

SIEMENS

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REGION 1

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October 27, 2011

Nuclear Materials Safety Branch
U.S. Nuclear Regulatory Commission, Region I
475 Allendale Road
King of Prussia, PA 19406-1415
ATTN: Licensing and Assistance Team

Br. 2

REF: NRC License #07-30325-01
Termination of license

03034196

In our letter dated September 19, 2011, Siemens Healthcare Diagnostics, Glasgow notified your office of our intent to terminate NRC license 07-30325-01, with an expiration date of October 31, 2011. We have now completed decommissioning activities as described in the attached NRC Form 314.

All radioactive materials have been removed for disposal by a licensed waste contractor, Veolia Environmental Services. Copies of the waste manifests are enclosed.

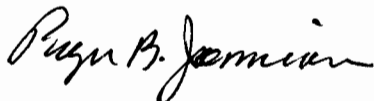
A radiation survey of all laboratory surfaces and equipment in the one active laboratory (laboratory 300), and one storage area, was conducted by Dade Moeller & Associates, Inc. No areas of contamination were detected, as noted in the enclosed survey report. Results of surveys conducted by Siemens personnel are also enclosed for two additional laboratories that have previously been decommissioned:

Laboratory 251	October 1995
Laboratory 9	October 1998

Upon final notification from your office that all documentation is complete, and that the license is satisfactorily terminated, we will start the process to terminate the current financial assurance agreements.

Please contact me if there is any additional information or documentation that will be required to complete the termination activities.

Sincerely,



Roger B. Jamieson
Radiation Safety Officer
Sr. Manager, Global EHS Product Stewardship
302-631-7161

Siemens Healthcare Diagnostics Inc.

P.O. Box 6101
Newark, DE 19714-6101

www.siemens.com/diagnostics

576282

NMSS/RGN1 MATERIALS-002

CERTIFICATE OF DISPOSITION OF MATERIALS

Estimated burden per response to comply with this mandatory collection request: 30 minutes. This submittal is used by NRC as part of the basis for its determination that the facility is released for unrestricted use. Send comments regarding burden estimate to the Information Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to Infocollects.Resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0028), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

LICENSEE NAME AND ADDRESS
Siemens Healthcare Diagnostics Inc.
P.O. Box 6101
Newark, DE 19714-6101

LICENSE NUMBER: 07-30325-01
DOCKET NUMBER: 030-34196
LICENSE EXPIRATION DATE: October 31, 2011

A. LICENSE STATUS (Check the appropriate box)
 This license has expired. This license has not yet expired; please terminate it.

B. DISPOSAL OF RADIOACTIVE MATERIAL
(Check the appropriate boxes and complete as necessary. If additional space is needed, provide attachments)
The licensee, or any individual executing this certificate on behalf of the licensee, certifies that:

- 1. No radioactive materials have ever been procured or possessed by the licensee under this license.
- 2. All activities authorized by this license have ceased, and all radioactive materials procured and/or possessed by the licensee under this license number cited above have been disposed of in the following manner:
 - a. Transfer of radioactive materials to the licensee listed below:
 - b. Disposal of radioactive materials:
 - 1. Directly by the licensee:
 - 2. By licensed disposal site:
 - 3. By waste contractor:
Veolia Environmental Services 215-289-3700
3100 Hedley Street
Phila., PA 19137
- c. All radioactive materials have been removed such that any remaining residual radioactivity is within the limits of 10 CFR Part 20, Subpart E, and is ALARA.

C. SURVEYS PERFORMED AND REPORTED


- 1. A radiation survey was conducted by the licensee. The survey confirms:
 - a. the absence of licensed radioactive materials
 - b. that any remaining residual radioactivity is within the limits of 10 CFR 20, Subpart E, and is ALARA.
- 2. A copy of the radiation survey results:
 - a. is attached; or b. is not attached (Provide explanation); or c. was forwarded to NRC on: _____ Date
- 3. A radiation survey is not required as only sealed sources were ever possessed under this license, and
 - a. The results of the latest leak test are attached; and/or
 - b. No leaking sources have ever been identified.

The person to be contacted regarding the information provided on this form:

NAME Roger B. Jamieson	TITLE Sr. Manager EHS (RSO)	TELEPHONE (Include Area Code) 302-631-7161	E-MAIL ADDRESS roger.b.jamieson@siemens.com
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Mail all future correspondence regarding this license to:
Roger B. Jamieson MS 503 PO Box 6101 Newark, DE 19714-6101

C. CERTIFYING OFFICIAL
I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

PRINTED NAME AND TITLE William D. Bedzyk Director	SIGNATURE 	DATE 10/27/2011
------------------------------------------------------	---------------------------------------------------------------------------------------------------	--------------------

WARNING: FALSE STATEMENTS IN THIS CERTIFICATE MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. NRC REGULATIONS REQUIRE THAT SUBMISSIONS TO THE NRC BE COMPLETE AND ACCURATE IN ALL MATERIAL RESPECT. 18 U.S.C. SECTION 1001 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

CERTIFICATE OF DISPOSITION OF MATERIALS

PLEASE READ THESE INSTRUCTIONS BEFORE COMPLETING NRC FORM 314.

Subpart E of 10 CFR Part 20 establishes the radiological criteria for license terminations/decommissioning of facilities licensed under 10 CFR Parts 30, 40, 50, 60, 61, 70, and 72, as well as other facilities subject to the Commission's jurisdiction under the Atomic Energy Act of 1954, as amended, and the Energy Reorganization Act of 1974, as amended.

INSTRUCTIONS

Section B, Item 2.

Licensees should describe the specific radioactive material transfer actions. If radioactive wastes were generated in terminating this license, the licensee should describe the disposal actions taken, including the disposition of low-level radioactive waste, mixed waste, greater-than-Class-C waste, and sealed sources.

Section B, Item 2.a.

The information provided concerning the transfer of radioactive material to another licensee should specify the date of the transfer, the name of the licensee recipient, an individual contact name and telephone number for the licensee recipient, and the recipient's NRC or Agreement State license number.

Section B, Item 2.b.

For disposal of radioactive materials, licensees should describe the specific disposal method or procedure (e.g., decay-in-storage). For those cases when radioactive materials are disposed of by a licensed disposal site or by a waste contractor, the licensee should specify the name, address, and telephone number of the licensed disposal site operator or waste contractor.

Section B, Item 2.c.

"Residual radioactivity," as defined in 10 CFR 20.1003, means radioactivity in 'areas' (structures, materials, soils, etc.) remaining as a result of activities (licensed and unlicensed) under the licensee's control from sources used by the licensee, excluding background radiation. ALARA is defined in 10 CFR 20.1003.

