



**ALLEGHENY
GENERAL HOSPITAL**

RECEIVED
REGION 1

WEST PENN ALLEGHENY HEALTH SYSTEM

'04 APR 13 A7:59

320 EAST NORTH AVENUE, PITTSBURGH, PA 15212-4772

412-359-3131

April 7, 2004

Penny Lanzisera
USNRC Region 1
Division of Nuclear Materials Safety
475 Allendale Rd.
King of Prussia, PA 19406-1415

J-9

Dear Ms. Lanzisera,


This is in response to your request for additional information as related to an amendment request for License Number 37-01317-01, Docket Number 03002981. Your letter, dated January 30, 2004, had 7 items listed. I am responding to the following items as enumerated on your letter:

4. AGH withdraws this request.

134-840
6. These documents were not sent because on May 24 & 25, 1999, Ihor Czerwinskyj performed an inspection of our facilities. The close-out surveys of the facilities listed for removal were shown to Mr. Czerwinskyj it was assumed he would report to NRC HQ and have these removed from the license. Apparently this did not happen. Enclosed are the final surveys from these facilities. (The Thyroid Eye Disease UPARC lab used C-12 and H-3 and was located at 3290 William Pitt Way.) The Gold Bldg. CGS used S-35 and was located at 3343 Forbes Ave.

Please contact me at 412-359-6864 if you have any questions or need additional information.

Sincerely,


Joseph G. Och, M.S., M.B.A., C.M.P.
Radiation Safety Officer

135255

encl. 4

135255

NMSS/RGNI MATERIALS-002
SEPARATED OUT OF 134840
7/8/2004.

RADIOACTIVE MATERIAL CONTAMINATION RECORD

AUTHORIZED USER - COSTELLO
ISOTOPE(S) - GROUPS I, II, III

SURVEY DATE 11/27/99
LOCATION - THYROID EYE DISEASE
UPARC

COUNTING INSTRUMENT:

TRICARB 2000CA S/N 36923

OTHER TRICARB 1600 TR

S/N 404369

BKGRND 32 CPM

MDA 32 DPM

SURVEYOR R DATE 11/27/99

COMMENTS EFF = .93

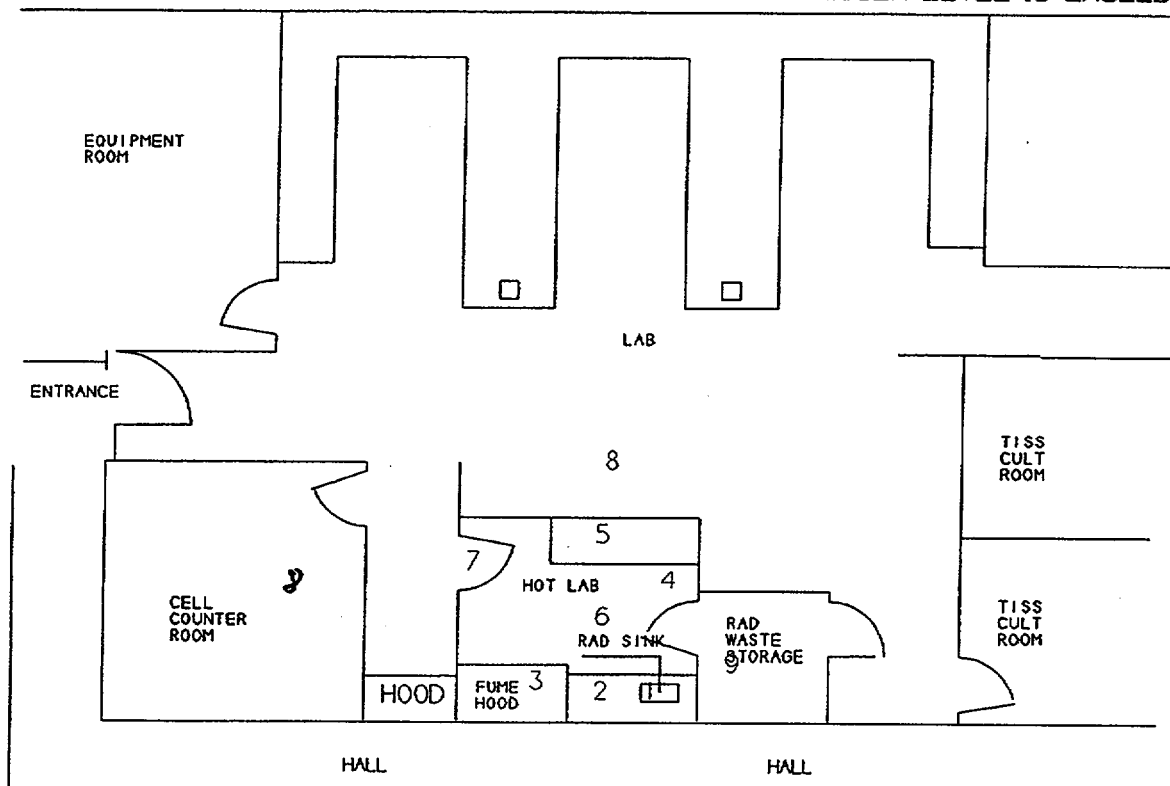
FINAL SURVEY ALL RAD MAT

REMOVED FROM LAB

ALL LEVELS BELOW MDA

LOCATION	dpm/100cm ²	TRIGGER LEVEL dpm/100cm ²
1 SINK	0	200
2 BENCH	0	200
3 FUME HOOD	0	200
4 FLOOR	0	200
5 BENCH	0	200
6 FLOOR	0	200
7 ENTRANCE	0	200
8 CLEAN LAB	0	200
9 RAD WASTE	0	200
10		200
11		200
12		200
13		200

