

Daniel Mascarenhas, M.D.
Coventry Cardiology Associates
1000 Coventry Drive
Phillipsburg, NJ 08865

NMSB2

U.S. Nuclear Regulatory Commission
Region I
475 Allendale Road
King of Prussia, Pennsylvania 19406

License No. **29-30622-01**

03035644

April 3, 2006

2006 MAY -1 AM 11:16

RECEIVED
REGION I

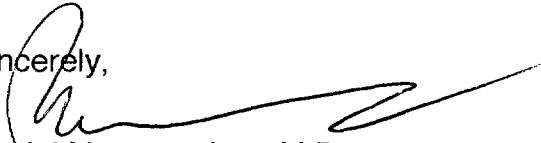
Dear Sir/ Madam:

We are completing the amendment process to remove our old nuclear medicine facility from our license. This is to confirm that we decommissioned the Nuclear Medicine room prior to release for unrestricted use. Enclosed are the decommissioning results.

We confirm that only our newly constructed facility at 1000 Coventry Drive, Phillipsburg, NJ will use or store radioactive materials per our license conditions.

Thank you in advance for your assistance.

Sincerely,


Daniel Mascarenhas, M.D.
Management
Radiation Safety Officer

enc. Certificate of Disposition of Materials
Decommissioning Results

138794

NMSS/RCNI MATERIALS-002

CERTIFICATE OF DISPOSITION OF MATERIALS

INSTRUCTIONS: ALL ITEMS MUST BE COMPLETED - PRINT OR TYPE

SEND THE COMPLETED CERTIFICATE TO THE NRC OFFICE SPECIFIED ON THE REVERSE

Estimated burden per response to comply with this mandatory information collection request: 30 minutes. This submittal is used by NRC as part of the basis for its determination that the facility has been cleared of radioactive material before the facility is released for unrestricted use. Forward comments regarding burden estimate to the Records Management Branch (T-6 F33), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, and to the Paperwork Reduction Project (3150-0028), Office of Management and Budget, Washington, DC 20503. If an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

LICENSEE NAME AND ADDRESS

Daniel Mascarenhas M.D.
Coventry Cardiology Associates
1900 Coventry Drive
Phillipsburg NJ 08865

LICENSE NUMBER

29-30622-01

LICENSE EXPIRATION DATE

April 30, 2011

A. MATERIALS DATA (Check one and complete as necessary)

THE LICENSEE OR ANY INDIVIDUAL EXECUTING THIS CERTIFICATE ON BEHALF OF THE LICENSEE CERTIFIES THAT:

(Check and/or complete the appropriate item(s) below.)

- ☐ 1. NO MATERIALS HAVE EVER BEEN PROCURED OR POSSESSED BY THE LICENSEE UNDER THIS LICENSE.
- OR
- ☒ 2. ALL ACTIVITIES AUTHORIZED BY THE LICENSE HAVE CEASED AND ALL MATERIALS PROCURED AND/OR POSSESSED BY THE LICENSEE UNDER THE LICENSE NUMBER CITED ABOVE HAVE BEEN DISPOSED OF IN THE FOLLOWING MANNER. (If additional space is needed, use the reverse side or provide attachments.)

Describe specific material transfer actions and, if there were radioactive wastes generated in terminating this license, the disposal actions including the disposition of low-level radioactive waste, mixed waste, Greater-than-Class-C waste, and sealed sources, if applicable.

For transfers, specify the date of the transfer, the name of the licensed recipient, and the recipient's NRC license number or Agreement State name and license number.

ON April 3, 2006 all radioactive sources were transferred to our newly constructed facility located at 1900 Coventry Drive, Phillipsburg, NJ 08865 License No. 29-30622-01 Decommissioning was completed and the results are enclosed.

If materials were disposed of directly by the licensee rather than transferred to another licensee, licensed disposal site or waste contractor, describe the specific disposal procedures (e.g., decay in storage).

B. OTHER DATA

- ☐ 1. OUR LICENSE HAS NOT YET EXPIRED; PLEASE TERMINATE IT.
- ☐ 2. A RADIATION SURVEY WAS CONDUCTED BY THE LICENSEE TO CONFIRM THE ABSENCE OF LICENSED RADIOACTIVE MATERIALS AND TO DETERMINE WHETHER ANY CONTAMINATION REMAINS ON THE PREMISES COVERED BY THE LICENSE.

☐ NO (Attach explanation)

☒ YES, THE RESULTS (Check one)

☒ ARE ATTACHED, or

☐ WERE FORWARDED TO NRC ON (Date)

3. THE PERSON TO BE CONTACTED REGARDING THE INFORMATION PROVIDED ON THIS FORM

NAME

Elaine Rovazzi MS, DABR
Nuclear Medicine Physics Consultant

TELEPHONE NUMBER
(Include Area Code)

973-322-5118

4. MAIL ALL FUTURE CORRESPONDENCE REGARDING THIS LICENSE TO

CERTIFYING OFFICIAL

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

PRINTED NAME AND TITLE

SIGNATURE

DATE

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

Daniel Mascarenhas, M.D.
Coventry Cardiology Associates
1000 Coventry Drive
Phillipsburg, NJ 08865

NJBRP License #20702-01

NRC License #29-30622-01

DECOMMISSIONING SURVEY NUCLEAR MEDICINE

April 3, 2006

Area Survey

Locations surveyed: 1. Hot Lab/ Scanning Area

Instrument: Ludlum Model 14-C Serial # 173451/176163
 Pancake Probe Model 44-9
 Calibration Date - 4/25/06 (Check Source: 11.5 mR/hr)
 Check Source Reading 11.5 mR/hr

Background: Less than 0.02 mR/hr

Actual Readings: All areas were less than 0.02 mR/hr

Area Wipe Test

Locations surveyed: 1. Hot Lab/ Scanning Room


Instrument: Ludlum 2200 NaI Well Counter Model
Serial # 167973
Efficiency for ^{137}Cs : 30%
MDA for 1 min: 0.000054 uCi

Background: 450 cpm

Results: 1. Hot Lab - 422 cpm (0 dpm)
2. Scanning Room - 466 cpm (48 dpm)

ALL AREAS WITHIN STATISTICAL BACKGROUND

Decommissioning Results: No radiation detected in any area

 NSPABR April 3, 2006

Elaine Rovazzi, M.S., D.A.B.R.

Date

Board Certified:

American Board of Radiology

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

4/3/2006, and to inform you that the initial processing which includes an administrative review has been performed.

☒ AMEND. 29-30622-01
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 138794.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (R)
(6-98)

Sincerely,
Licensing Assistance Team Leader