

C O V E R**FAX****S H E E T**

To: Jim Mullauer
Fax #: 630-829-9873
Subject: Orchard Medical Center Close Out
Date: August 16, 2007
Pages: 6, including this cover sheet.

COMMENTS:

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NRC FORM 314 (8-2004) 10 CFR 20.36(a)(1), 40.42(b)(1), 70.36(a)(1), and 72.64(a)(1)	U.S. NUCLEAR REGULATORY COMMISSION APPROVED BY OMB: NO. 3150-0028 EXPIRES: 08/30/2007 <small>Estimated burden per response to comply with this mandatory collection request 30 minutes. This material is used by NRC as part of the basis for its determination that the facility is released for unrestricted use. Send comments regarding burden estimate to the Records and Policy/Privacy Services Branch (7-5 P&P), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to info@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NIOS-10202, (3150-0028), Office of Management and Budget, Washington, DC 20503. If a routine used to impose 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.</small>
CERTIFICATE OF DISPOSITION OF MATERIALS	
LICENSEE NAME AND ADDRESS Orchard Medical Center Suite C 30000 Orchard Lake Road Farmington Hills MI 48334	LICENSE NUMBER 21-32368-01 DOCKET NUMBER LICENSE EXPIRATION DATE 4/30/2012
<input type="checkbox"/> This license has expired. <input checked="" type="checkbox"/> A. LICENSE STATUS (Check the appropriate box) This license has not yet expired; please terminate it.	
B. DISPOSAL OF RADIOACTIVE MATERIAL <small>(Check the appropriate boxes and complete as necessary. If additional space is needed, provide attachments)</small>	
The licensee, or any individual executing this certificate on behalf of the licensee, certifies that:	
<input type="checkbox"/> 1. No radioactive materials have ever been procured or possessed by the licensee under this license.	
<input checked="" type="checkbox"/> 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:	
<input checked="" type="checkbox"/> a. Transfer of radioactive materials to the licensee listed below:	
<input type="checkbox"/> b. Disposal of radioactive materials:	
<input checked="" type="checkbox"/> 1. Directly by the licensee:	
<input type="checkbox"/> 2. By licensed disposal site:	
<input type="checkbox"/> 3. By waste contractor:	
<input checked="" type="checkbox"/> 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	
<input checked="" type="checkbox"/> 1. A radiation survey was conducted by the licensee. The survey confirms:	
<input checked="" type="checkbox"/> a. the absence of licensed radioactive materials	
<input type="checkbox"/> b. that any remaining residual radioactivity is within the limits of 10 CFR 20, Subpart E, and is ALARA.	
<input checked="" type="checkbox"/> 2. A copy of the radiation survey results:	
<input checked="" type="checkbox"/> a. is attached; or <input type="checkbox"/> b. is not attached (Provide explanation); or <input type="checkbox"/> c. was forwarded to NRC on:	
<input type="checkbox"/> 3. A radiation survey is not required as only sealed sources were ever possessed under this license, and	
<input type="checkbox"/> a. The results of the latest leak test are attached; and/or <input checked="" type="checkbox"/> b. No leaking sources have ever been identified.	
The person to be contacted regarding the information provided on this form:	
NAME N. David Burkholder	TITLE MD
TELEPHONE (include Area Code) 248-551-0500	
E-MAIL ADDRESS 	
Mail all future correspondence regarding this license to:	
C. CERTIFYING OFFICIAL	
I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT	
PRINTED NAME AND TITLE N. David Burkholder	SIGNATURE N. David Burkholder
DATE 8/14/07	
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 JURISDICTION.	

