



03003303

November 4, 2004

U.S. Nuclear Regulatory Commission, Region II
Materials Licensing
Division of Nuclear Materials Safety
Atlanta Federal Center
61 Forsyth Street, SW, Suite 23T85
Atlanta, GA 30303

Re: Floor Plan Update (45-01099-01)

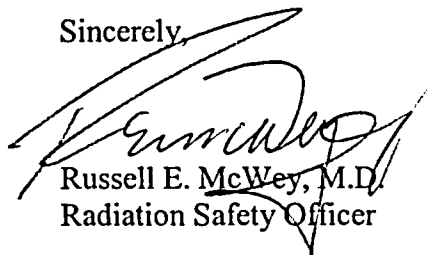
Dear Sirs:

We wish to notify you of our revised floor plan as we have moved to a new wing of the hospital. There will be no change in our address. Please find the enclosed floor plan reflecting our current department layout.

We have also enclosed the results of the clearance survey of the old Nuclear Medicine Department area. Removable contamination for all areas tested was less than 200 dpm/100 cm². The results indicate the old area can be released for unrestricted use.

If you have any questions, please contact me at your convenience.

Sincerely,



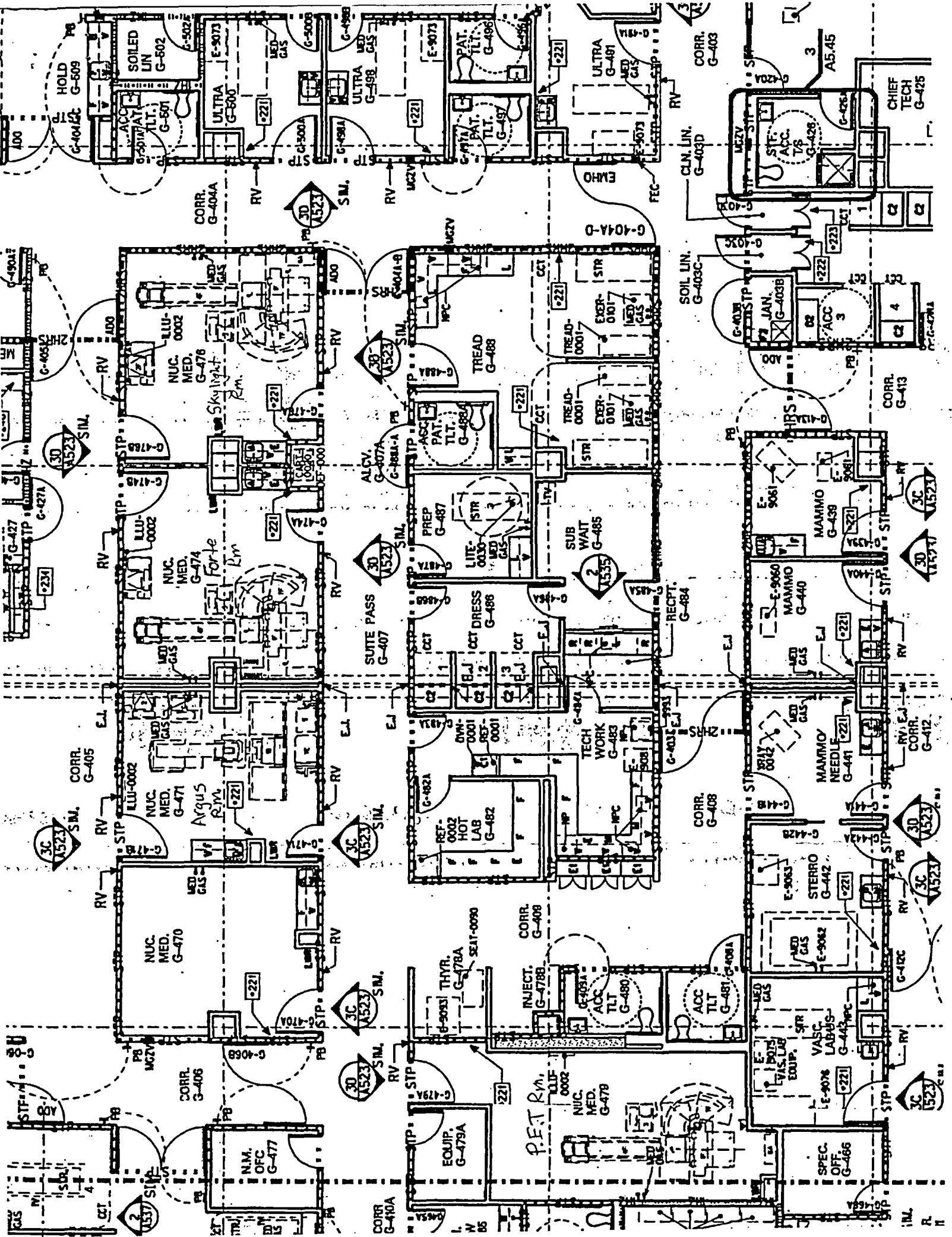
Russell E. McWey, M.D.
Radiation Safety Officer