FILE CERTIFICATES AS FOLLOWS:

IF YOU ARE LOCATED IN:

ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND CERTIFICATES TO:

LICENSING ASSISTANT SECTION
NUCLEAR MATERIALS SAFETY BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION I
475 ALLENDALE ROAD
KING OF PRUSSIA, PA 19406-1415

IF YOU ARE LOCATED IN:

ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MISSISSIPPI, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING, SEND CERTIFICATES TO:

MATERIAL RADIATION PROTECTION SECTION
U. S. NUCLEAR REGULATORY COMMISSION, REGION IV
612 E. LAMAR BOULEVARD, SUITE 400
ARLINGTON, TX 76011-4125

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND CERTIFICATES TO:

MATERIALS LICENSING SECTION
U.S. NUCLEAR REGULATORY COMMISSION, REGION III
2443 WARRENVILLE ROAD, SUITE 210
LISLE, IL 60532-4352



SHIPPING DOCUMENT	1. Generator ID Number 22 00307040	2. Page 1 of 1	3. Emergency Response Phone 677 848 0007	4. Shipping Document Tracking Number 22 00307040		
5. Generator's Name and Mailing Address SIEMENS HEALTHCARE DIAGNOSTICS PO BOX 6101 M/S 503 BUILDING 500 NEWARK, DE 19714-6101		Generator's Site Address (if different than mailing address) SIEMENS HEALTHCARE DIAGNOSTIC RT 896 & CORPORATE BLVD GLASGOW, DE. 19702				
6. Transporter 1 Company Name VEOLIA ES TECHNICAL SOLUTIONS		U.S. EPA ID Number NJ 080631369				
7. Transporter 2 Company Name S J TRANSPORTATION CO INC.		U.S. EPA ID Number NJ 071529976				
8. Designated Facility Name and Site Address DURATEK, INC. 1560 BEAR CREEK ROAD		U.S. EPA ID Number NO1 REG 80				
Facility's Phone: 865 481-0222 OAK RIDGE, TN 37830						
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type	11. Total Quantity	12. Unit Wt./Vol.	13. Codes
	X	1 UN2910, RADIOACTIVE MATERIAL, EXCEPTED PACKAGE- LIMITED QUANTITY OF MATERIAL, 7	001 DF	00005	P	NONE RW399
	X	2 UN2910, RADIOACTIVE MATERIAL, EXCEPTED PACKAGE- LIMITED QUANTITY OF MATERIAL, 7	001 DM	00005	P	NONE RW399
		3.				
		4.				
14. Special Handling Instructions and Additional Information ER Service Contracted by VESTS + 1) A:DTK 221858 C-14 AND H-3 REFERENCE STANDARDS 2) A:DTK-221851 I-129 REFERENCE STANDARD AND H3 DEBRIS						
15. GENERATOR S/OFFEROR S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.						
Generator's/Officer's Printed/Typed Name <i>Roger C Jamieson</i>		Signature <i>Roger C Jamieson</i>		Month 10	Day 07	Year 11
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
17. Transporter Acknowledgment of Receipt of Shipment						
Transporter 1 Printed/Typed Name <i>Shawnee A Sueno</i>		Signature <i>Shawnee A Sueno</i>		Month 10	Day 05	Year 11
Transporter 2 Printed/Typed Name <i>CLAUDE E GARY JR</i>		Signature <i>Claude E Gary Jr</i>		Month 10	Day 07	Year 11
18. Discrepancy						
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
Shipping Document Tracking Number: _____						
18b. Alternate Facility (or Generator) U.S. EPA ID Number _____						
Facility's Phone: _____						
18c. Signature of Alternate Facility (or Generator) _____ Month _____ Day _____ Year _____						
19. Report Management Method Codes (i.e., codes for treatment, disposal, and recycling systems)						
1. _____		2. _____		3. _____		4. _____
20. Designated Facility Owner or Operator. Certification of receipt of shipment except as noted in Item 18a						
Printed/Typed Name <i>Nicholas Arden</i>		Signature <i>Nicholas Arden</i>		Month 10	Day 11	Year 11

DESIGNATED FACILITY TO GENERATOR



SHIPPING DOCUMENT		1. Generator ID Number DEP000001156	2. Page 1 of 1	3. Emergency Response Phone (877) 818-0087	4. Shipping Document Tracking Number ZZ 00307041		
5. Generator's Name and Mailing Address		SIEMENS HEALTHCARE DIAGNOSTICS PO BOX 6101 M/S 503 BUILDING 500 NEWARK, DE 19714-6101		Generator's Site Address (if different than mailing address) SIEMENS HEALTHCARE DIAGNOSTIC RT 896 & CORPORATE BLVD GLASGOW, DE 19702			
6. Transporter 1 Company Name		VEOLIA ES TECHNICAL SOLUTIONS		U.S. EPA ID Number		NJ D 0 8 0 6 3 1 3 6 9	
7. Transporter 2 Company Name		S J TRANSPORTATION CO INC.		U.S. EPA ID Number		NJ D 0 7 1 6 2 9 9 7 6	
8. Designated Facility Name and Site Address		ALARON CORPORATION 2138 STATE ROUTE 18 WAMPUM, PA 16157		U.S. EPA ID Number		PA D 9 8 7 4 0 0 1 5 7	
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Codes	
X	1. UN2910, RADIOACTIVE MATERIAL, EXCEPTED PACKAGE-LIMITED QUANTITY OF MATERIAL, 7	0 0 1 D F		0 0 0 0 3	P	NONE RW399	
	2.						
	3.						
	4.						
14. Special Handling Instructions and Additional Information ER Service Contracted by VESTS +- 1) A:ALA-221861 H-3 AMPOULES							
15. GENERATOR S/OFFEROR S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.							
Generator's/Officer's Printed/Typed Name <i>Rosen B Jamieson</i>				Signature <i>Rosen B Jamieson</i>		Month Day Year 10 05 11	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Shipment							
Transporter 1 Printed/Typed Name <i>DAVID A. QUINN</i>				Signature <i>David A. Quinn</i>		Month Day Year 10 05 11	
Transporter 2 Printed/Typed Name <i>DAVID E. BERRY JR</i>				Signature <i>David E. Berry Jr</i>		Month Day Year 10 07 11	
18. Discrepancy							
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
Shipping Document Tracking Number: _____							
18b. Alternate Facility (or Generator) U.S. EPA ID Number _____							
Facility's Phone: _____							
18c. Signature of Alternate Facility (or Generator) _____ Month Day Year _____							
19. Report Management Method Codes (i.e., codes for treatment, disposal, and recycling systems)							
1. _____		2. _____		3. _____		4. _____	
20. Designated Facility Owner or Operator: Certification of receipt of shipment except as noted in Item 18a							
Printed/Typed Name <i>Jimmy Lease</i>				Signature <i>Jimmy Lease</i>		Month Day Year 10 10 11	

GENERATOR

TRANSPORTER INT'L

DESIGNATED FACILITY

DESIGNATED FACILITY TO GENERATOR

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator ID Number DER000001153	2. Page 1 of 1	3. Emergency Response Phone (577) 618-0087	4. Manifest Tracking Number 000541091 VES	
	5. Generator's Name and Mailing Address SIEMENS HEALTHCARE DIAGNOSTICS PO BOX 6101 M/S 503 BUILDING 500 NEWARK, DE 19714-5101			Generator's Site Address (if different than mailing address) SIEMENS HEALTHCARE DIAGNOSTIC RT 866 & CORPORATE BLVD GLASCOCK, DE 19702	
6. Transporter 1 Company Name VEOLIA ES TECHNICAL SOLUTIONS			U.S. EPA ID Number NJ0080531309		
7. Transporter 2 Company Name 5 J TRANSPORTATION CO INC.			U.S. EPA ID Number NJ0071329975		
8. Designated Facility Name and Site Address 352-373-6666 355 Hill Street 352-373-6666 SHRIVERIDGE HIGHWAY 16644 - Hwy of Florida 1500 DEAR GREEN ROAD 1940 NW 67TH PLACE CRANFORD, NJ 07016 CRANFORD FL 32659			U.S. EPA ID Number FLD 980711071 NJ 07016		
9a. HM			9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers
					No.
					Type
					11. Total Quantity
					12. Unit Wt./Vol.
					13. Waste Codes
X			1. U191/593, WASTE FLAMMABLE LIQUIDS, n.e.s., (XYLENE, TOLUENE), (3/7), II LIMITED QUANTITY RADIOACTIVE MATERIAL		001 DF 00010 P
					U230 U001
					U230
2.					
3.					
4.					
14. Special Handling Instructions and Additional Information BY SERVICE CERTIFICATE BY VES (S) - 1) A/DUA/55245 TRIPS PACKED LAB CHEMICALS					
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.					
Generator's/Offoror's Printed/Typed Name [Signature]			Signature [Signature]		Month Day Year 1 0 0 5 1 1
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____					
17. Transporter Acknowledgment of Receipt of Materials					
Transporter 1 Printed/Typed Name Salvatore A. Suedo			Signature [Signature]		Month Day Year 10 05 11
Transporter 2 Printed/Typed Name			Signature		Month Day Year
18. Discrepancy					
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection					
Manifest Reference Number: _____					
18b. Alternate Facility (or Generator)			U.S. EPA ID Number		
Facility's Phone: _____					
18c. Signature of Alternate Facility (or Generator)			Signature		Month Day Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					
1.		2.		3.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a					
Printed/Typed Name			Signature		Month Day Year

