



May 4, 2006

U.S. Nuclear Regulatory Commission
Materials Licensing Branch
Region III
2443 ~~804~~ Warrenville Road Suite 210
Lisle, IL 60532

Re: Amendment to 21-03646-03

Dear Madam or Sir:

We wish to amend our Materials License 21-03646-03. We have recently closed our diagnostic Nuclear Medicine service within our Ambulatory Care Center on Town Centre Road in Saginaw, Michigan. We wish to remove this area of use from our license.

All sealed sources were removed and properly transported to our main hospital campus hot lab. Leak tests on all sources as appropriate were performed in the first quarter, 2006. No sources were leaking. Minimal residual waste had decayed in storage to background levels.

Only diagnostic unit dose Nuclear Medicine services under 35.100 and 35.200 were conducted within the areas noted. We have performed closeout surveys and wipe tests revealing no residual activity. A map of the area and survey / wipe test results is enclosed for your review.

We wish to retain this address of use for possible prostate brachytherapy usage in the future as presently noted in our Materials License.

If you have any questions, please contact our Medical Nuclear Physicist, Thomas M. Kumpuris, M.S., DABR of Medical Physics Consultants, Inc., 800.321.2207.

Sincerely,

Michael Henne, COO

RECEIVED JUN 2 0 2006

St. Mary's of Michigan - Ambulatory Care Center

License # 21-03646-03

Date: 5/2/2006
Well Counter: Captus
Survey Meter: Ludlum 14C EWGM
 Calibrated 07/14/05

Performed By: C. Christenson CNMT
MDA: 19 dpm
Check Value: 1.0 mR/hr

		cpm	net dpm	mR/h
1	Hallway	160.00	0	0.02
2	Hot Lab Door	165.00	0	0.02
3	Dose Prep	164.00	0	0.02
4	Hot Lab Counter	158.00	0	0.02
5	Hot Lab Floor	159.00	0	0.02
6	Pkg. Receipt	161.00	0	0.02
7	Inj. Chair	159.00	0	0.02
8	Dept. Door	150.00	0	0.02
9	Cam./ CPU	162.00		0.02
10	Cam Floor	164.00		0.02
11	Cam. Table	167.00		0.02
12	North Wall	155.00		0.02
13	South Wall	160.00		0.02
14	East Wall	156.00		0.02
15	West Wall	155.00		0.02
16				
17				
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35				
36				
37				
	Background	168		0.02

ACTION LEVELS: 2000 dpm
 < 0.2 mR/hr

Efficiency (dpm/cpm): 1.26

COMMENTS: No evidence of removable contamination.

RSO Signature: _____



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RADIOACTIVE MATERIAL TRANSFER - SHIPMENT FORM

FROM: NAME E. Corey Christensen N.R.C. License: Type SPECIAL # 21-03646-03
LICENSEE St. Mary's of Michigan Inc. PHONE _____

TO: NAME _____ N.R.C. License: Type SPECIAL # 21-03646-03
LICENSEE St. Mary's of Michigan Inc. PHONE _____

Radiation Safety Officer Approval:
(Sending Institution)

Name JACK WIERZBICKI Ph.D.
Licensee St. Mary's of Michigan
Address Saginaw
Signature _____

10CFR30.41 Verification: ☒ Copy of License ☐ Letter of Cert. ☐ Verbal (10 Day Written Confirm)

Radioactive Material N.O.S. UN 2982

RADIOACTIVE MATERIAL DESCRIPTION AND MONITORING RESULTS

Radionuclide	Chem. and/or Physical Form	Activity mCi	Container Type	Exposure Rate (mR/hr) Contact	1 Meter	Wipe Test dpm	Label Category
CS-137	U.I.A	196.8 mCi	Vial	0.05 mR/hr	0.05 mR/hr	0	N/A
BA-133	U.I.A	289.7 mCi	Vial	3.2 mR/hr	0.5 mR/hr	0	N/A
CS-137	Rod	0.5 mCi	Rod	0.05 mR/hr	0.05 mR/hr	0	N/A
Co-57	Solid	20.0 mCi	Flood	3.2 mR/hr	0.04 mR/hr	0	N/A

MONITORED BY: E. Corey Christensen

DATE: 5/2/16

Survey Instrument: ☒ GM ☐ IC

Describe Other _____

Manufacturer: Ludlum

Model: HC

S/N: 167393

Calibration Date: 11/16/2016

Wipe Test Instrument: CAPUS WELL

Manufacturer: CAPINSEC

Model: 600

S/N: _____

Wipe Test Minimum Detectable Activity (MDA) 8.5×10^{-4} mCi

MODE OF TRANSFER AND/OR SHIPMENT:

☐ Commercial Carrier ☒ Self ☐ Other

Explain Each:

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TITLE _____ PHONE: _____
ADDRESS _____

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1 From

Date 6/17/06

Sender's Name

Dept of Radiology Phone 984 907-8219

Company

St Mary's + Michigan

Address

800 S Washington Ave

City

Saginaw

State MI

ZIP 48601

2 Your Internal Billing Reference

3 To

Recipient's Name

US Nuclear Reg. & Comm. Phone

Company

Michigan Liquor Board

Recipient's Address

P.O. Box 111 Saginaw MI 48601

Address

2442 Washington Rd SE

City

Lithia Springs

State GA

ZIP 30134



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☐ Recipient's Account

☐ Third Party

☐ Credit Card

☐ Cash/Check

8 NEW Residential Delivery Signature Options

☐ No Signature Required

☐ Direct Signature

☐ Indirect Signature

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Air Waybill for more details.

