

|   |   |  |   |
|---|---|--|---|
| <b>NRC FORM 314</b><br><small>(1-2012)<br/>         10 CFR 30.38(j)(1); 40.42(j)(1);<br/>         70.38(j)(1); and 72.54(k)(5)(1)(i)</small>  | <b>U.S. NUCLEAR REGULATORY COMMISSION</b> | <b>APPROVED BY OMB: NO. 3150-0028</b><br><small>Estimated burden per response to comply with this mandatory collection request: 30 minutes. This submittal 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 Information Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to <a href="mailto:InfoCollects.Resource@nrc.gov">InfoCollects.Resource@nrc.gov</a>, and to the Desk Officer, Office of Information and Regulatory Affairs, NECB-10202, (3150-0028), 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.</small> | <b>EXPIRES: 10/31/2013</b>                          |
| <b>CERTIFICATE OF DISPOSITION OF MATERIALS</b>  |   |  |   |
| <b>LICENSEE NAME AND ADDRESS</b><br><i>Synergy Mobile Imaging</i><br><i>29488 Woodward Ave #284</i><br><i>Royal Oak, MI 48073</i>   |   | <b>LICENSE NUMBER</b><br><i>2132673-01</i>   | <b>DOCKET NUMBER</b><br><i>03037551</i>             |
|   |   | <b>LICENSE EXPIRATION DATE</b><br><i>11/30/2017</i>  |   |
| <b>A. LICENSE STATUS (Check the appropriate box)</b><br><input type="checkbox"/> This license has expired. <input checked="" type="checkbox"/> This license has not yet expired; please terminate it.   |   |  |   |
| <b>B. DISPOSAL OF RADIOACTIVE MATERIAL</b><br><small>(Check the appropriate boxes and complete as necessary. If additional space is needed, provide attachments)</small><br>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 type="checkbox"/> 1. Directly by the licensee:   |   |  |   |
| <input type="checkbox"/> 2. By licensed disposal site:  |   |  |   |
| <input checked="" type="checkbox"/> 3. By waste contractor: <i>Radiological Physics Service, Inc.</i><br><i>Ray Carlson</i>   |   |  |   |
| <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.  |   |  |   |
| <b>C. SURVEYS PERFORMED AND REPORTED</b>  |   |  |   |
| <input checked="" type="checkbox"/> 1. A radiation survey was conducted by the licensee. The survey confirms:   |   |  |   |
| <input type="checkbox"/> a. the absence of licensed radioactive materials   |   |  |   |
| <input checked="" type="checkbox"/> b. that any remaining residual radioactivity is within the limits of 10 CFR 20, Subpart E, and is ALARA.  |   |  |   |
| <input 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 checked="" type="checkbox"/> c. was forwarded to NRC on: _____ Date: _____  |   |  |   |
| <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 type="checkbox"/> b. No leaking sources have ever been identified.  |   |  |   |
| The person to be contacted regarding the information provided on this form:   |   |  |   |
| NAME  | TITLE                                     | TELEPHONE (Include Area Code)  | E-MAIL ADDRESS                                      |
|   |   |  | <i>Synergy mobile imaging @</i><br><i>gmail.com</i> |
| <small>Mail all future correspondence regarding this license to:</small>  |   |  |   |
| <b>C. CERTIFYING OFFICIAL</b>   |   |  |   |
| <b>I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT</b>  |   |  |   |
| PRINTED NAME AND TITLE  | SIGNATURE                                 | DATE   |   |
| <i>Terry Sewald CNMT</i>  | <i>Terry A. Sewald</i>                    | <i>5/1/2012</i>  |   |
| <small>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 RESPECT. 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.</small> |   |  |   |

# Synergy Mobile Imaging Weekly Wipe Record

*Close Out Wipes*  
Trigger Level (DPM): 2000 dpm

|         |   |   |   |   |      |
|---------|---|---|---|---|------|
| Wipe    | 1 | 2 | 3 | 4 | 5    |
| Net DPM |   |   |   |   |      |
| Swipe   | 6 | 7 | 8 | 9 | 10   |
| Net DPM |   |   |   |   |      |
| Name    |   |   |   |   | Date |

|         |   |   |   |   |      |
|---------|---|---|---|---|------|
| Swipe   | 1 | 2 | 3 | 4 | 5    |
| Net DPM |   |   |   |   |      |
| Swipe   | 6 | 7 | 8 | 9 | 10   |
| Net DPM |   |   |   |   |      |
| Name    |   |   |   |   | Date |

|         |   |   |   |   |      |
|---------|---|---|---|---|------|
| Swipe   | 1 | 2 | 3 | 4 | 5    |
| Net DPM |   |   |   |   |      |
| Swipe   | 6 | 7 | 8 | 9 | 10   |
| Net DPM |   |   |   |   |      |
| Name    |   |   |   |   | Date |