GENERATOR

TRANSPORTER

DESIGNATED FACILITY



438 N. Frederick Ave., Suite 220
Gaithersburg, Maryland 20877
(301) 990-6006
www.moellerinc.com

October 26, 2011

William Bedzyk
Siemens Healthcare Diagnostics
P.O. Box 6101
Newark, DE 19714-6101

Re: Radiation Safety Decommissioning Survey

Dear Dr. Bedzyk:

Please accept this letter as notification of the completion of the Final Status Survey for decommissioning and free release of Siemens Healthcare Diagnostics - Room 300, 700 GBC Drive, Newark, Delaware 19702. Please find two Sample Analysis Reports (attached). Survey results indicate that the room and its contents meet the requirements for free release; however, the formal Final Status Survey Report will be delivered to you upon its completion. I anticipate that the report will be available prior to October 31, 2011. I will be happy to answer any questions that may arise.

Sincerely,

Don Samaan
Commercial Health Physicist
don.samaan@moellerinc.com

Encls.: Sample Analysis Reports (11-0216 and 11-0233)



Dade Moeller

704 S. Illinois Ave., Suite C-104
Oak Ridge, Tennessee 37830
(865) 481-6050
www.moellerinc.com

Sample Analysis Report

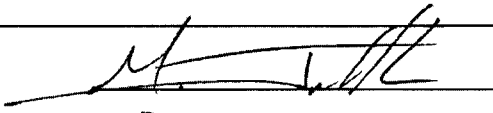
Client Name: Siemens Healthcare Diagnostics **Sample Date:** 09/26/2011 1300-1400
Client Address: William Bedzyk **Analysis Date:** 09/27/2011 1436-1816
P.O. Box 6101 **Analysis Number:** 11-0216
Newark, Delaware 19714
Phone: (302) 631-6956 **Fax:** n/a
Email: william.d.bedzyk@siemens.com

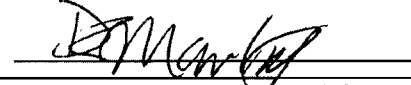
Project Information: Clearance Survey - See Attached Wipe Log for Details on Each Location Sampled
Number of Samples: 78
Type of Analysis Required: LSC
Instrument(s) Used: Beckman LS 6500
Radionuclide(s) of Interest: Various (H-3, C-14, I-125)

Protocol Settings and Background Information									
Window ID	Window Settings (keV)	Count Time (min)	Avg. Counting Eff. (%)	Avg. Bkgd. Rate (cpm)	Avg. Total Bkgd (counts)	2σ (a)	%2σ	LLD (b)	MDA (c)
H-3	0-18	2	43.3	6.8	13.5	5.1	37.7	20.1	23.2
C-14	18-156	2	92.8	5.5	11.0	4.6	41.8	18.5	9.9
WIND1	156-2000	2	100.0	6.0	12.0	4.8	40.0	19.1	9.6
Avg. Bkgd. H-3 (dpm):		12.5	Avg. Bkgd. C-14 (dpm)		7.2	Avg. Bkgd. Window 1 (dpm)		18.3	

(a) 2 standard deviation of average total background counts.
(b) Lower Limit of Detection - lowest count level statistically visible above average total background counts.
(c) Minimum Detectable Activity - lowest dpm value detectable above background.

Sample #75 (Trash Compactor #5) yielded 51.7 dpm (H-3). All other samples analyzed yielded no detectable radioactive contamination.

Analysis Completed By:  **Date:** 10/25/11

Results Verified By:  **Date:** 10/25/11

Analytical Laboratory Information:

~ Dade Moeller is licensed by the State of Tennessee (R-01111-J21) to perform radioactive sample analysis. ~
~ Raw analytical data is maintained by the laboratory for regulatory purposes; copies available upon written request. ~
~ Quality Assurance/Quality Control Information and Analytical Procedures are maintained and available upon written request. ~

Results of Sample Analysis

Average Background: 18.3 dpm

Sample ID (Smear#)	Raw Data ID Number	Sample Location	Results	Nuclide	Results (net dpm)
1	1	Room 300 #1	24.5	n/a	6.3
2	2	Room 300 #2	23.0	n/a	4.8
3	3	Room 300 #3	21.5	n/a	3.3
4	4	Room 300 #4	25.5	n/a	7.3
5	5	Room 300 #5	20.0	n/a	1.8
6	6	Room 300 #6	16.0	n/a	-2.3
7	7	Room 300 #7	15.5	n/a	-2.8
8	8	Room 300 #8	19.5	n/a	1.3
9	9	Room 300 #9	20.0	n/a	1.8
10	10	Room 300 #10	19.0	n/a	0.8
11	11	Room 300 #11	20.0	n/a	1.8
12	12	Room 300 #12	17.5	n/a	-0.8
13	13	Room 300 #13	18.0	n/a	-0.3
14	14	Room 300 #14	20.5	n/a	2.3
15	15	Room 300 #15	23.5	n/a	5.3
16	16	Room 300 #16	17.5	n/a	-0.8
17	17	Room 300 #17	32.0	n/a	13.8
18	18	Room 300 #18	23.0	n/a	4.8
19	19	Room 300 #19	26.0	n/a	7.8
20	20	Room 300 #20	17.5	n/a	-0.8
21	21	Room 300 #21	18.0	n/a	-0.3
22	22	Room 300 #22	20.0	n/a	1.8
23	23	Room 300 #23	19.5	n/a	1.3
24	24	Room 300 #24	25.0	n/a	6.8
25	25	Room 300 #25	24.0	n/a	5.8
26	26	Room 300 #26	19.0	n/a	0.8
27	27	Room 300 #27	18.0	n/a	-0.3
28	28	Room 300 #28	22.0	n/a	3.8
29	29	Room 300 #29	23.5	n/a	5.3
30	30	Room 300 #30	16.5	n/a	-1.8
31	31	Room 300 #31	18.5	n/a	0.3
32	32	Room 300 #32	17.0	n/a	-1.3
33	33	Room 300 #33	17.0	n/a	-1.3