Enclosures

04 NOV 23 AIO:18

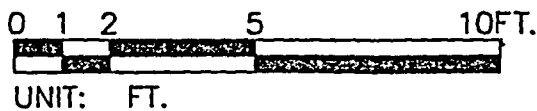
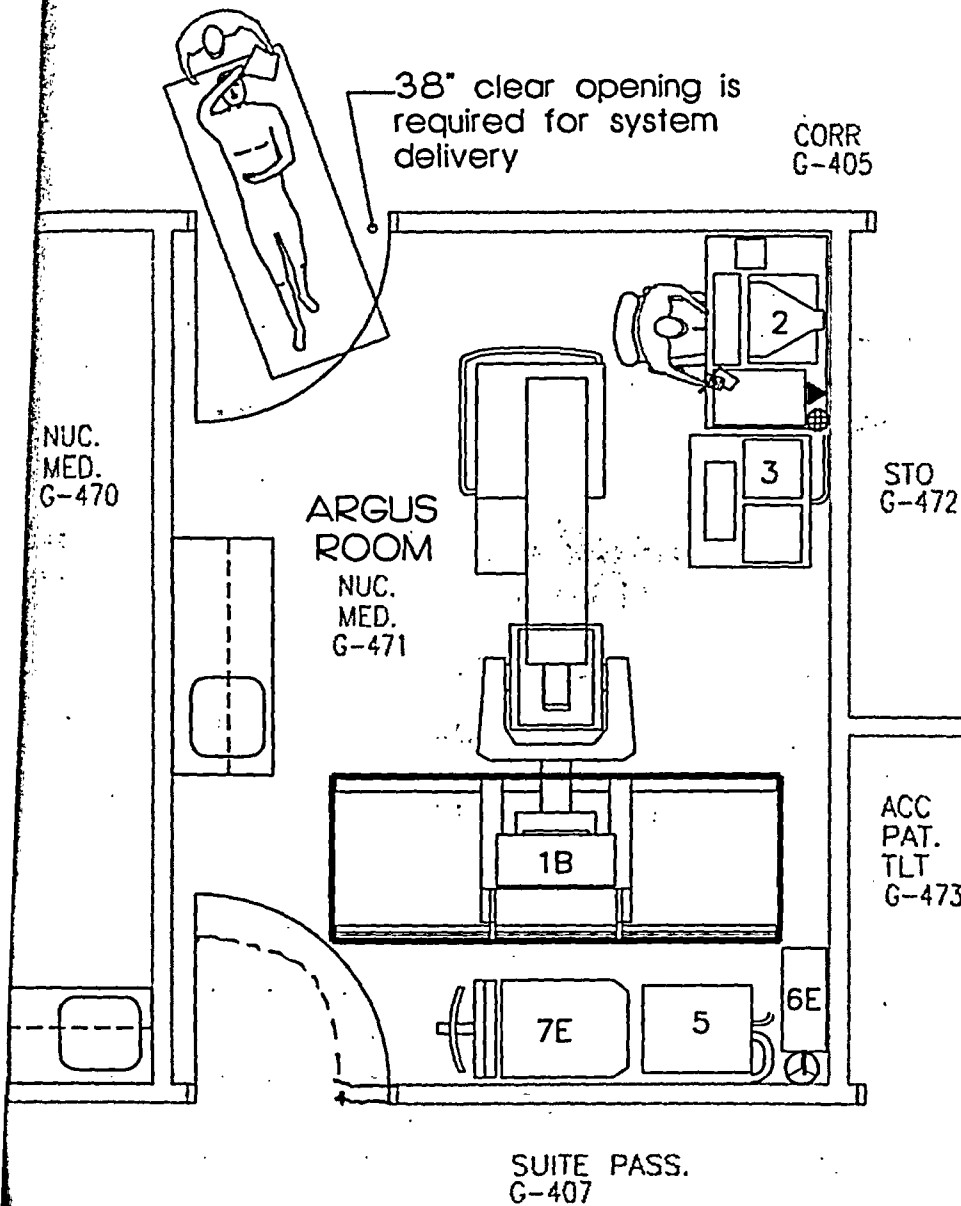
RECEIVED
REGION 1

