NRC FORM 218
(4-76)
NRCM 0240

U.S. NUCLEAR REGULATORY COMMISSION

DL-033195_04

TELEPHONE OR VERBAL CONVERSATION RECORD

DATE 3/31/95

TIME ☐ A ☐ P

☐ INCOMING CALL ☐ OUTGOING CALL ☐ VISIT

PERSON CALLING	OFFICE/ADDRESS	PHONE NUMBER	EXTENSI
[illegible]	USNRC, RII		
PERSON CALLED	**OFFICE/ADDRESS**	**PHONE NUMBER**	**EXTENSI**
Mark S. Lerner	Fairfax City RT Imaging Center		

CONVERSATION

SUBJECT Control # [illegible] (Lic # 45-25326-01)

SUMMARY

1. Scope of OPA [illegible] (no xenon)
I 131 for diagnosis + treatment of ~~hyroidfunction~~ ~~and~~ hyperthyroidism and cardiac dysfunction (Capsule Form only)
He plans to receive unit doses initially + later use generators and Technetium 99m aerosols
a ask him to provide a GMP per 35.32
2. Personnel monitoring vendor Siemens. NVLAP - yes
3. Rad safety office - Ask him to provide delegation of authority letter
4. Area survey procedures Ask him for trigger levels.
5. Air Conc control Ask him for procedures for use of Tc 99m Aerosols.
6. Authorized users are a contract Radiology Group who serve Loudoun Mem Hosp, Sterling Dulles and
7. Consultant A Able / Mid Atlantic Rad Physics

Check Items
[Y] [N] Decommission
[Y] [N] Facility Reqmt
[Y] [N] Qual. Mgmt. I
[Y] [N] Contingency P
[Y] [N] Decay-In-Stora
[Y] [N] SRP/RG____
[Y] [N] ____
[Y] [N] ____

REFERRED TO:

☐ ADVISE ME OF ACTION TAKEN.

ACTION REQUESTED

INITIALS

DATE

ACTION TAKEN

INITIALS

DATE

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