Continued Next Page

Results of Sample Analysis

Average Background: 18.3 dpm

Sample ID (Smear#)	Raw Data ID Number	Sample Location	Results	Nuclide	Results (dpm)
34	34	Room 300 #34	18.0	n/a	-0.3
35	35	Room 300 #35	19.0	n/a	0.8
36	36	Room 300 #36	24.5	n/a	6.3
37	37	Room 300 #37	17.5	n/a	-0.8
38	38	Room 300 #38	16.5	n/a	-1.8
39	39	Room 300 #39	18.0	n/a	-0.3
40	40	Room 300 #40	25.5	n/a	7.3
41	41	Room 300 #41	28.5	n/a	10.3
42	42	Room 300 #42	15.5	n/a	-2.8
43	43	Room 300 #43	19.0	n/a	0.8
44	44	Room 300 #44	20.5	n/a	2.3
45	45	Room 300 #45	19.0	n/a	0.8
46	46	Room 300 #46	17.0	n/a	-1.3
47	47	Room 300 #47	20.0	n/a	1.8
48	48	Room 300 #48	16.5	n/a	-1.8
49	49	Room 300 #49	22.5	n/a	4.3
50	50	Room 300 #50	21.5	n/a	3.3
51	51	Room 300 #51	18.0	n/a	-0.3
52	52	Room 300 #52	14.0	n/a	-4.3
53	53	Room 300 #53	23.5	n/a	5.3
54	54	Room 300 #54	26.0	n/a	7.8
55	55	Room 300 #55	20.5	n/a	2.3
56	56	Room 300 #56	22.5	n/a	4.3
57	57	Room 300 #57	15.5	n/a	-2.8
58	58	Room 300 #58	20.0	n/a	1.8
59	59	Room 300 #59	20.0	n/a	1.8
60	60	Room 300 #60	18.0	n/a	-0.3
S1	62	Cell Harvester #1	18.0	n/a	-0.3
S2	63	Cell Harvester #2	15.5	n/a	-2.8
S3	64	Cell Harvester #3	22.0	n/a	3.8
S4	65	Cell Harvester #4	18.0	n/a	-0.3
S5	66	Cell Harvester #5	18.5	n/a	0.3
S6	67	Cell Harvester #6	18.5	n/a	0.3

Continued Next Page

Results of Sample Analysis Average Background: 18.3 dpm

Sample ID (Smear#)	Raw Data ID Number	Sample Location	Results	Nuclide	Results (dpm)
S7	68	Cell Harvester #7	16.5	n/a	-1.8
S8	69	Cell Harvester #8	23.0	n/a	4.8
31	71	Trash Compactor #1	19.5	n/a	1.3
32	72	Trash Compactor #2	20.5	n/a	2.3
33	73	Trash Compactor #3	16.0	n/a	-2.3
34	74	Trash Compactor #4	22.5	n/a	4.3
35	75	Trash Compactor #5	70.1	H-3	51.7
36	76	Trash Compactor #6	19.5	n/a	1.3
37	77	Trash Compactor #7	19.5	n/a	1.3
38	78	Trash Compactor #8	15.5	n/a	-2.8
39	79	Trash Compactor #9	19.0	n/a	0.8
40	80	Trash Compactor #10	24.0	n/a	5.8

Room 300 RAM laboratory

- 1 Computers / printers
- 2 Refrigerator exterior
- 3 Refrigerator interior
- 4 Wallac 1277 exterior
- 5 Wallac 1277 interior
- 6 Wallac 1209 exterior
- 7 Wallac 1209 interior
- 8 RAM-labeled pipettors, group A
- 9 RAM-labeled pipettors, group B
- 10 RAM-labeled pipettors, group C
- 11 Tray of green Gamma racks
- 12 Tray of Beta racks
- 13 Platewasher 260 base
- 14 Platewasher 260 injector / hoses
- 15 Leaded trashcan interior / exterior
- 16 Large glass flasks (RAM labeled)
- 17 Flask stoppers / hoses
- 18 Lead foil in tray
- 19 3-H waste cylinder
- 20 White stepcan (trash)
- 21 Box of green Gamma racks
- 22 Plastic buckets
- 23 Metal trays, shields
- 24 Bags and boxes of unused scint vials
- 25 Misc. Computer Equipment (rear bench)
- 26 Platewasher 260 in plastic tray
- 27 Rotatorque
- 28 Centrifuge rotor
- 29 Centrifuge exterior and tray
- 30 Hoses / trays inside cabinet
- 31 Misc. sterile supplies in closet
- 32 Bottles of scintillation fluid
- 33 Plastic jugs of scint fluid (leaking)
- 34 Misc. items in cabinet under sink
- 35 Cabinet 1 - cleaning supplies
- 36 Liquids / sprays @ sink top
- 37 Blue plastic source vials, group A
- 38 Blue plastic source vials, group B
- 39 Cabinet 2 shelves
- 40 Lead Pigs, group A
- 41 Lead Pigs, group B
- 42 plastic tray (RAM)
- 43 Cuvette racks, group A
- 44 Cuvette racks, group B
- 45 RAM needles
- 46 rack with RAM tweezers, scalpels

- 47 RAM waste (black)
- 48 RAM items in drawer, bench 2
- 49 RAM funnel under bench 2
- 50 Buckets / trays under bench 2
- 51 Leaded canister under bench 2
- 52 Misc. Supplies, Cabinet 3
- 53 RAM boxes, Cabinet 3
- 54 Misc. in drawers, Cabinet 3
- 55 RAM metal trays, bench 3 A
- 56 RAM metal trays, bench 3 B
- 57 Leaded gloves / lead apron in drawer
- 58 Scintillation fluid / dispensers bench 3
- 59 Filtered Cabinet below bench 3
- 60 Plexiglas box in cabinet bench 3

Cell Harvester in RAM Storage Building

- 1 Plastic tray
- 2 Metal base
- 3 Power console
- 4 Injection rack
- 5 Injection tubes (removed)
- 6 Injection needles and ports
- 7 Miscellaneous hoses
- 8 Storage bag / covering

Trash Compactor in RAM Storage Building

- 1 Top and door exterior
- 2 Side and rear panels
- 3 External motor
- 4 Door (interior)
- 5 Interior of bag compartment (box)
- 6 Box liner insert
- 7 Compaction plate
- 8 Cart / base
- 9 Dolly
- 10 Floor and wheels



704 S. Illinois Ave., Suite C-104
Oak Ridge, Tennessee 37830
(865) 481-6050
www.moellerinc.com

Sample Analysis Report

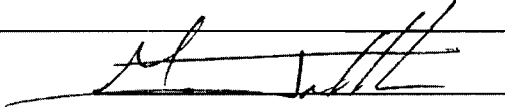
Client Name: Siemens Healthcare Diagnostics **Sample Date:** 10/18/2011 1230
Client Address: William Bedzyk **Analysis Date:** 10/24/2011 1253-1538
P.O. Box 6101 **Analysis Number:** 11-0233
Newark, Delaware 19714
Phone: (302) 631-6956 **Fax:** (302) 631-6998
Email: william.d.bedzyk@siemens.com

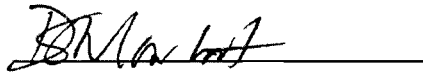
Project Information: Decommissioning Survey
Number of Samples: 55
Type of Analysis Required: LSC
Instrument(s) Used: PerkinElmer Tri-Carb 2810TR
Radionuclide(s) of Interest: Various (H-3, C-14, I-125)

Protocol Settings and Background Information									
Window ID	Window Settings (keV)	Count Time (min)	Avg. Counting Eff. (%)	Avg. Bkgd. Rate (cpm)	Avg. Total Bkgd (counts)	2 σ (a)	%2 σ	LLD (b)	MDA (c)
H-3	0-18	2	43.9	5.5	11.0	4.6	41.8	18.5	21.0
C-14	18-156	2	94.3	8.3	16.5	5.6	34.1	21.9	11.6
WIND1	156-2000	2	100.0	4.3	8.5	4.0	47.5	16.6	8.3
Avg. Bkgd. H-3 (dpm):		10.3	Avg. Bkgd. C-14 (dpm)		9.2	Avg. Bkgd. Window 1 (dpm)		18.0	

(a) 2 standard deviation of average total background counts.
(b) Lower Limit of Detection - lowest count level statistically visible above average total background counts.
(c) Minimum Detectable Activity - lowest dpm value detectable above background.