136020



REVISIONS:

X
X



Room no.: G-471
 ARGUS SYSTEM
 EQUIPMENT LAYOUT
 SCALE: 1/4" = 1'-0"

Virginia Hospital

SHEET TITI

EQUIP

DRAWN BY:
 CHECKED BY:
 SCALE: 1
 JOB NUMBER

SHEET NC

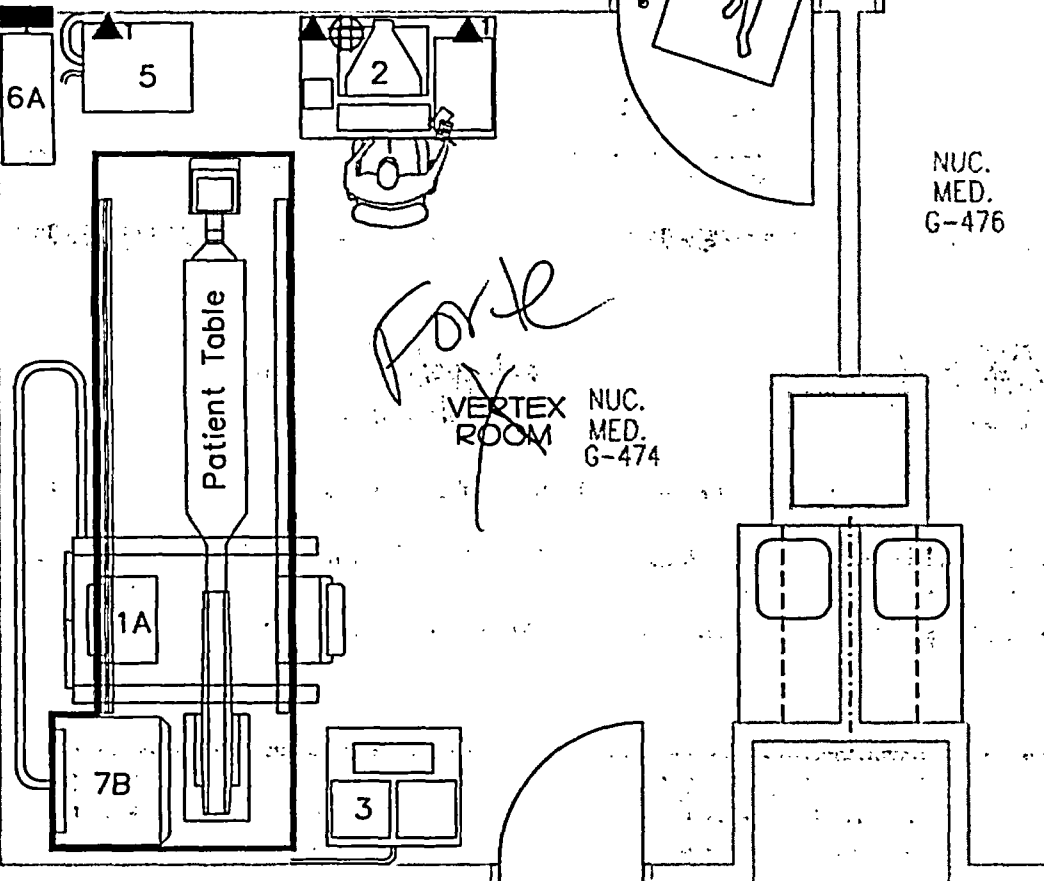
**540 Alder Drive
Milpitas, CA 95035
Phone: 408.321.9100
Fax: 408.321.9554**