**RADIOLOGICAL PHYSICS SERVICE, INC.
3839 NAPIER ROAD - PLYMOUTH, MI 48170**

(734) 455-4730

CLOSE OUT SURVEY


Orchard Medical Center
30000 Orchard Lake Road
Farmington Hills, MI 48334
License: 21-32368-01

RE: Close out survey of location

1. Date of Survey: August 14, 2007 (the last patient and delivery from the radiopharmacy was on March 10, 2007).
2. Diagram of the department and the wipe test results are attached.
3. The survey meter readings were less than 0.02 mR/hr for all areas.
4. The survey meter background reading was 0.02 mR/hr.
5. The survey meter used was a Ludlum 14C (173594) with a pancake probe. It was last calibrated July 27, 2007.
6. The wipe tests were assayed on an Picker single-channel well counter. The minimum detectable activity for Tc-99m, Tl-201 is 61 dpm at 95% confidence.
7. The survey was performed by Ray A. Carlson, M.S., Medical Physicist from Radiological Physics Service, Inc. (License No.: 21-26253-01).
8. All sealed sources were transferred to Radiological Physics Service, Inc. (NRC license no. 21-26253-01).
9. All waste was decayed to background and disposed of properly.

The location is certified to be free of radioactive material and contamination and may be released for unrestricted use with the approval of the NRC.

All wipe tests were below the 2000 dpm limit and all GM survey meter readings were at background (0.02mR/hr).


Ray A. Carlson, MS,
Medical Physicist
Radiological Physics Service

RADIOLOGICAL PHYSICS SERVICE, INC.
3839 NAPIER ROAD - PLYMOUTH, MI 48170

(734) 455-4730

Wipe Test Results


Orchard Medical Center
30000 Orchard Lake Road
Farmington Hills, MI 48334
License: 21-32368-01

RE: Close out survey of location

Date: August 14, 2007

Area	CPM	Net CPM	DPM
Background			
1	220	0	0
2	220	0	0
3	220	0	0
4	220	0	0
5	220	0	0
6	220	0	0
7	220	0	0
8	220	0	0
9	220	0	0
10	220	0	0

- All wipes were below the 2000 DPM limit.
- All wipe areas were surveyed with a GM survey meter and all areas recorded less than 0.02 mR/hr. Wipes were then analyzed in a gamma counter.

