



Kent General Hospital  
640 South State Street  
Dover, DE 19901  
302.674.4700

Milford Memorial Hospital  
21 West Clarke Avenue  
Milford, DE 19963  
302.422.3311

J2

REC'D 12/27/17 AM 07:50

December 19, 2017

U. S. Nuclear Regulatory Commission  
Region I  
2100 Renaissance Blvd, Suite 100  
King of Prussia, PA 19406-2713

Re: License No. 07-14850-01 / 03002565

To Whom It May Concern,

We, Bayhealth Medical Center, License Number 07-14850-01, wish to amend our radioactive materials license to reflect the following:

- We would like to remove 1100 Forrest Avenue, Dover, De 19901 as an area of use.
  - All day to day nuclear medicine operations have ceased at the area of use location: 1100 Forrest Avenue, Dover, De 19901.
  - All sealed sources were moved to the authorized area of use: 540 S. Governors Avenue, Dover, De. 19901.
  - We would like to designate the areas of the nuclear cardiology office located at 1100 Forrest Avenue (hot lab, imaging lab, stress room 1, and stress room 2) as unrestricted for general use.
  - Please see the attached survey and wipe results.

If you have any questions regarding this amendment, please contact our radiation safety officer, Adam M. Henry at 1.866.755.2756 x703.

Regards,

Terry Murphy FACHE  
President/Chief Executive Officer

602/29

UNRESTRICTED MATERIALS-002

**Bayhealth Cardiology - Dover, De**  
**1100 Forrest Avenue**  
**Dover, De 19901**

CLOSE-OUT AREA WIPE

**LICENSE NUMBER:** NRC: 07-14850-01

**Date:** 12/19/2017

**INSTRUMENT USED:**

**WELL:** Ludlum 2200 Scaler  
**SN:** 128309

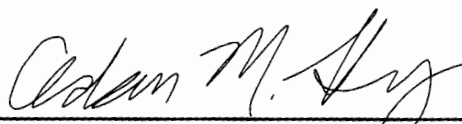
**WELL EFFICIENCY (<sup>137</sup>Cs):** 30.5%  
**BACKGROUND:** 319 CPM

*Wipe area - a minimum of 100 cm<sup>2</sup> (light switches door handles, entire surface)*

<u>WIPE LOCATION</u>	<u>COUNT TIME</u> (Sec)	<u>RESULTS</u> (CPM)	<u>RESULTS</u> (NET CPM)	<u>RESULTS</u> (DPM)
<b>Nuclear Imaging Lab</b>				
Floor - Camera Area	60	321	2	7
Floor - Inside Doors	60	343	24	79
Door Handles (x2)(all)	60	323	4	13
Light Switches (all)	60	323	4	13
Hand Sanitizer Dispenser	60	323	4	13
Floor - Outside Doors	60	343	24	79
<b>Hot Lab</b>				
Cabinet Faces/Handles	60	349	30	98
Countertop Surfaces	60	349	30	98
Floor	60	319	0	0
Sink (to include handles)	60	334	15	49
Door Handle (inside/out)	60	328	9	30
Light Switch	60	328	9	30
Cabinet/Drawer Interior	60	339	20	66
Cabinets - Inside	60	339	20	66
Paper Towel Dispenser	60	334	15	49
Soap Dispenser	60	334	15	49
<b>Stress Room 1</b>				
Countertop/Shelf Surfaces	60	363	44	144
Floor	60	361	42	138
Door Handle (all)	60	354	35	115
Light Switch (all)	60	354	35	115
Cabinet/Drawer Faces	60	333	14	46
Sink (to include handles)	60	328	9	30
Paper Towel Dispenser	60	321	2	7
Soap Dispenser	60	321	2	7
Cabinet/Drawer Handles	60	333	14	46
Cabinet/Drawer Interior	60	333	14	46

<u>WIPE LOCATION</u>	<u>COUNT TIME</u> <u>(Sec)</u>	<u>RESULTS</u> <u>(CPM)</u>	<u>RESULTS</u> <u>(NET CPM)</u>	<u>RESULTS</u> <u>(DPM)</u>
<b>Stress Room 2</b>				
Countertop/Shelf Surfaces	60	349	30	98
Floor	60	358	39	128
Door Handle (all)	60	354	35	115
Light Switch (all)	60	354	35	115
Cabinet/Drawer Faces	60	343	24	79
Sink (to include handles)	60	319	0	0
Paper Towel Dispenser	60	319	0	0
Soap Dispenser	60	319	0	0
Cabinet/Drawer Handles	60	343	24	79
Cabinet/Drawer Interior	60	343	24	79

