

Main Line Health
Paoli Hospital

RECEIVED
REGION 1

'05 MAR 28 P1:14

February 16, 2005

United States Nuclear Regulatory Commission
Region I
Department of Medical Licensing
475 Allendale Road
King of Prussia, PA 19407

03011052

Re: USNRC Materials License no. 37-16435-01

Dear Sir or Madam,

Paoli Hospital, license number 37-16435-01, wishes to notify you that we have added a remote storage space for radioactive waste. This space is located under the loading dock on the ground floor in the receiving area (see diagram). The space is locked and secured and a key is maintained by nuclear medicine personnel. The area will be posted with the proper signage and surveyed and wipe tested weekly when radioactive waste is being stored in here. Surrounding areas will be surveyed to ensure that they are below our unrestricted action level of 0.5 mR/hr. Lead shielding is available for waste if needed.

If you have any questions please feel free to contact our consultant health physicist, Tara Bachman, at 908-788-9440. Thank you.

Sincerely,



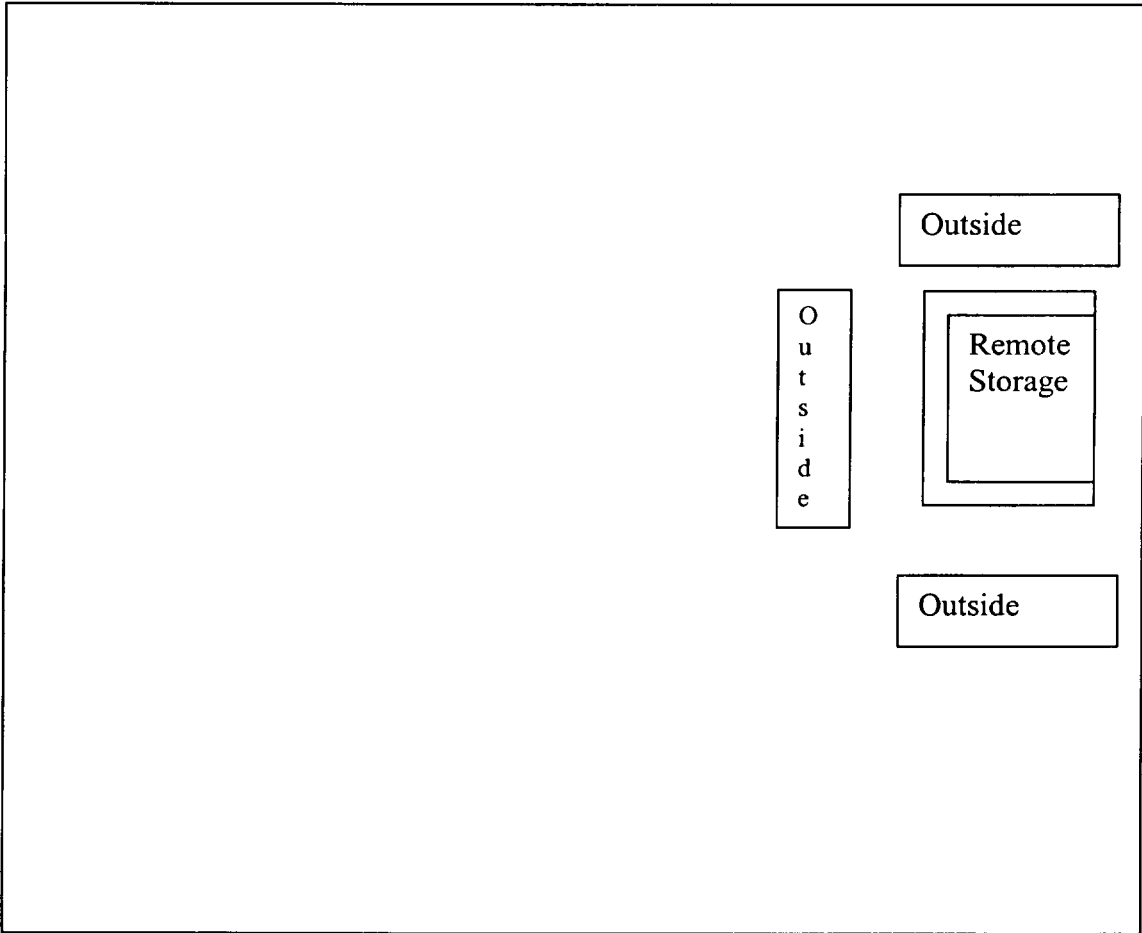
Dolores Nawrocki
Radiology Manager

cc. Valerie Hunt, M.D.

136776

NUCLEAR MATERIALS-002

Outside



Paoli Hospital
Loading Dock
Ground Floor

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

2/16/2005 ^{RECEIVED} (3/23/2005) and to inform you that the initial processing which includes an administrative review has been performed.

☒ APPROVED. 37-16435-01
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 136776.
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
: -----
:
License Fee Management Branch, ARM : Program Code: 02120
and : Status Code: 0
Regional Licensing Sections : Fee Category: 7C
: Exp. Date: 20120930
: Fee Comments: _____
: Decom Fin Assur Req'd: N
: ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION

I

1. APPLICATION ATTACHED

Applicant/Licensee: PAOLI MEMORIAL HOSPITAL
Received Date: 20050328
Docket No: 3011052
Control No.: 136776
License No.: 37-16435-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed *M. A. Perkins*
Date *4/12/2005*

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 _____