Sample Analysis yielded no detectable radioactive contamination.

Analysis Completed By:  **Date:** 10/25/11

Results Verified By:  **Date:** 10/25/11

Analytical Laboratory Information:
~ Dade Moeller is licensed by the State of Tennessee (R-01111-J21) to perform radioactive sample analysis. ~
~ Raw analytical data is maintained by the laboratory for regulatory purposes; copies available upon written request. ~
~ Quality Assurance/Quality Control Information and Analytical Procedures are maintained and available upon written request. ~

Results of Sample Analysis

Average Background: 18.0 dpm

Sample ID (Smear#)	Raw Data ID Number	Sample Location	Results	Nuclide	Results (net dpm)
1	1	Room 300 #1	25.0	n/a	7.0
2	2	Room 300 #2	30.5	n/a	12.5
3	3	Room 300 #3	31.5	n/a	13.5
4	4	Room 300 #4	23.5	n/a	5.5
5	5	Room 300 #5	33.0	n/a	15.0
6	6	Room 300 #6	28.5	n/a	10.5
7	7	Room 300 #7	26.0	n/a	8.0
8	8	Room 300 #8	27.5	n/a	9.5
9	9	Room 300 #9	23.0	n/a	5.0
10*	10	Room 300 #10	15.5	n/a	-4.0
11	11	Room 300 #11	34.0	n/a	16.0
12	12	Room 300 #12	20.5	n/a	2.5
13	13	Room 300 #13	27.5	n/a	9.5
14	14	Room 300 #14	27.5	n/a	9.5
15	15	Room 300 #15	25.5	n/a	7.5
16	16	Room 300 #16	22.0	n/a	4.0
17	17	Room 300 #17	30.0	n/a	12.0
18	18	Room 300 #18	20.5	n/a	2.5
19	19	Room 300 #19	19.5	n/a	1.5
20	20	Room 300 #20	22.5	n/a	4.5
21	21	Room 300 #21	24.0	n/a	6.0
22	22	Room 300 #22	25.0	n/a	7.0
23	23	Room 300 #23	23.0	n/a	5.0
24	24	Room 300 #24	19.5	n/a	1.5
25	25	Room 300 #25	23.0	n/a	5.0
26	26	Room 300 #26	20.0	n/a	2.0
27	27	Room 300 #27	16.5	n/a	-1.5
28	28	Room 300 #28	24.5	n/a	6.5
29	29	Room 300 #29	21.5	n/a	3.5
30	30	Room 300 #30	19.5	n/a	1.5
31	31	Room 300 #31	17.0	n/a	-1.0
32	32	Room 300 #32	22.0	n/a	4.0
33	33	Room 300 #33	19.0	n/a	1.0

Continued Next Page

Results of Sample Analysis

Average Background: 18.0 dpm

Sample ID (Smear#)	Raw Data ID Number	Sample Location	Results	Nuclide	Results (dpm)
34	34	Room 300 #34	19.5	n/a	1.5
35	35	Room 300 #35	15.0	n/a	-3.0
36	36	Room 300 #36	17.5	n/a	-0.5
37	37	Room 300 #37	23.5	n/a	5.5
38	38	Room 300 #38	19.0	n/a	1.0
39	39	Room 300 #39	14.5	n/a	-3.5
40	40	Room 300 #40	20.0	n/a	2.0
41	41	Room 300 #41	12.0	n/a	-6.0
42	42	Room 300 #42	14.0	n/a	-4.0
43	43	Room 300 #43	18.5	n/a	0.5
44	44	Room 300 #44	19.5	n/a	1.5
45	45	Room 300 #45	12.5	n/a	-5.5
46	46	Room 300 #46	15.5	n/a	-2.5
47	47	Room 300 #47	20.0	n/a	2.0
48	48	Room 300 #48	12.0	n/a	-6.0
49	49	Room 300 #49	18.5	n/a	0.5
50	50	Room 300 #50	17.5	n/a	-0.5
51	51	Room 300 #51	15.5	n/a	-2.5
52	52	Room 300 #52	21.0	n/a	3.0
53	53	Room 300 #53	18.5	n/a	0.5
54	54	Room 300 #54	22.5	n/a	4.5
55	55	Room 300 #55	15.5	n/a	-2.5
*Recount Value Used					

Room 300 - Final Status Survey

- 1 Bench 1 - left surface
- 2 Bench 1 - right surface
- 3 Bench 1 - Drawers 1-4
- 4 Bench 1 - Drawers 5-7
- 5 Bench 1 - Cabinet
- 6 Closet doors and top shelf
- 7 Closet shelves 2-4
- 8 Sink
- 9 Bench 2 - left surface @ sink
- 10 Bench 2 - shelves #1
- 11 Bench 2 - left walls
- 12 Bench 2 - cabinet #1
- 13 Bench 2 - center surface
- 14 Bench 2 - shelves #2
- 15 Bench 2 - center walls
- 16 Bench 2 - center drawers
- 17 Bench 2 - cabinet #2
- 18 Bench 2 - right surface
- 19 Bench 2 - shelves #3
- 20 Bench 2 - right walls
- 21 Bench 2 - right drawers
- 22 Bench 2 - ventilated cabinet
- 23 Wall 1
- 24 Wall 1
- 25 Wall 1
- 26 Wall 1
- 27 Wall 1
- 28 Wall 1
- 29 Wall 2
- 30 Wall 2
- 31 Wall 2
- 32 Wall 2
- 33 Wall 2
- 34 Wall 2
- 35 Wall 2
- 36 Wall 2
- 37 Wall 3
- 38 Wall 3
- 39 Wall 3
- 40 Wall 3
- 41 Wall 3
- 42 Wall 3
- 43 Floor
- 44 Floor
- 45 Floor
- 46 Floor

47 Floor
48 Floor
49 Floor
50 Floor
51 Floor
52 Floor
53 Floor
54 Floor
55 Exterior of door

**DECOMMISSIONING CHECKLIST FOR AN AREA THAT
USED OR STORED UNSEALED RADIOACTIVE MATERIALS**

The following checklist is to be used with any Restricted, Controlled or Unrestricted Area that used or stored radioisotopes, including common use or equipment rooms. It will guide the radioisotope user in preparing a radioactive material area for release as a general use area, no longer under the Site Radiation Safety Program. Both the Principal Investigator (P.I.) and the person overseeing or performing the decommissioning are to be listed below.