REVISIONS:

<input checked="" type="checkbox"/>	XXXX
<input checked="" type="checkbox"/>	XXXX
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<input type="checkbox"/>	

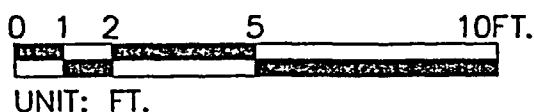
Virginia Hospital
Center — Arlington
Arlington, Virginia

A2
2 OF 4 SHEETS



SUITE PASS.
G-407

SCALE: 1/4"=1'-0"



UNIT: FT.

ADAC

SITE PLANNING

540 Alder Drive
Milpitas, CA 95035
Phone: 408.321.9100
Fax: 408.321.8554

REVISIONS:	<input checked="" type="checkbox"/>	XXXX
	<input checked="" type="checkbox"/>	XXXX
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

Virginia Hospital
Center - Arlington
Arlington, Virginia

SHEET TITLE

EQUIPMENT LAYOUT

DATE

DRAWN BY: L. Shu 09/21/01

CHECKED BY:

SCALE: 1/4" = 1'-0"

JOB NUMBER: 01-271

SHEET NO

A3

3 OF 4 SHEETS

46" Clear opening is
required for system
delivery

Shelflight

VERTEX ROOM
NUC.
MED.
G-476

CORR
G-404A

SUITE PASS.
G-407

0 1 2 5 10 FT.
UNIT: FT.

Room no.: G-476
VERTEX SYSTEM
EQUIPMENT LAYOUT

SCALE: 1/4" = 1'-0"