* CONTACT RSO IMMEDIATELY WHEN
TRIGGER LEVEL IS EXCEEDED



RADIOACTIVE MATERIAL EXPOSURE RECORD

AUTHORIZED USER - WALL
ISOTOPE(S) - GROUPS I, II, III

SURVEY DATE 11/27/94
LOCATION - THYROID EYE DISEASE
UPARC

SURVEY INSTRUMENT:
LUDLUM MODEL 3 S/N 146891

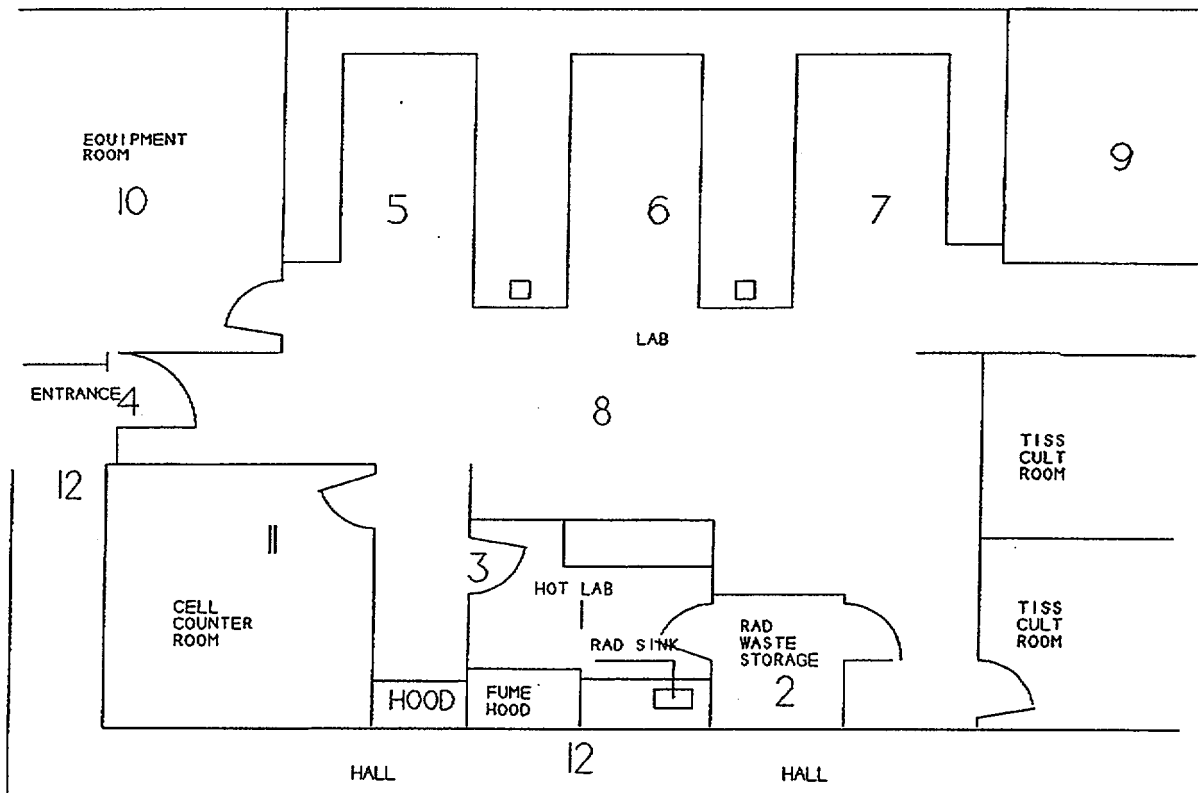
BKGRND 0.03 mR/hr

SURVEYOR R DATE 11/27/94

COMMENTS FINAL CLOSE
OUT SURVEY

LOCATION	EXPOSURE mR/hr	TRIGGER LEVEL mR/hr
1 HOT LAB	0.03	0.05
2 RAD WASTE RM	0.03	0.05
3 HOT LAB ENTRY	0.03	0.05
4 LAB ENTRY	0.03	0.05
5 LAB	0.03	0.05
6 LAB	0.03	0.05
7 LAB	0.03	0.05
8 LAB	0.03	0.05
9 OFFICE	0.03	0.05
10 EQUIP. RM	0.03	0.05
11 CELL RM	0.03	0.05
12 HALL	0.03	0.05
13		0.05

* CONTACT RSO IMMEDIATELY WHEN
TRIGGER LEVEL IS EXCEEDED



	:	(FOR LFMS USE)
	:	INFORMATION FROM LTS
BETWEEN:	:	-----
	:	
License Fee Management Branch, ARM	:	Program Code: 02110
and	:	Status Code: 0
Regional Licensing Sections	:	Fee Category: 7B
	:	Exp. Date: 20050630
	:	Fee Comments: 7B EFF 5/12/99
	:	Decom Fin Assur Req'd: Y
	:	::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: ALLEGHENY GENERAL HOSPITAL
 Received Date: 20040708
 Docket No: 3002981
 Control No.: 135255
 License No.: 37-01317-01
 Action Type: Amendment

2. FEE ATTACHED

Amount: /
 Check No.: /

3. COMMENTS

Signed M. A. Perkins
 Date 7/8/04

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /__/)

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for:

Amendment _____
 Renewal _____
 License _____

3. OTHER _____

Signed _____
 Date _____