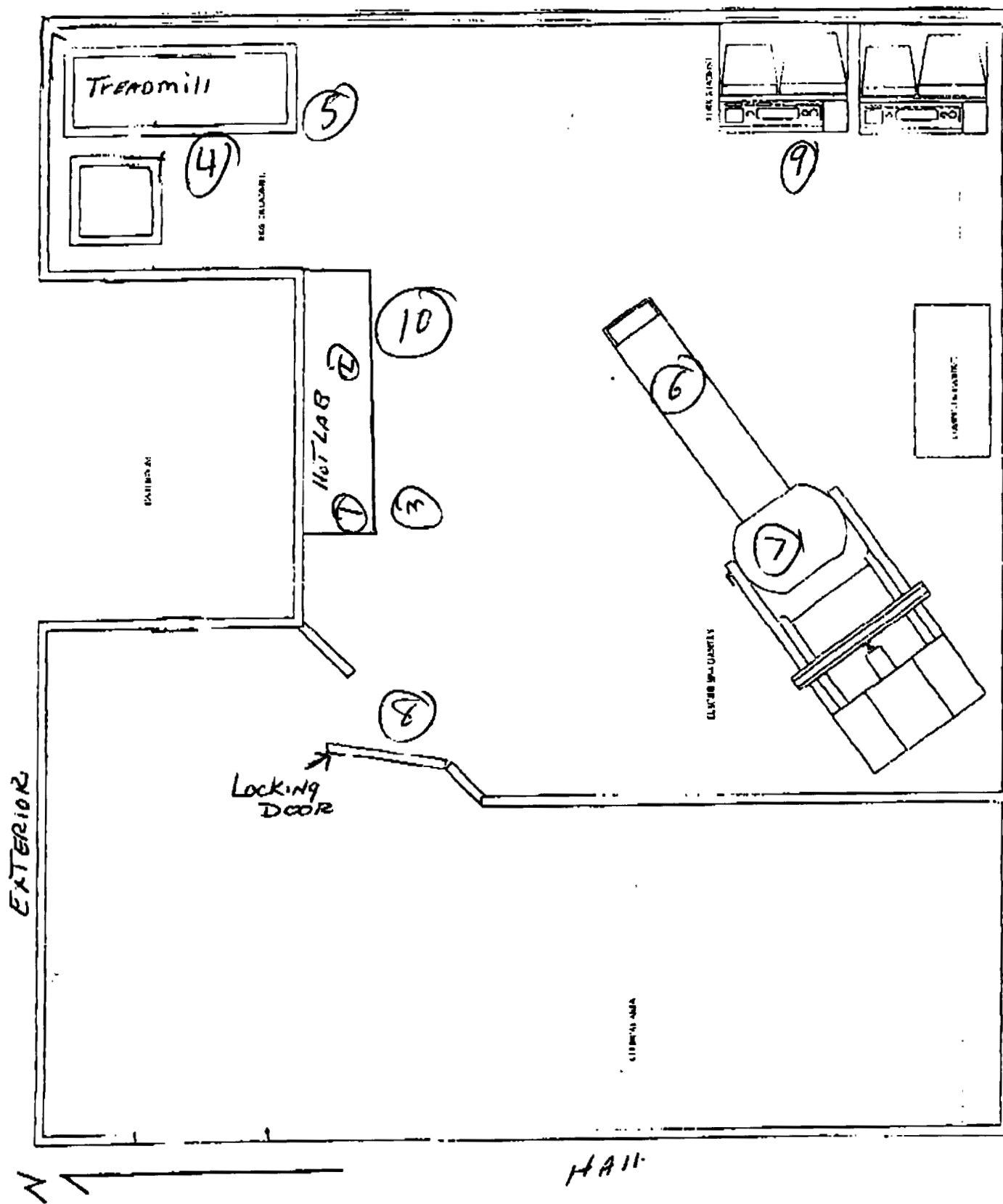

Ray A. Carlson, MS,
Medical Physicist
Radiological Physics Service

SURVEY
AREAS

8/14/07

ORCHARD MEDICAL CENTER
FARMINGTON HILLS, MI 48334
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EXTERIOR



ORCHARD MEDICAL CENTER, DRAWING BY R. ALLEN 12/18/01.
EXTERIOR

Location: Orchard Medical Center

Date of Inspection: 8/14/07

SEALED SOURCE INVENTORY

Nuclide	Type	Location	Calibration Activity	Calibration Date	Mfgr.	M/N	S/N
Cs-137	vial	Hot Lab	209.9 mCi	12/01/01	IPL	RV-137-200U	788-24-10
Ba-133	vial	Hot Lab	279.9 mCi	12/01/01	IPL	RV-133-250U	788-30-5
Cs-137	rod	Hot Lab	0.5 nCi	04/01/02	IPL		851-33
Co-57	sheet	Hot Lab	10 mCi	11/01/04	IPL	NES-392	1084-175
Co-57	sheet	Hot Lab	10 mCi	05/01/01	IPL	NES-392	796-192

RSO: _____

SEALED SOURCE LEAK TEST

Nuclide	Type	Location	Calibration Activity	Calibration Date	Mfgr.	M/N	S/N
Cs-137	vial	Hot Lab	209.9 mCi	12/01/01	IPL	RV-137-200U	788-24-10
Ba-133	vial	Hot Lab	279.9 mCi	12/01/01	IPL	RV-133-250U	788-30-5
Co-57	sheet	Hot Lab	10 mCi	11/01/04	IPL	NES-392	1084-175

COMMENT: The sources listed above were leak tested using a wipe technique and were found to have less than 0.005 μ Ci removable activity.

TESTED BY:

Hyatt, M.S.

DATE:

8/14/07

RSO: _____