42" Clear opening is required for system delivery

SUITE PASS.
G-407

THYR.
G-478A

CONT.
G-479A

N.M.
OFF.
G-477

INFECTION
G-478B

STF
TLT
G-462

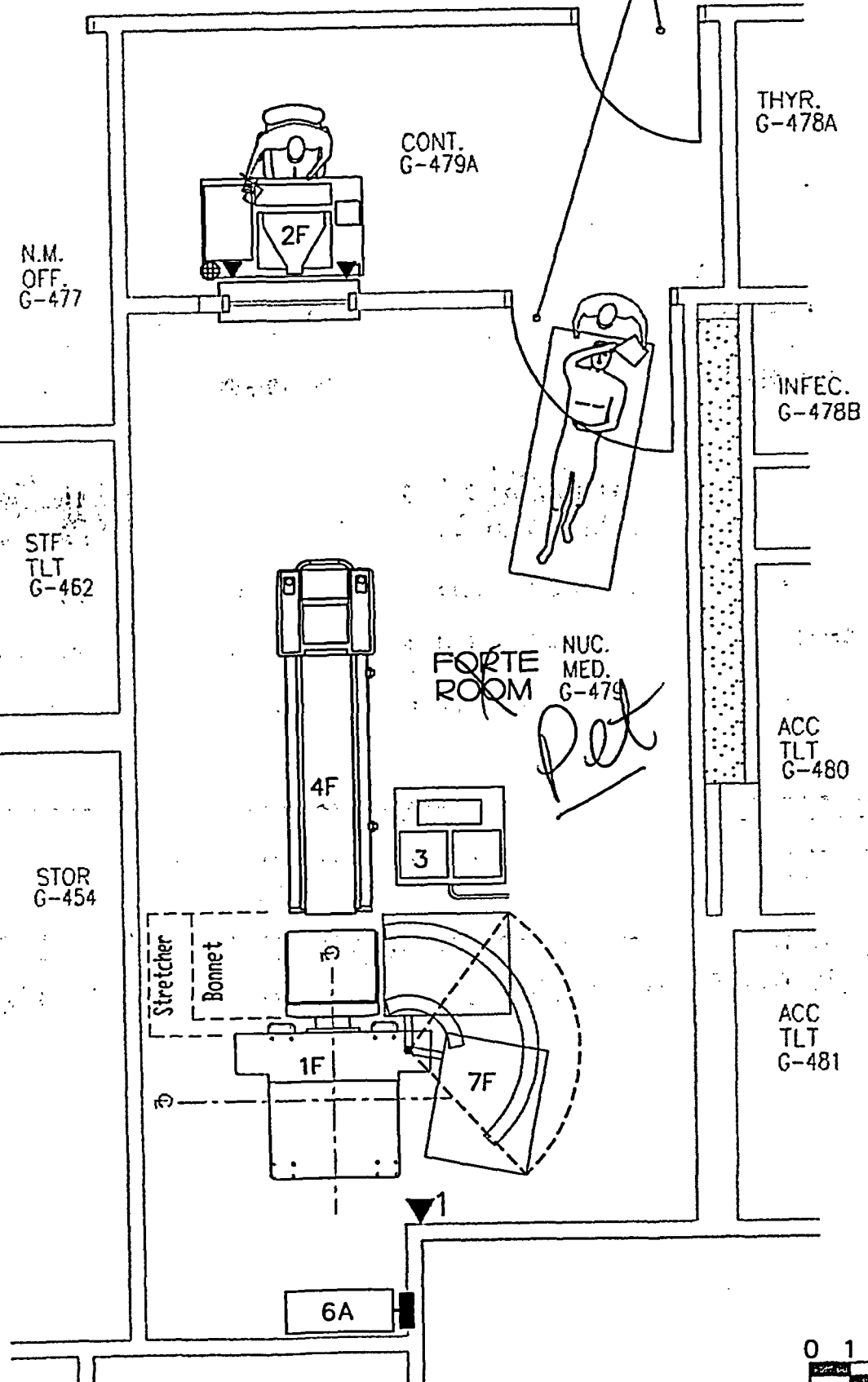
NUC.
MED.
G-479
Det

ACC
TLT
G-480

STOR
G-454

ACC
TLT
G-481

ns ches	Weight Lbs	Air- Conditioning BTUH
11	4,548	5,400
8	45	1,300
15	185	**
17	850	**
2	490	1,140
11	1,068	**



0 1 2
UNIT: FT.

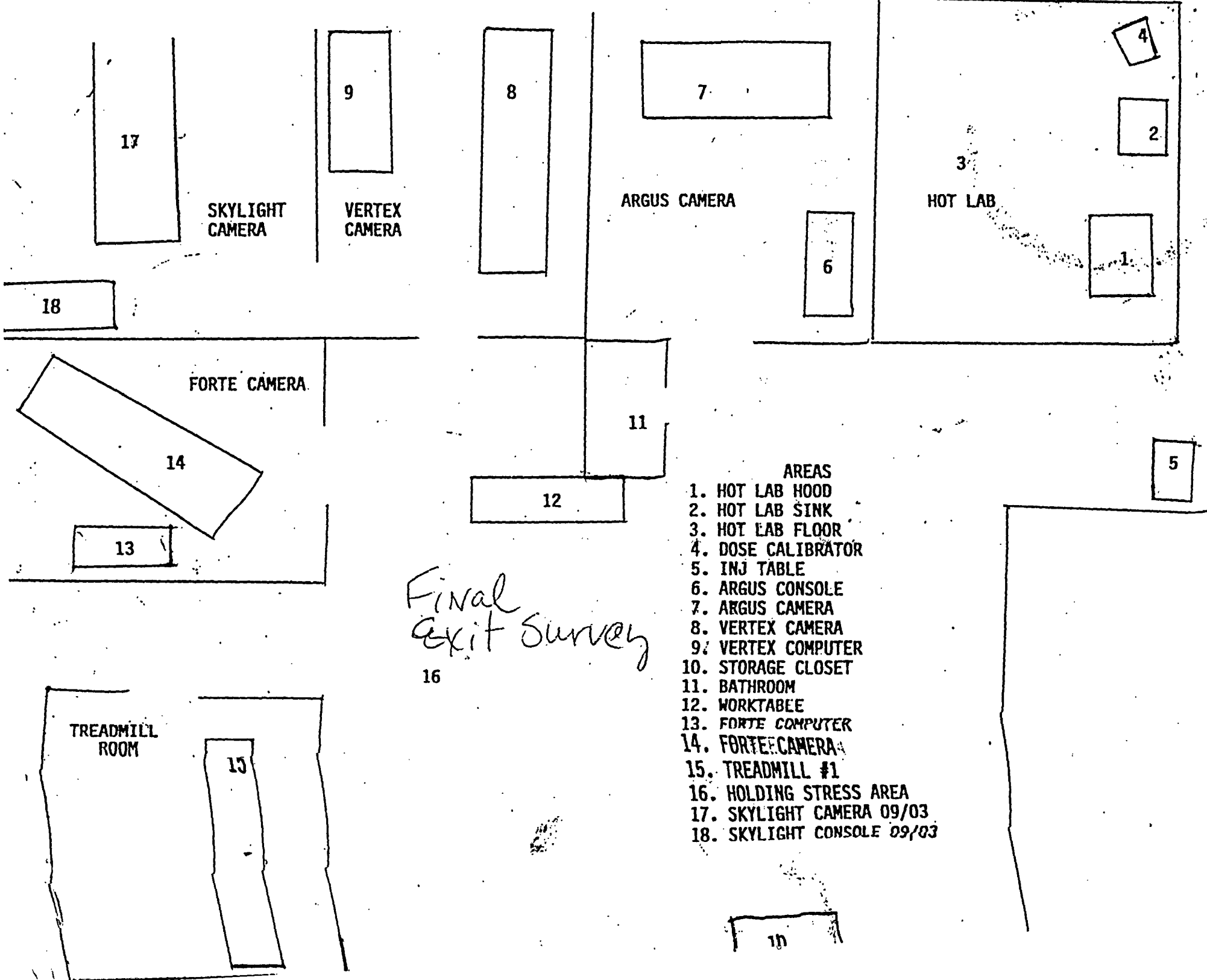
VIRGINIA HOSPITAL CENTER DEPT OF NUCLEAR MEDICINE
FINAL EXIT SURVEY
PERFORMED 10/30/04

