

Materials License Termination/Retirement Form

LICENSE #(s): 29-32349-01
ADDRESS: Siemens Medical Solus
1876 Wood Ave. S.
Iselin NJ 08830

DOCKET #(s): 03035837
EXPIRATION DATE: 20050831
DATE OF CONTACT: _____
CONTACTED BY: _____
TITLE: _____
TELEPHONE: _____

LICENSE TERMINATED: _____

LICENSE TRANSFERRED: X *Change of mailing address*

LICENSE TRANSFERRED TO: Name: Siemens Medical Solus
 Address: 110 MacAlister Ct
Cary, NC 27511

 Telephone: _____

BASIS FOR TERMINATION AND/OR RETIREMENT: _____

TERMINATION DOCUMENTATION

1. License termination meets Type I criteria:

N/A - mailing address change
 Y ___ N ___

___ Licensee used sealed sources only and the most recent leak test demonstrates that they did not leak while in the licensee's possession

___ Licensee used radioactive material with $T_{1/2} \leq 60$ days and it has decayed to less than the activity in 10 CFR Part 20 Appendix C

2. License termination meets Type II criteria:

Y ___ N ___

___ Licensee possessed and used only sealed sources but cannot demonstrate that the sources did not leak while in the licensee's possession

___ Licensee possessed unsealed radioactive material with $T_{1/2} \leq 60$ days but the maximum activity authorized under the license has not decayed to less than the quantity specified in 10 CFR Part 20, Appendix C

___ Licensee possessed unsealed radioactive material with $T_{1/2} > 60$ days but ≤ 120 days.

___ Licensee possessed ^{14}C or ^3H but the total activity(s) and use authorized under the license warrants decommissioning under Type II (describe rationale above)

3. License termination meets Type III criteria:

Y __ N __

☐ Decommissioning qualifies for a categorical exclusion under 10 CFR 51.22 (c) and

☐ Licensee will decommission its facility in accordance with the NRC's criteria for unrestricted use.

4. License termination meets Type IV criteria:

Y __ N __

☐ Decommissioning does not qualify for a categorical exclusion under 10 CFR 51.22 (c)

☐ Licensee will decommission its facility such that residual radioactive material may remain in excess of NRC's criteria for unrestricted use.

5. Termination survey required:

Y __ N __

☐ Termination survey submitted by licensee

☐ Termination survey satisfies NRC survey requirements

6. Form 314 or equivalent submitted:

Y __ N __

☐ Staff verified disposition of sealed sources:
or unsealed radioactive material

by:

☐ letter from Form 314 recipient

☐ call to Form 314 recipient

7. Licensee transfer records discussed in 10 CFR Parts 30.35, 30.36,
30.51; 40.36, 40.42, 40.61; or 70.25, 70.38, 70.51

Y __ N __

☐ To USNRC

☐ To individual assuming responsibility for the license, with a copy of the cover letter to NRC

8. NRC closeout inspection required:

Y __ N __

☐ Closeout inspection performed:

on: _____

Inspector: _____

9. Closeout survey performed:

Y __ N __

on: _____

by: _____

Licensing assistant
completing form: _____

Date: _____

or

License reviewer
completing form: _____

Date: 3/17/05

Branch Chief: _____

Date: _____