Performed By:

  
 \_\_\_\_\_  
 Radiation Safety Officer

**Bayhealth Cardiology - Dover, De**  
**1100 Forrest Avenue**  
**Dover, De 19901**

CLOSE-OUT AREA SURVEY

**LICENSE NUMBER:** NRC: 07-14850-01

**Date:** 12/19/2017

**SURVEY METER:** Biodex 14C

**SN:** 130380

**Calibration Date:** 9/21/2017

**Battery Check:** ok

**Check Measurement:** 1.05 mR/hr

**Expected Check Measurement:** 1.10 mR/hr

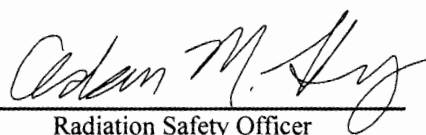
**Background Measure:** 0.02 mR/hr

*Surveys performed at a distance of 1-2 inches off of surface - at most sensitive setting*

<u>Survey Location</u>	<u>Measurement</u> <u>mR/hr</u>	<u>Survey Location</u>	<u>Measurement</u> <u>mR/hr</u>
<b>Nuclear Imaging Lab</b>		<b>Stress Lab 1</b>	
Floor - Camera Area	0.02	Countertop/Shelf Surfaces	0.02
Floor - Inside Doors	0.02	Floor	0.02
Door Handles (x2)(all)	0.02	Door Handle (all)	0.02
Light Switches (all)	0.02	Light Switch (all)	0.02
Hand Sanitizer Dispenser	0.02	Cabinet/Drawer Faces	0.02
Floor - Outside Doors	0.02	Sink (to include handles)	0.02
		Paper Towel Dispenser	0.02
		Soap Dispenser	0.02
		Cabinet/Drawer Handles	0.02
		Cabinet/Drawer Interior	0.02

<u>Survey Location</u>	<u>Measurement</u> <u>mR/hr</u>	<u>Survey Location</u>	<u>Measurement</u> <u>mR/hr</u>
<b>Hot Lab</b>		<b>Stress Lab 2</b>	
Cabinet Faces/Handles	0.02	Countertop/Shelf Surfaces	0.02
Countertop Surfaces	0.02	Floor	0.02
Floor	0.02	Door Handle (all)	0.02
Sink (to include handles)	0.02	Light Switch (all)	0.02
Door Handle (inside/out)	0.02	Cabinet/Drawer Faces	0.02
Light Switch	0.02	Sink (to include handles)	0.02
Cabinet/Drawer Interior	0.02	Paper Towel Dispenser	0.02
Cabinets - Inside	0.02	Soap Dispenser	0.02
Paper Towel Dispenser	0.02	Cabinet/Drawer Handles	0.02
Soap Dispenser	0.02	Cabinet/Drawer Interior	0.02

Survey Performed By:

  
Radiation Safety Officer



## ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

## Name and Address of Applicant and/or Licensee

Bayhealth Medical Center  
ATTN: Terry M. Murphy, President and Chief  
Executive Officer  
640 South State Street  
Dover, DE 19901

## Date

January 11, 2018

## License Number(s)

07-14850-01

## Mail Control Number(s)

602129

## Licensing and/or Technical Reviewer or Branch

Robin Elliott

This is to acknowledge receipt of your: ☒ Letter and/or ☐ Application Dated: 12/19/2017

The initial processing, which included an administrative review, has been performed.

☒ Amendment ☐ Termination ☐ New License ☐ Renewal

☒ There were no administrative omissions identified during our initial review.

☐ This is to acknowledge receipt of your application for renewal of the material(s) license identified above. Your application is deemed timely filed, and accordingly, the license will not expire until final action has been taken by this office.

☐ Your application for a new NRC license did not include your taxpayer identification number. Please complete and submit NRC Form 531, Request for Taxpayer Identification Number, located at the following link: <http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>

Follow the instructions on the form for submission.

☐ The following administrative omissions have been identified:

Your application has been assigned the above listed MAIL CONTROL NUMBER. When calling to inquire about this action, please refer to this control number. Your application has been forwarded to a technical reviewer. Please note that the technical review, which is normally completed within 180 days for a renewal application (90 days for all other requests), may identify additional omissions or require additional information. If you have any questions concerning the processing of your application, our contact information is listed below:

Region I  
U. S. Nuclear Regulatory Commission  
Division of Nuclear Materials Safety  
2100 Renaissance Boulevard, Suite 100  
King of Prussia, PA 19406-2713  
(610) 337-5260, (610) 337-5313,  
(610) 337-5398, or (610) 337-5239