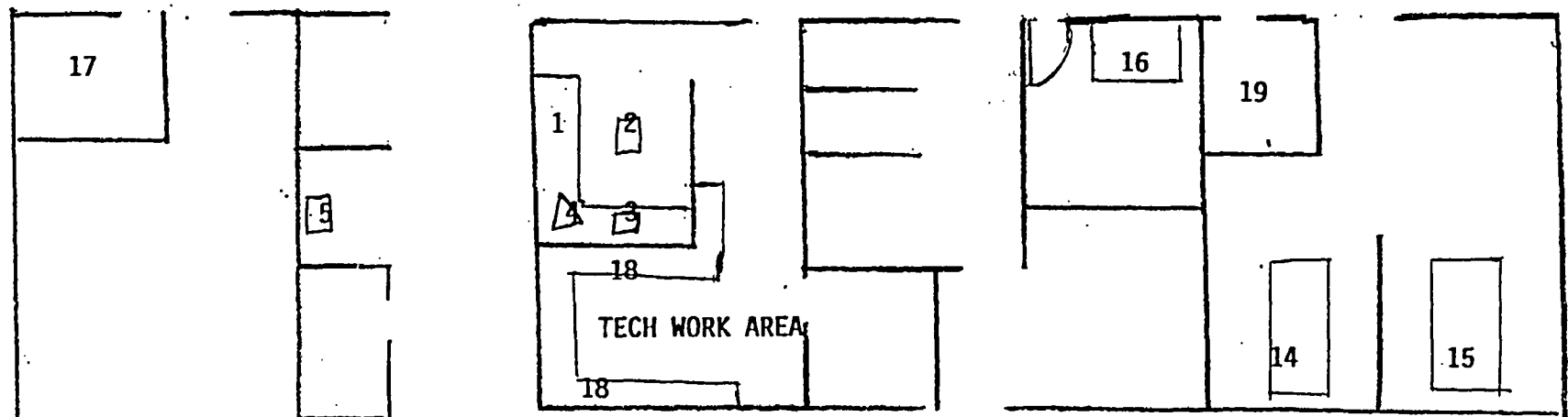
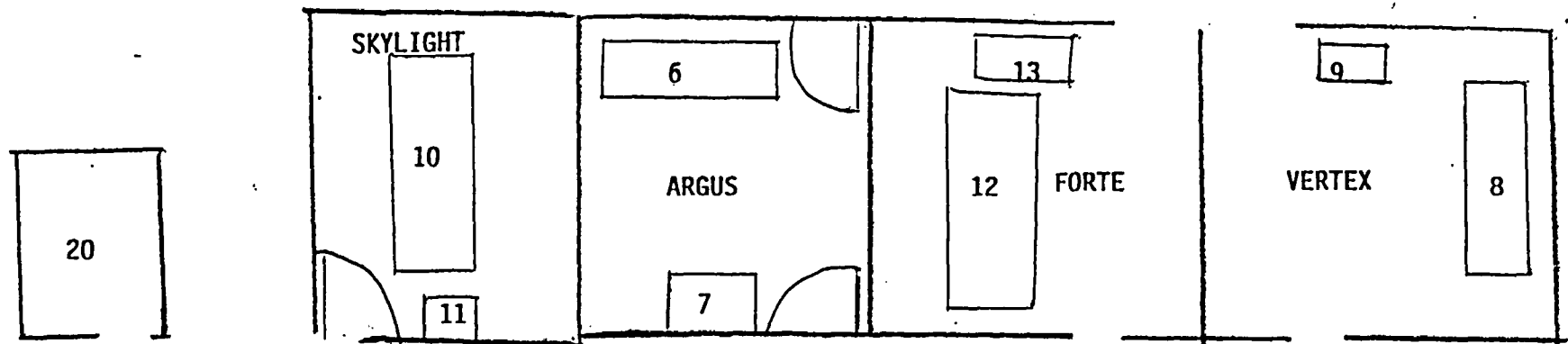
AREA	READING
1. HOT LAB HOOD	.02 MR/HR
2. HOT LAB SINK	.02 MR/HR
3. HOT LAB FLOOR	.02 MR/HR
4. DOSE CALIBRATOR	.02 MR/HR
5. INJ TABLE	.02 MR/HR
6. ARGUS CONSOLE	.02 MR/HR
7. ARGUS CAMERA	.02 MR/HR
8. VERTEX CAMERA	.02 MR/HR
9. VERTEX CONSOLE	.02 MR/HR
10. STORAGE CLOSET	.02 MR/HR
11. PT BATHROOM	.02 MR/HR
12. WORK TABLE	.02MR/HR
12. FORTE ROOM/FLOOR	.02 MR/HR
12. TREADMILL 1	.02 MR/HR
13. HOLDING/STRESS	.02 MR/HR
14. SKYLIGHT ROOM/FLOOR	.02 MR/HR
15. DRS READING ROOM	.02 MR/HR
16. LOUNGE/OFFICE	.02 MR/HR
17. RECEPTION AREA	.02 MR/HR
18. WAITING ROOM	.02 MR/HR

