Bergen Cardiology Associates, PA

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MMSB 2

Ms. Penny Lanzisera United States Nuclear Regulatory Commission Region I 475 Allendale Road King of Prussia, PA 19406-1415

29-30473-01

Dear Ms. Lanzisera:

Please find the closeout survey of the 3rd floor hot lab/gamma camera room attached. If you have any questions, please call me at 201-907-0442.

Sincerely yours,

Maria Valiente, RT(N)

140986 NMSS/RGN1 MATERIALS-002 REF. 140558

Marsden Medical Physics Associates

266 Long Meadow Road Kinnelon, NJ 07405 (973) 838-5079

Nuclear Medicine Quality Control

RSO

Facility:

Bergen Cardiology Associates

Date:

June 21, 2007

Report Summary and Recommendations

Hot Lab moved from room 302 to 2nd floor hot lab. Equipment retested and passed. Closeout survey within acceptable limits for general occupancy.

Reviewed records to 6/20/2007

RSO Please sign were indicated

Survey Performed By:

William McAndrew

Reviewed By:

David S Marsden, Ph.D., FACR

Diplomat American Board of Radiology

America Board of Medical Physics

AREA SURVEY AND WIPE FORM

Bergen Cardiology Associates: Closeout Survey

| DAIL | Y SURVEY: | METER A: model: METER B: model: | | | Ludium 14c | | sn: 154165 _ sn: URVEY: m <i>R/</i> hr | | date of cal: 3-28-07 | | | | | |
|------|--------------|---------------------------------|----------|--|------------|---|--|--|----------------------|---|-----------|-----|-----|-------------|
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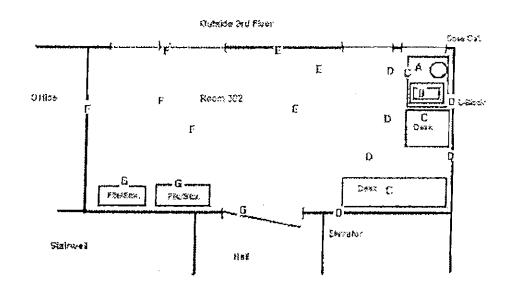
LEGEND:

AREA Description

- A Dose Cal/Counter
- B L-Block/Brick Fort
- C Cabinets/Desks
- D Floor, walls@ handling, control areas
- E Floor, walls@ injection site/inj.chair
- F Floor, walls@ gamma camera area
- G File shelves, walls, floor

Comment: All areas are within acceptable limits; no contamination found.





| This is to acknowledge the receipt of B/15/2, a includes an administrative review has | nd to inform you that the initial processing which | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| | 4-73-01 nissions. Your application was assigned to a that the technical review may identify additional nformation. | | | | | | | |
| Please provide to this office within 30 days of your receipt of this card | | | | | | | | |
| A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved. Your action has been assigned Mail Control Number When calling to inquire about this action, please refer to this control number. You may call us on (610) 337-5398, or 337-5260. | | | | | | | | |
| NRC FORM 532 (RI) (6-96) | Sincerely, Licensing Assistance Team Leader | | | | | | | |

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