

CERTIFICATE OF DISPOSITION OF MATERIALS

(All items MUST be completed, please print)

LICENSEE NAME WEST ALLIS MEMORIAL HOSPITAL 8901 West Lincoln Avenue, P.O. Box 27167A West Allis, WI 53227	DATE '85 JAN 14 AM 1:37	LICENSE NUMBER 48-13249-03
		LICENSE EXPIRATION DATE 2/28/85

THE LICENSEE OR ANY INDIVIDUAL EXECUTING THIS CERTIFICATE ON BEHALF OF THE LICENSEE CERTIFIES THAT: (Check and/or complete the appropriate item(s) below.)

A. MATERIALS DATA (Check one and complete, as necessary)

<input type="checkbox"/> 1. NO MATERIALS HAVE EVER BEEN POSSESSED OR PROCURED BY THE LICENSEE UNDER THIS LICENSE.
OR
<input type="checkbox"/> 2. ALL MATERIALS PROCURED AND/OR POSSESSED BY THE LICENSEE UNDER THE LICENSE NUMBER CITED ABOVE HAVE BEEN TRANSFERRED ON DATE <u>JUNE 15, 1984</u> TO <u>Atomic Energy of Canada Limited</u> (see attached) WHICH HAS NRC LICENSE NUMBER
OR
<input type="checkbox"/> 3. ALL MATERIALS PROCURED AND/OR POSSESSED BY THE LICENSEE UNDER THE LICENSE NUMBER CITED ABOVE HAVE BEEN TRANSFERRED ON DATE TO WHICH HAS LICENSE NUMBER ISSUED BY THE STATE OF

AN AGREEMENT STATE PURSUANT TO SECTION 274 OF THE ATOMIC ENERGY ACT OF 1954, AS AMENDED, AND THE ENERGY REORGANIZATION ACT OF 1974.

OR	<input type="checkbox"/> 4. MATERIALS HAVE BEEN DISPOSED OF IN THE FOLLOWING MANNER (Describe specific disposal process used - if additional space is needed, use the reverse of this form, or provide attachments)
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See attached.

RECEIVED BY LEAD	
Date	<u>1/17/85</u>
By	<u>Jan 20</u>
Using To	<u>PR III</u>
Action Compl.	<u>P</u>

then
FREE EXEMPT

B. OTHER DATA

<input type="checkbox"/> 1. OUR LICENSE HAS NOT YET EXPIRED; PLEASE TERMINATE IT.
<input checked="" type="checkbox"/> 2. WAS A RADIATION SURVEY CONDUCTED TO CONFIRM THE ABSENCE OF LICENSED RADIOACTIVE MATERIALS AND TO DETERMINE WHETHER ANY CONTAMINATION REMAINS ON THE PREMISES COVERED BY THE LICENSE? (Check one)
<input checked="" type="checkbox"/> NO
<input type="checkbox"/> YES, THE RESULTS (Check one)
<input type="checkbox"/> ARE ATTACHED, OR
<input type="checkbox"/> WERE FORWARDED TO NRC ON (Date)
3. THE PERSON TO BE CONTACTED REGARDING THE INFORMATION PROVIDED ON THIS FORM NAME <u>Pam Zimmer</u> TELEPHONE NUMBER <u>414-546-6497</u>
4. MAIL ALL FUTURE CORRESPONDENCE TO WEST ALLIS MEMORIAL HOSPITAL 8901 West Lincoln Avenue, P.O. Box 27167A West Allis, WI 53227

RETURN TO:

DIRECTOR, DIVISION OF FUEL CYCLE AND MATERIAL SAFETY
OFFICE OF NUCLEAR MATERIAL SAFETY AND SAFEGUARDS
U.S. NUCLEAR REGULATORY COMMISSION**8506070031 850517**
REQ LIC30
48-13249-03 PDR

CERTIFYING OFFICIAL

SIGNATURE

DATE

PRINTED NAME AND TITLE

Rad. Safeg Officer
18545



**Atomic Energy of Canada Limited
Commercial Products
SOURCE DISPOSAL CERTIFICATE**

TO WHOM IT MAY CONCERN:

This is to certify that the following source has been removed from the unit described herein, and returned to Atomic Energy of Canada Limited, Commercial Products, Ottawa, Ontario, Canada for disposal:

COBALT 60 OR CAESIUM 137 SEALED SOURCE	SERIAL NO. <i>S-3055</i>	DEPLETED URANIUM lb.	UNIT <i>THERATRON 80</i>	UNIT SERIAL NO. <i>112</i>
LOCATION OF UNIT				
<i>WEST ALLIS MEMORIAL Hosp.</i>				
<i>8901 WEST LINCOLN AVE.</i>				
<i>WEST ALLIS, WISC. 53227</i>				

Date: *June 15, 1984* Signed: *D. J. [Signature]*
A.E.C.L. Service Representative