AREA TO BE DECOMMISSIONED: BLDG: Shed ROOM: Cage
 BUSINESS UNIT: CAI
 PRINCIPAL INVESTIGATOR: William D. Bedzyk
 PROCESS OVERSEER: William D. Bedzyk
 ISOTOPES USED: Equipment storage - 3H, 14C, 125I

Date Completed	Initials	Process Description
<u>1 6/29/2011</u>	<u>WDB</u>	By e-mail, notify Site RSO of the area being decommissioned. Include a history of the radioactive materials used (radioisotopes, typical quantity per experiment, areas of use, time period of use, type of work, prior users, previous spills or known contamination). Outline the steps proposed in the decommissioning process, for RSO review. <i>RSO notified at June 29, 2011 Radiation safety Committee meeting.</i>
<u>2 9/26/2011</u>	<u>WDB</u>	Decontaminate and wipe test all equipment used in radioactive material work area. Record results in lab wipe test record book. Action level: 200 dpm/100 sq. cm.
<u>3 9/26/2011</u>	<u>WDB</u>	Decontaminate and wipe test lab facilities. Action level: 200 dpm/100 sq. cm. Record results in lab wipe test record book as final decommissioning wipes. Notify RSO of any wipe tests above 2,000 dpm. Number of wipe tests necessary varies but should be more detailed than a routine test.
<u>4 10/27/2011</u>	<u>WDB</u>	Have an RSO review wipe test records and lab facility. RSO will have a verifying wipe test performed.
<u>5 10/27/2011</u>	<u>WDB</u>	Provide the documentation to the RSO, including final wipe test results.

Principle Investigator Certification for Bldg Shed Rm Cage

I certify that the process outlined in the above checklist has been completed by me or the information supplied has been reviewed by me. The decommissioning documentation is complete and accurate.

William D. Bedzyk 10/27/2011
 Signature of Principal Investigator Date

William D. Bedzyk
 Printed Name of Principal Investigator

Peggy B. Spencer 10/27/11
 Review and approval signature of RSO Date

(Send copies of the decommissioning packet to the Principal Investigator. File the original in the Radiation Safety Office)

Upon Receiving the Approved Checklist Follow Steps 6 through 9:

Date Completed	Initials	Process Description
6 <u>10/5/2011</u>	<u>WRB</u>	Deface or remove all radioisotope markings and labels in the area.
7 <u>10/27/2011</u>	<u>WRB</u>	Attach a copy of the completed checklist to the decommissioned area's wipe test record book.
8 <u>10/27/2011</u>	<u>WRB</u>	Hold lab wipe test record book for 3 years through research group. Records to be available to RSO or NRC, upon request. Records location: <u>B700 3E03</u>
9 <u>10/27/2011</u>	<u>WRB</u>	Send a completed copy of this page to the Site Radiation Safety Office.

RECOMMISSIONING THE AREA

Any previously decommissioned area that will again use or store radioactive materials must be relisted with the Site Radiation Safety Office. Complete the section below and a Radioactive Material Area Census Form, and send them to the Site Radiation Safety Office. A new wipe test record book is recommended, with the original decommissioning date noted.

Date of decommissioning: _____

Date of reuse of radioisotopes in previously decommissioned area: _____

Principal Investigator recommissioning area: _____

Area Location: _____

Classification: _____

Date of Census Form Submittal: _____

Comments: _____

DECOMMISSIONING CHECKLIST FOR AN AREA THAT
USED OR STORED UNSEALED RADIOACTIVE MATERIALS

The following checklist is to be used with any Restricted, Controlled or Unrestricted Area that used or stored radioisotopes, including common use or equipment rooms. It will guide the radioisotope user in preparing a radioactive material area for release as a general use area, no longer under the Site Radiation Safety Program. Both the Principal Investigator (P.I.) and the person overseeing or performing the decommissioning are to be listed below.

AREA TO BE DECOMMISSIONED: BLDG: 700 ROOM: L300
 BUSINESS UNIT: CAI
 PRINCIPAL INVESTIGATOR: William D. Bedzyk
 PROCESS OVERSEER: William D. Bedzyk
 ISOTOPES USED: ¹⁴C, ³H, ¹²⁵I

Date Completed	Initials	Process Description
1 <u>6/29/2011</u>	<u>WDB</u>	By e-mail, notify Site RSO of the area being decommissioned. Include a history of the radioactive materials used (radioisotopes, typical quantity per experiment, areas of use, time period of use, type of work, prior users, previous spills or known contamination). Outline the steps proposed in the decommissioning process, for RSO review. <i>RSO notified at June 29, 2011 Radiation Safety Committee Meeting.</i>
2 <u>9/24/2011</u>	<u>WDB</u>	Decontaminate and wipe test all equipment used in radioactive material work area. Record results in lab wipe test record book. Action level: 200 dpm/100 sq. cm.
3 <u>9/26/2011</u>	<u>WDB</u>	Decontaminate and wipe test lab facilities. Action level: 200 dpm/100 sq. cm. Record results in lab wipe test record book as final decommissioning wipes. Notify RSO of any wipe tests above 2,000 dpm. Number of wipe tests necessary varies but should be more detailed than a routine test.
4 <u>10/27/2011</u>	<u>WDB</u>	Have an RSO review wipe test records and lab facility. RSO will have a verifying wipe test performed.
5 <u>10/27/2011</u>	<u>WDB</u>	Provide the documentation to the RSO, including final wipe test results.

Principle Investigator Certification for Bldg 700 Rm L300

I certify that the process outlined in the above checklist has been completed by me or the information supplied has been reviewed by me. The decommissioning documentation is complete and accurate.

William D. Bedzyk 10/27/2011
 Signature of Principal Investigator Date

William D. Bedzyk
 Printed Name of Principal Investigator

Agnes J. [Signature] 10/27/11
 Review and approval signature of RSO Date

(Send copies of the decommissioning packet to the Principal Investigator. File the original in the Radiation Safety Office)

Upon Receiving the Approved Checklist Follow Steps 6 through 9:

Date Completed	Initials	Process Description
6 10/5/2011	WRB	Deface or remove all radioisotope markings and labels in the area.
7 10/27/2011	WRB	Attach a copy of the completed checklist to the decommissioned area's wipe test record book.
8 10/27/2011	WRB	Hold lab wipe test record book for 3 years through research group. Records to be available to RSO or NRC, upon request. Records location: <u>B700 3E03</u>
9 10/27/2011	WRB	Send a completed copy of this page to the Site Radiation Safety Office.

RECOMMISSIONING THE AREA

Any previously decommissioned area that will again use or store radioactive materials must be relisted with the Site Radiation Safety Office. Complete the section below and a Radioactive Material Area Census Form, and send them to the Site Radiation Safety Office. A new wipe test record book is recommended, with the original decommissioning date noted.

Date of decommissioning: _____

Date of reuse of radioisotopes in previously decommissioned area: _____

Principal Investigator recommissioning area: _____

Area Location: _____

Classification: _____

Date of Census Form Submittal: _____

Comments: _____

RADIATION QUARTERLY AUDIT FORM

I. Date: 10/13/95 Auditor: R. Jamieson
 Facility: B700 Lab 251 Contact: S. Chavere

II. Area Posting	N/A	OK	Comments
1. Proper Warning Signs	-----	-----	-----
2. NRC Form 3 Posted	-----	-----	-----
3. Part 19 Available	-----	-----	-----
4. Authorization Signs Clear	-----	-----	-----
5. Isotopes & Amounts Listed	-----	-----	-----
6. Contact Person(s) Listed	-----	-----	-----

Comments: Lab Decommissioned

III. Radioisotope Use Areas

1. Work Area Clearly Labeled	-----	-----	-----
2. No Unnecessary Equipment in Laboratory	-----	-----	-----
3. Lab Equipment Labelled	-----	-----	-----
4. Containment Tray or Absorbent	-----	-----	-----
5. No Smoking, Eating, Drinking, Food, or Cosmetics in Lab	-----	-----	-----
6. Daily or as Used Contamination Surveys Conducted	-----	-----	-----
7. Records kept in DPM or mrem/hr	-----	-----	-----
8. Date of Last Survey _____			
• Record any Problems & Corrective Actions _____			