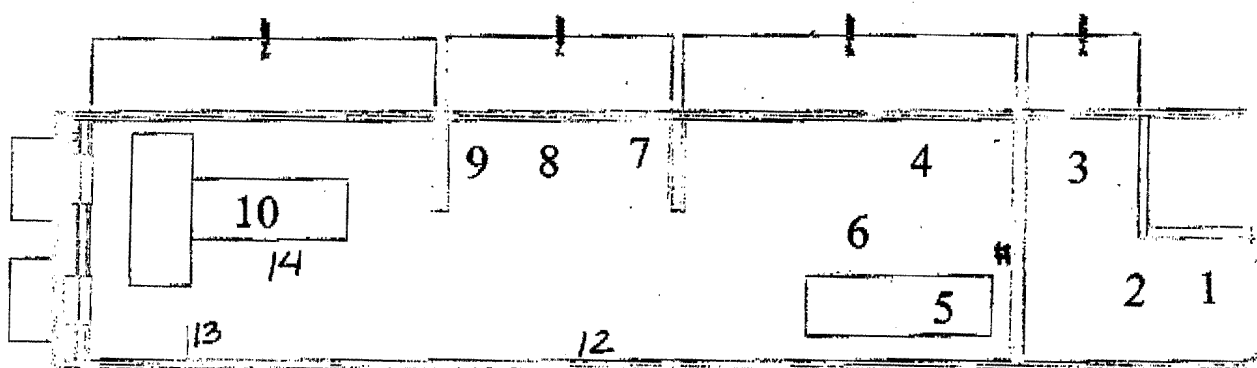
|         |   |   |   |   |      |
|---------|---|---|---|---|------|
| Swipe   | 1 | 2 | 3 | 4 | 5    |
| Net DPM |   |   |   |   |      |
| Swipe   | 6 | 7 | 8 | 9 | 10   |
| Net DPM |   |   |   |   |      |
| Name    |   |   |   |   | Date |

|         |   |   |   |   |      |
|---------|---|---|---|---|------|
| Swipe   | 1 | 2 | 3 | 4 | 5    |
| Net DPM |   |   |   |   |      |
| Swipe   | 6 | 7 | 8 | 9 | 10   |
| Net DPM |   |   |   |   |      |
| Name    |   |   |   |   | Date |

|         |                     |    |    |    |               |
|---------|---------------------|----|----|----|---------------|
| Swipe   | 1                   | 2  | 3  | 4  | 5             |
| Net DPM | 10                  | 12 | 24 | 16 | 18            |
| Swipe   | 6                   | 7  | 8  | 9  | 10            |
| Net DPM | 14                  | 12 | 11 | 17 | 14            |
| Name    | Pepin, Edward, ONMT |    |    |    | Date 5/1/2012 |

|         |    |    |    |    |  |
|---------|----|----|----|----|--|
| Swipe   | 11 | 12 | 13 | 14 |  |
| Net DPM | 9  | 13 | 15 | 22 |  |

# AREA SURVEY MAP



## Key

- |                              |                 |
|------------------------------|-----------------|
| 1. Hot Lab Area              | 6. Floor - Rug  |
| 2. Floor - Dose Storage Area | 7. Rt. Arm Rest |
| 3. Computer Workstation      | 8. Table        |
| 4. Treadmill                 | 9. Lt. Arm Rest |
| 5. Exam Table                | 10. Camera      |

11. Hot Lab Door  
12. Entrance Door  
13. Acquisition Station  
14. Camera Area Floor

## TRANSMISSION VERIFICATION REPORT

TIME : 05/22/2012 17:10  
 NAME : TWEDDLE GROUP  
 FAX : 5863073997  
 TEL : 5863073997  
 SER. # : BROE7J649527

DATE, TIME  
 FAX NO./NAME  
 DURATION  
 PAGE(S)  
 RESULT  
 MODE

05/22 17:10  
 16305151259  
 00:00:38  
 03  
 OK  
 STANDARD  
 ECM

|  |  |   |  |                                       |                            |
|--|--|---|--|---------------------------------------|----------------------------|
| <b>NRC FORM 314</b><br><small>(1-2012)<br/>         10 CFR 30.28(f)(1); 40.43(f)(1);<br/>         70.28(f)(1); and 72.34(f)(5)(1)(i)</small>   |  | <b>U.S. NUCLEAR REGULATORY COMMISSION</b> |  | <b>APPROVED BY OMB: NO. 3150-0028</b> | <b>EXPIRES: 10/31/2013</b> |
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| <input type="checkbox"/> 2. By licensed disposal site:   |  |   |  |                                       |                            |
| <input checked="" type="checkbox"/> 3. By waste contractor: <i>Radiological Physics Service, Inc.<br/>Ray Carlson</i>  |  |   |  |                                       |                            |
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| <input checked="" type="checkbox"/> 1. A radiation survey was conducted by the licensee. The survey confirms:  |  |   |  |                                       |                            |

Attn: Materials Lic  
Branch