BACKGROUND WAS .02 MR/HR

METER USED: *Pickar Model 655-186*

PERFORMED BY : KATHLEEN H MCKAY, CNMT





areas

- | | |
|---------------------|----------------------|
| 1. Hot Lab Counters | 11. Skylight Console |
| 2. Hot Lab Floor | 12. Forte Camera |
| 3. Shielded Area | 13. Forte Console |
| 4. Dose Calibrator | 14. Treadmill 1 |
| 5. Injection Area | 15. Treadmill 2 |
| 6. Argus Camera | 16. Prep Room |
| 7. Argus Console | 17. Storage Room |
| 8. Vertex Camera | 18. Work Area |
| 9. Vertex Console | 19. Patient Bathroom |
| 10. Skylight Camera | 20. Office |

This is to acknowledge the receipt of your letter/application dated

November 4, 2007, and to inform you that the initial processing which includes an administrative review has been performed.

☒ 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. *Notify*

☐ 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 136020.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

BETWEEN:

```

:          (FOR LFMS USE)
:          INFORMATION FROM LTS
:          -----
:
:  Program Code: 02230
:  Status Code: 0
:  Fee Category: 7C 2B
:  Exp. Date: 20140731
:  Fee Comments: CODE 23
:  Decom Fin Assur Req'd: N
:
: .....
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LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee:	VIRGINIA HOSPITAL CENTER ARLINGTON
Received Date:	20041123
Docket No:	3003303
Control No.:	136020
License No.:	45-01099-01
Action Type:	Notifications

2. FEE ATTACHED

Amount:
Check No.:

3. COMMENTS

Signed
Date

③ 11/26/04

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