Comments:

IV. Equipment Inventory

- List Equipment in Laboratory
 - Survey Meters (Make, Model, Serial #) _____
 - Beta/Gamma Counters (Make, Model, Serial #) _____

RADIOISOTOPE LAB EQUIPMENT LAB 251

9-19-95

THE FOLLOWING EQUIPMENT HAS BEEN WIPE TESTED FOR BETA EMISSIONS AND SURVEYED WITH AN EBERLINE GAMMA PROBE SER# 2082 FOR GAMMA EMISSIONS. NO GAMMA EMISSIONS ABOVE BACKGROUND WERE FOUND. BETA COUNTS OVER THREE TIMES BACKGROUND WERE FOUND ON THREE DIFFERENT PIECES OF EQUIPMENT. THE AMES ALIQUOT MIXER SN 118750 HAD 893 DPM. THE VWR 1230 WATER BATH MODEL 1230 SN 3851230 HAD 267 DPM AND PAPER LEFT ON THE PHD HARVESTER HAD 171 DPM.

WIPE TESTING FOR BETA RADIATION ON AREAS NOTED ON THE QUARTERLY AUDIT FORM FOR LAB 251 WERE WITHIN BACKGROUND LEVELS.

RT 6000 SORVALL REFRIGERATED CENTRIFUGE	SN#830294
WATER BATH NATIONAL APPLIANCE MODEL 101-1	SN#12-77-1136-13
JORDAN REFRIGERATOR MODEL FT-1W-BRG	SN#15651879B
GAMMA MASTER LKB GAMMA COUNTER	SN#7700297
ORBITAL SHAKER BELLCO	SN#SH973
RADIOIODINE FUME HOOD MODEL 190-210	
GILSON MICRO FRACTIONATOR FA# 7011-0051-55	
THERMOLYNE DRY BATH FA# 7300-004-63	SN#2293032
TWO AMES ALIQUOT MIXERS	SN# 118757 SN#118750
FISHER ISO TEMP DRY BATH MODEL 145	SN2994
MAGNISTIR CAT# 1250	
TWO CORNING HOT PLATE STIRRER MODEL PC351	
VWR 1230 WATERBATH MODEL 1230	SN#3851230
PHD CELL HARVESTER	

9-27-95

RADIOISOTOPE LAB 251 WIPE TESTING FOR BETA RADIATION

MORE EXTENSIVE WIPE TESTING WAS PERFORMED IN LAB 251 BECAUSE OF THE EQUIPMENT IN THAT LAB THAT HAD 3 TIMES THE NORMAL BACKGROUND. THE PHD HARVESTER WAS THE ONLY PIECE OF EQUIPMENT KNOWN TO HAVE BEEN USED FOR BETA RADIATION AND WILL BE OFFERED FOR USE BY ANOTHER RADIATION LABORATORY WITHIN DUPONT. THE AMES ALIQUOT MIXER WAS PLACED IN DRY WASTE AND WILL BE DISPOSED OF. THE VWR WATER BATH MODEL 1230 SN 3851230 WAS DECONTAMINATED AND RETESTED. ALL WIPES ON THIS INSTRUMENT WERE NORMAL BACKGROUND. NORMAL BACKGROUND WAS DETERMINED TO BE 54 DPM. IN ADDITION TO THE INSTRUMENT WIPE TESTS THE FOLLOWING TEST WERE DONE IN LAB 251.

ITEM	DPM
VWR WATER BATH INTERIOR	4 0
TOP SURFACE OF WATER BATH	4 6
CONTROL PANEL OF WATER BATH	4 0
PHD HARVESTER BOTTOM PLATE	5 2
HARVESTOR BOTTOM PUNCHES	4 2
BENCH TOP NEAR HARVESTER	4 2
DEIONIZED WATER KNOB	4 2
COLD WATER KNOB	4 2
HOT WATER KNOB	4 0
SINK INTERIOR	4 2
HOOD BY WASTE CONTAINERS	9 4
RIGHT HANDLES HOOD CABINET	3 6
LEFT HANDLES HOOD CABINET	4 2
FLOOR BY WASTE CONTAINERS	5 2
FLOOR BY WASTE CONTAINERS	4 2
BENCH TOP WORK STATION LEFT	3 3
BENCH TOP WORK STATION LEFT	2 7
BENCH TOP WORK STATION TAPE	1 2
BENCH TOP WORK STATION RIGHT	3 3
SCREWDRIVER	4 0
FLASK 1000 ML	4 0
FLASK 500 ML	4 0
TELEPHONE	4 2
R 6000 CENTRIFUGE	5 7
R 6000 CENTRIFUGE	6 3
HOOD BY WASTE CONTAINERS(REPEAT)	8 5

**DECOMMISSIONING CHECKLIST FOR AN AREA THAT
USED OR STORED UNSEALED RADIOACTIVE MATERIALS**

The following checklist is to be used with any Restricted, Controlled or Unrestricted Area that used or stored radioisotopes, including common use or equipment rooms. It will guide the radioisotope user in preparing a radioactive material area for release as a general use area, no longer under the Site Radiation Safety Program. Both the Principal Investigator (P.I.) and the person overseeing or performing the decommissioning are to be listed below.

AREA TO BE DECOMMISSIONED: BLDG: 100 ROOM: Lab 9 (back lab)
 BUSINESS UNIT: Technology
 PRINCIPAL INVESTIGATOR: Lisa M. Quann
 PROCESS OVERSEER: Roger Jamieson
 ISOTOPES USED: ¹²⁵I, ³H, ³²P

Date Completed	Initials	Process Description
1 <u>10/5/98</u>	<u>LMQ</u>	By e-mail, notify Site RSO of the area being decommissioned. Include a history of the radioactive materials used (radioisotopes, typical quantity per experiment, areas of use, time period of use, type of work, prior users, previous spills or known contamination). Outline the steps proposed in the decommissioning process, for RSO review.
2 <u>9/30/98</u>	<u>LMQ/RS</u>	Decontaminate and wipe test all equipment used in radioactive material work area. Record results in lab wipe test record book. Action level: 200 dpm/100 sq. cm.
3 <u>9/30/98</u>	<u>LMQ/RS</u>	Decontaminate and wipe test lab facilities. Action level: 200 dpm/100 sq. cm. Record results in lab wipe test record book as final decommissioning wipes. Notify RSO of any wipe tests above 2,000 dpm. Number of wipe tests necessary varies but should be more detailed than a routine test.
4 <u>10/2/98</u>	<u>LMQ/RS</u>	Have an RSO review wipe test records and lab facility. RSO will have a verifying wipe test performed.
5 <u>10/2/98</u>	<u>LMQ/RS</u>	Provide the documentation to the RSO, including final wipe test results.

Principle Investigator Certification for Bldg 100 Rm Lab 9

I certify that the process outlined in the above checklist has been completed by me or the information supplied has been reviewed by me. The decommissioning documentation is complete and accurate.

