable for release for unrestricted use	none	60 days	3701:1-40-18(C)
No principal activities conducted for 24 months <i>at the entire site</i>	none	60 days	3701:1-40-18(C)
No principal activities conducted for 24 months <i>in any separate building or outdoor area</i> that is unsuitable for release for unrestricted use	none	60 days	3701:1-40-18(C)
Event that prevents immediate protective actions necessary to avoid exposure to radioactive materials that could exceed regulatory limits	immediate	30 days	3701:1-40-20(A)
An unplanned contamination event involving greater than 5 times the ALI, and half-life greater than 24 hours requiring that access be restricted for more than 24 hours	24 hours	30 days	3701:1-40-20(B)(1)
Equipment is disabled or fails to function as designed when required to prevent radiation exposure in excess of regulatory limits	24 hours	30 days	3701:1-40-20(B)(2)

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Unplanned fire or explosion that affects the integrity of any licensed material or device, container or equipment with licensed material	24 hours	30 days	3701:1-40-20(B)(4)
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Note: Telephone notifications shall be made to the director, at 614-722-7221.