



DEPARTMENT OF RADIOLOGY
Henry Ford Health System

Radiation Safety Office

December 8, 2011

Henry Ford Hospital
2799 West Grand Blvd.
Detroit, Michigan 48202-2689
(313) 916-7042 Office
(313) 916-7329 Fax

Materials Licensing Branch
U.S. Nuclear Regulatory Commission
Region III
2443 Warrenville Rd. Suite 210
Lisle, IL 60532-4352
(630) 829-9897
(630) 515-1078FAX

Dear Sir or Madam:

We are requesting an amendment to license to NRC License No. 21-04082-01 for Henry Ford Macomb-Warren Hospital. We wish to delete an authorized user from the license; George J. Leach DO.

License Amendment Details

1. Application Type

Amendment of License Number: 21-04082-01 (Docket 030-02042).

2. Applicant's Name and Mailing Address

The site this amendment applies to is:

Henry Ford Macomb-Warren Hospital
13355 East Ten Mile Road
Warren, MI 48089

The applicant to whom correspondence should be directed is:

Donald Peck, PhD RSO
Henry Ford Hospital
Radiology Administration A-3
2799 West Grand Boulevard
Detroit, MI 48202-2689

3. Addresses Where Licensed Material Will be Used or Possessed

There are no changes in the locations of use as a result of this amendment.
Work will continue at the following address:

Henry Ford Macomb Hospital – Warren Campus
13355 East Ten Mile Road
Warren, MI 48089

4. Name of the person to be contacted about this application

Alan M. Jackson, MS, CHP
Senior Health Physicist / Radiation Safety Office Manager
Henry Ford Hospital
2799 W. Grand Boulevard
Detroit, MI 48202-2689
Phone: (313) 916-2739 Voice
Fax: (313) 916-8456
Cell : (734) 657-4133
E-mail: AlanJ@rad.hfh.edu

5. Radioactive Material

No changes are needed.

1. Purposes for Which Licensed Material will be Used

No changes are needed.

7. Individuals responsible for the Radiation Safety Program

We wish to delete an authorized user from the license as follows:

George J. Leach DO

8. Training Program

No changes are needed.

9. Facilities and Equipment

No changes are needed.

10 Radiation Protection Program

No changes are needed.

11 Radioactive Waste Management

No changes are needed.

12 Fees

There is no fee is assessed for this license amendment (see form 313 in Attachment 2).

13 Certification

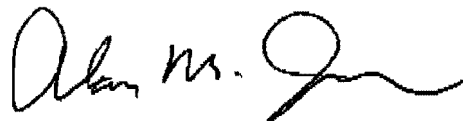
Please see NRC form 313 in Appendix 1 (below).

Please contact Alan Jackson at (313) 916-2739 or AlanJ@rad.hfh.edu if you have any questions regarding this submission.

Sincerely,

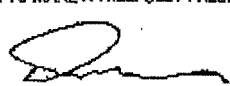


Donald Peck, PhD, DABR
Radiation Safety Officer



Alan M. Jackson, MS, CHP
Senior Health Physicist

Attachment 1
NRC Form 313

NRC FORM 313 (3-2009) 10 CFR 30, 32, 33, 34, 35, 36, 39, and 40		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3150-0120		EXPIRES: 3/31/2012	
APPLICATION FOR MATERIALS LICENSE				Estimated burden per response to comply with this mandatory collection request: 4.3 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects.resource@nrc.gov , and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0120), Office of Management and Budget, Washington, DC 20503. If a means 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.			
INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.							
APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH: OFFICE OF FEDERAL & STATE MATERIALS AND ENVIRONMENTAL MANAGEMENT PROGRAMS DIVISION OF MATERIALS SAFETY AND STATE AGREEMENTS U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555-0001 ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS: IF YOU ARE LOCATED IN: ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO: LICENSING ASSISTANCE TEAM DIVISION OF NUCLEAR MATERIALS SAFETY U.S. NUCLEAR REGULATORY COMMISSION, REGION I 475 ALLENDALE ROAD KING OF PRUSSIA, PA 19406-1415				IF YOU ARE LOCATED IN: ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO: MATERIALS LICENSING BRANCH U.S. NUCLEAR REGULATORY COMMISSION, REGION III 2443 WARRENVILLE ROAD, SUITE 210 LISLE, IL 60532-4352 ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MISSISSIPPI, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING, SEND APPLICATIONS TO: NUCLEAR MATERIALS LICENSING BRANCH U.S. NUCLEAR REGULATORY COMMISSION, REGION IV 612 E. LAMAR BOULEVARD, SUITE 400 ARLINGTON, TX 76011-4125			
PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.							
1. THIS IS AN APPLICATION FOR (Check appropriate item) <input type="checkbox"/> A. NEW LICENSE <input checked="" type="checkbox"/> B. AMENDMENT TO LICENSE NUMBER <u>21-04082-01</u> <input type="checkbox"/> C. RENEWAL OF LICENSE NUMBER _____				2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code) Henry Ford Hospital 2799 West Grand Boulevard Detroit, MI 48202			
3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED Henry Ford Macomb Warren Hospital 13355 East Ten Mile Road Warren, MI 48089				4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION Alan M. Jackson, MS, CHP TELEPHONE NUMBER (313) 916-2739			
SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.							
5. RADIOACTIVE MATERIAL a. Element and mass number; b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time.				6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.			
7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE.				8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.			
9. FACILITIES AND EQUIPMENT.				10. RADIATION SAFETY PROGRAM.			
11. WASTE MANAGEMENT.				12. LICENSE FEES (See 10 CFR 170 and Section 170.31) FEE CATEGORY NA AMOUNT ENCLOSED : 0.00			
13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT. THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF. WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 62 STAT. 749 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							
CERTIFYING OFFICER - TYPED/PRINTED NAME AND TITLE Donald J. Peck, Ph.D, DABR / Radiation Safety Officer				SIGNATURE 		DATE 11/17/2011	
FOR NRC USE ONLY							
TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS		
			\$				
APPROVED BY				DATE			



Radiology

2799 West Grand Boulevard
Detroit, Mi. 48202

Radiation Safety Office # (313) 916-7042

Radiation Safety Fax # (313) 916-7329

Henry Ford Hospital
Henry Ford Medical Group

Facsimile Transmittal

To: NRC Region III Facility: Material Licensing
Phone: (630) 829-9887 Fax: (630) 515-1078
From: Alan M. Jackson Dept: Radiation Safety Office
Phone: (313) 916-2739 Fax: (313) 916-7329
Pages: 5 Date: 12/8/11

☐ Urgent

☒ For Review

☐ Per your request

☐ Please Reply

• **Comments:**

Please replace previously sent
request Dated ~~12/7~~ 11/22/11
and 11/16/11 Sorry! Alan

**** Confidentiality Notice ****

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