

10 CFR 20.160(f); 40.420(f);
70.360(f); and 72.540(f)

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the facility in records and information, DC or, Office of general and information does not incur, and a

CERTIFICATE OF DISPOSITION OF MATERIALS

LICENSEE NAME AND ADDRESS

Rhoda H. Cobin, MD
44 Cedarwin Ave
Midland PK, NJ 07040

LICENSE NUMBER

29-18376-02

DOCKET NUMBER

03033984

LICENSE EXPIRATION DATE

2/22/2011

mar

- ☒ This license has expired. ☒ A. LICENSE STATUS (Check the appropriate box)
☒ 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: *see attached*
- ☐ 2. By licensed disposal site:
- ☐ 3. By waste contractor:
- ☒ 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 *Rhoda H. Cobin, MD* TITLE *Medical Manager, PhD* TELEPHONE (include Area Code) *201-444-5512* E-MAIL ADDRESS _____

Mail all future correspondence regarding this license to:

25 North Maple Ave Ridgewood, NY 11385 *02450* *Sub 202*

C. CERTIFYING OFFICIAL

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

PRINTED NAME AND TITLE

Rhoda H. Cobin, MD

SIGNATURE

[Signature]

DATE

1/14/05

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

RE THAT MAKE A ACTION.

RETURN PACKING LIST

FROM:

Company Name Rhoda H Cabin, MD
 Address 44 Golden Ave
 City Medford Park State NJ
 Zip 07452
 Contact Name Rhoda Cabin MD
 Phone Number 201-444-5552

SEND TO:

**Isotope Products
Laboratories**

An Eckert & Ziegler Company

1800 North Keystone Street
Burbank, CA 91504

Tel 661-309-1010

Fax 661-257-8303

E-mail: nucmedsales@isotopeproducts.com

RETURN #RA-91421

STOP: Fill in the return number to the left. This packing list must be affixed to the outside of the package. Each returned source to IPL must be on a one-to-one exchange basis only. For additional returns, please contact IPL customer service for additional cost considerations.

Important: Please complete all requested information below.

Nuclide	Activity	Reference Date	Serial Number	Capsule Description
1) <u>Co57</u>	<u>5.353 mCi</u>	<u>5/1/00</u>	<u>686-21-7</u>	<u>Vial Source</u>
2) <u>Ba-133</u>	<u>289 uCi</u>	<u>9/22/81</u>	<u>3550981A-59</u>	<u>Vial Source</u>
3) <u>Cs137</u>	<u>508 mCi</u>	<u>6/8/02</u>	<u>895-95</u>	<u>Rad Source</u>
4) _____	_____	_____	_____	_____
5) _____	_____	_____	_____	_____

FAX NUMBER:

NOTE: FAX number must be provided to ensure acknowledgement of return receipt.

201-444-4490

This section for IPL internal use only

Received at IPL By:

Print Name ISIDORO LANDEROS

Date 1 DEC 04

All source(s) received at IPL per packing slip?

Yes ☒

No ☐

*This is receipt
for return of
Isotope Rad
12/1/04*

Radioactive Source Inventory

RSO _____

Facility: Dr. Cobin

Date December 10, 2004

Isotope	Model #	Serial #	Original Activity	Units	Cal. Date	Current Activity	Units	Source Type	In/Out of Service
Co-57		686-21-7	5.4	mCi	5/1/2000	0.074	mCi	Vial	IN
Ba-133	NES 358	S3580981A-59	289.0	uCi	9/22/1981	62.46	uCi	Vial	IN

Date Inventory must next be performed March-05

Test Performed By_David S. Marsden Ph.D.FACR

Note: The above sources have been returned to Isotope Products (RA # 91421) By JRT INC.
There are no radioactive sources on the premises.

Area Survey and Wipe Test: FINAL

RSO _____

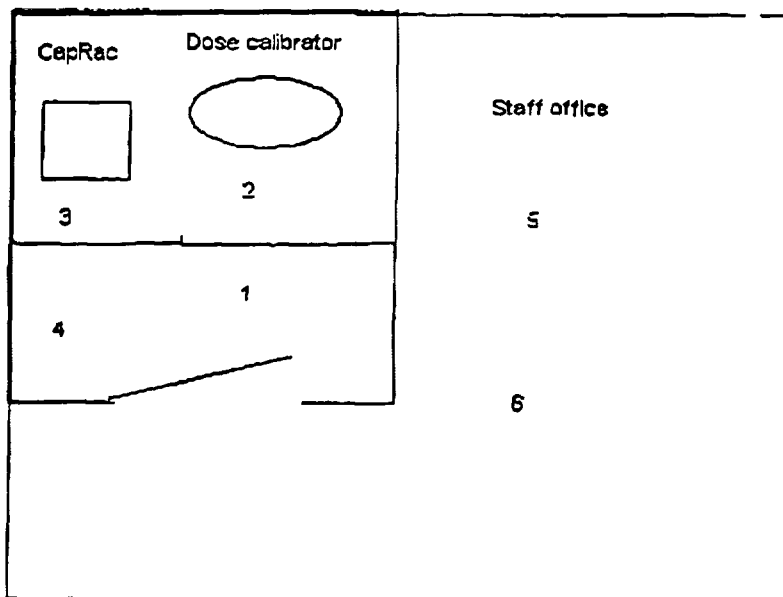
Dr. Cobins Hot Lab. The hot lab was actually a locked closed. The storage area was on a shelf underneath the dose calibrator.

Facility: Dr. Cobins Office Midland Park NJ

Date 12/10/2004

Meter: Ludlum 14c; sn 55453
cal.:1-21-04

Caprac



Area	Description	Survey mR/hr	Wipe dpm (net)	comments
BKG	Background	0.03	38 cpm	Acceptable
1	storage (under dose calibrator)	0.03	4	Acceptable
2	dose calibrator	0.03	0	Acceptable
3	CapRac	0.03	6	Acceptable
4	Floor closet	0.03	8	Acceptable
5	Office	0.03	0	Acceptable
6	Office floor	0.03	0	Acceptable

Test Performed By David S. Marsden Ph. D.. FACR

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

1/14/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ TEAM. 29-18376-02 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 136293.
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:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02200
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20110228
: Fee Comments: _____
: Decom Fin Assur Req'd: N
: ::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: COBIN, RHODA H., M.D.
Received Date: 20050114
Docket No: 3033984
Control No.: 136293
License No.: 29-18376-02
Action Type: Termination

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed M. A. Perkins
Date 1/16/2005

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 _____