Lisa M. Quann 10/5/98
 Signature of Principal Investigator Date

Lisa M. Quann
 Printed Name of Principal Investigator

Roger B. Jamieson 10/5/98
 Review and approval signature of RSO Date

(Send copies of the decommissioning packet to the Principal Investigator. File the original in the Radiation Safety Office)

Upon Receiving the Approved Checklist Follow Steps 6 through 9:

Date Completed	Initials	Process Description
6 <u>10/5/98</u>	<u>LMQ</u>	Deface or remove all radioisotope markings and labels in the area.
7 <u>10/5/98</u>	<u>LMQ</u>	Attach a copy of the completed checklist to the decommissioned area's wipe test record book.
8 <u>10/5/98</u>	<u>LMQ</u>	Hold lab wipe test record book for 3 years through research group. Records to be available to RSO or NRC, upon request. Records location: <u>w/RSO</u>
9 <u>10/5/98</u>	<u>LMQ</u>	Send a completed copy of this page to the Site Radiation Safety Office.

RECOMMISSIONING THE AREA

Any previously decommissioned area that will again use or store radioactive materials must be relisted with the Site Radiation Safety Office. Complete the section below and a Radioactive Material Area Census Form, and send them to the Site Radiation Safety Office. A new wipe test record book is recommended, with the original decommissioning date noted.

Date of decommissioning: _____

Date of reuse of radioisotopes in previously decommissioned area: _____

Principal Investigator recommissioning area: _____

Area Location: _____

Classification: _____

Date of Census Form Submittal: _____

Comments: _____

Roger Jamieson
Site Radiation Safety Officer

9/98

The radiation lab in building 100 Lab 9 is going to be decommissioned.

The isotope history of the lab was primarily ^{125}I . Some ^3H and ^{32}P were also used.

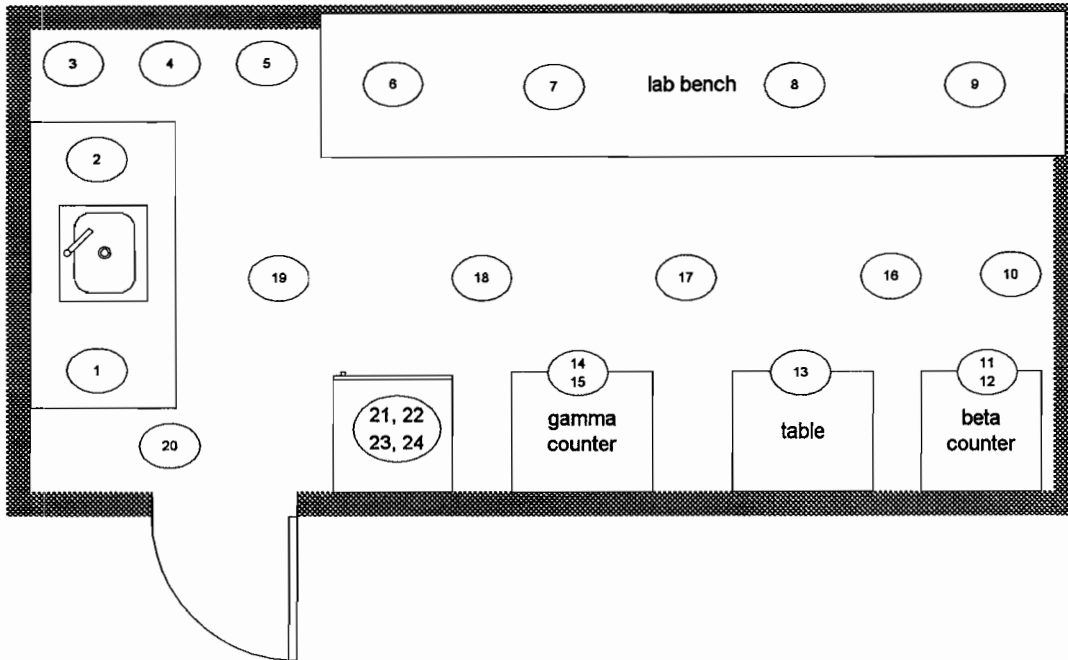
^{32}P was used by Angeline Stoltzfus over the time period June through August 1995. Typical amounts of use were less than 100 uCi in enzyme assays.

^{125}I was used by Lisa Quann and other approved users. Typical amounts of use were less than 100 uCi in antibody binding assays.

For the decommissioning of the lab, all the instruments and equipment in radioactive material work areas will be wipe tested for gamma emission and beta emission. The lab facilities will be wipe tested for the same forms of emission. The results will be evaluated and if any wipes are found to be twice background, the items or areas will be cleaned and re wiped.

Lisa Quann

Building 100, Lab 9 Decommissioning Wipe Test



Sample #	Location	Beta Counts (DPM)	Gamma Counts (DPM)
1	Sink – left	12	145
2	Sink –right, interior	10	150
3	Floor	11	153
4	Floor	14	127
5	Floor	12	163
6	Lab bench	12	142
7	Lab bench	12	149
8	Lab bench	11	144
9	Lab bench	11	98
10	Floor	11	86
11	Beta counter – outside	14	152
12	Beta counter – inside	11	146
13	Table	13	135
14	Gamma counter – outside	12	138
15	Gamma counter – inside	13	148
16	Floor	11	146
17	Floor	14	144
18	Floor	14	138
19	Floor	13	88
20	Floor	14	103
21	Refrigerator – top	14	147
22	Refrigerator – handles	10	161
23	Freezer – inside	14	127
24	Freezer – door, inside	20	117
25	Refrigerator – shelves	31	153
	Rewipe: blank	34	
	10/1/98 Top shelf	19	
	Middle shelf	33	
	Bin cover	14	
26	Refrigerator – inside bottom	12	152

Building 100, Lab 9 Decommissioning Wipe Test

Sample #	Location	Beta Counts (DPM)	Gamma Counts (DPM)
27	Refrigerator – inside door	11	144
28	Refrigerator – inside, right	10	150
29	Refrigerator – inside, left	12	110
30	Refrigerator – inside, bottom	19	105
	Lab Equipment		
31	Plastic storage bins	13	150
32	Lead shield box	13	148
33	Large plastic tray	12	123
34	Chair	13	132
35	Plastic tote	15	147
36	Gray racks	12	150
37	Bag sealer	13	134
38	Incubator – inside	14	158
39	Incubator – outside	10	108
40	Magnetic tray – top	11	106
41	Magnetic tray – bottom	13	141
42	Stir plate	11	158
43	Vortex mixer	13	138
44	Rocker	13	115
45	Tray	12	146
46	Tray	14	135
47	Tray	12	123
48	Timer	12	139
49	Timer	13	82
50	Magnetic plate	13	98
51	Magnetic advanced	13	151
52	Shield	11	157
53	Yellow rack	13	140
54	Clear rack	10	127
55	Repeater pipette	13	147
56	Tool	15	139
57	Vacuum flasks	13	141
58	Racks	13	142
59	Repeater pipette lid	13	95
60	Mop	11	94
61	Plastic containers	13	148
62	Big	16	149
63	Rubber bulb	11	130
64	Blank	10	135
65	Blank	10	151

FedEx Express US Airbill

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Form 10 No.

FedEx Retrieval Copy

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 Company Siemens Healthcare Diagnostics
 Address 500 GBC Drive, m/s 503
 City Newark State DE ZIP 19702

2 Your Internal Billing Reference

3 To
 Recipient's Name Licensing + Assistance Team Phone _____
 Company USNRC, Region 1 HOLD Weekday HOLD Saturday
 Address Nuclear Materials Safety Branch
 Address 475 Allendale Road
 City King of Prussia State PA ZIP 19406-1415



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10/27/2011, and to inform you that the initial processing which includes an administrative review has been performed.

Termination (07-30325-01)
There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

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

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

Your action has been assigned **Mail Control Number** 576282.
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 (R1)
(6-96)

Sincerely,
Licensing Assistance Team Leader