

**MATERIALS LICENSE  
SUPPLEMENTARY SHEET**

License Number

06-12276-02

Docket or Reference Number

030-14398

Amendment No. 06

**OFFICIAL RECORD COPY**

Bridgeport Hospital  
Park Avenue Campus  
267 Grant Street  
P.O. Box 5000  
Bridgeport, Connecticut 06610

In accordance with the letter dated August 27, 1996, License Number 06-12276-02 is hereby terminated.

Date SEP 27 1996

For the U.S. Nuclear Regulatory Commission

Original Signed By:

By Michelle Beardsley

Nuclear Materials Safety Branch  
Region I

King of Prussia, Pennsylvania 19406

**ML 10** *o/i*

9610070061 960927  
PDR ADOCK 03014398  
C PDR

SEP 27 1996

Robert S. Trefry  
President/CEO  
Bridgeport Hospital  
Park Avenue Hospital  
267 Grant Street  
P.O. Box 5000  
Bridgeport, CT 06610

Dear Mr. Trefry:

Please find enclosed Amendment No. 06 terminating License No. 06-12276-02 as requested by your letter dated August 27, 1996. The facility at 695 Grant Street, Bridgeport, Connecticut may be released for unrestricted use.

Your cooperation with us is appreciated.

Sincerely,

Original Signed By:

Michelle Beardsley

Michelle R. Beardsley

Division of Nuclear Materials Safety

License No. 06-12276-02  
Docket No. 030-14398  
Control No. 123622

Enclosure:  
Amendment No. 06

DOCUMENT NAME: R:\WPS\MLTR\T0612276.02

To receive a copy of this document, indicate in the box: "C" = Copy w/o attach/encl "E" = Copy w/ attach/encl "N" = No copy

OFFICE	DNMS/RI	N	DNMS/RI				
NAME	Beardsley						
DATE	08/31/96	08/	/96	08/	/96	08/	/96

OFFICIAL RECORD COPY

ML 10



267 Grant Street  
P.O. Box 5000  
Bridgeport, CT 06610  
Telephone: 203 384-3000

MS 16  
J-1

September 3, 1996

Nuclear Materials Safety Branch  
U.S. Nuclear Regulatory Commission, Region 1  
ATTN: Michelle Beardsley  
475 Allendale Road  
King of Prussia, PA. 19406-1415

Dear Ms. Beardsley:

RE: NRC Lic# 06-12276-02  
Control # 123622

Referencing your phone call on 9/3/96, I am faxing this letter to you regarding the disposal of the sealed sources at the Park Ave. Campus of Bridgeport Hospital. I have included documentation showing that the sealed sources were disposed of by shipment of the sources to the Barnwell facility in South Caroling through the use of ADCO Services.

Regarding records of public exposure, there have been no public exposure due to the Nuclear Medicine Department at Park Ave.; therefore, there are no public exposure records that need to be retained.

If there are any other questions, please do not hesitate to call me at (203)384-3168.

Sincerely,

David S. Wishko, Ph.D.  
Radiation Safety Officer

C:\DATA\PKCTY\AMLICCL2.WPD

OFFICIAL RECORD COPY

ML 10

123622

SEP - 5 1996

FAX REC'D SEP - 3 1996

# ADCO SERVICES, INC.

## RADIOACTIVE MATERIAL SHIPMENT MANIFEST

P.O. BOX 1129 • TINLEY PARK, IL 60477 • 708-429-1660

GENERATOR #                     

GENERATOR NAME BRIDGEPORT HOSPITAL

ADDRESS 267 GRANT STREET

DEPT OF RADIATION MEDICINE

CITY BRIDGEPORT STATE CT ZIP 06610

CONTACT DAVID WISHKO PHONE 203-384-3168

WASHINGTON PERMIT NO.                      SHIPMENT #                     

SO. CAROLINA PERMIT NO.                      EPA #                     

BILL CHARGES TO                     

NAME                     

ADDRESS                     

CITY                      ST                      PURCHASE ORDER #                     

CUST #                      ENTERED BY                      INVOICED BY                     

COMPACT

MANIFEST NO.                     

DATE 05-0209 6139

DISCLAIMER: Upon acceptance of shipment, the materials therein become the sole property of ADCO SERVICES, INC.

TOTAL FOR EACH CLASS		REPORTABLE QUANTITY NAME (if any)	PROPER SHIPPING NAME & HAZARD CLASS (PER 49 CFR 172.101)	ID NUMBER
# OF PACKAGES	WEIGHT (POUNDS)			
			Radioactive Material, fissile n.o.s.	7. UN2918
			Radioactive Material, low specific activity n.o.s.	7. UN2912
1	100		Radioactive Material, n.o.s. (white I yellow II yellow III applied)	7. UN2982
			Radioactive Material, excepted package limited quantity of material	7. UN2910
			Radioactive Material, excepted package instruments or articles	7. UN2910
			Waste Flammable Liquid, n.o.s.	3. UN1953

CUST #		ENTERED BY					INVOICED BY												
(9) Item No	(10) Container Type	(11) Container Volume (Gals. L.)	(12) Container Weight (Pounds)	(13) Physical Form (L. Solid)	(14) Waste Description (Limit 3) (See Note #1)	(15) Sorbent Solidification Stabilization Media (Limit 3) (See Note #2)	(16) Chemical Form / Operating Agent (10CFR20.311)	(17) Radionuclide	(18) Activity  <input type="checkbox"/> Curies <input type="checkbox"/> Millicuries	(19) Special Nuclear Material (Grams)  (D.O.E. 701 Required)	(20) Source Material (Kilograms)	(21) Form Class	(22) Stability Class	Radiation Levels mR / HR			(26) Transport Index	(27) Fissile Class	(28) DOT Label 49CFR173.444
								Check Below if $\leq 0.1\%$ Operating Agent By Weight						(23) Container Surface	(24) Reserved for ADCO Use Only	(25) Container At 1 Meter			
1	Dr.	7.5	100	Sealed	2.98	SOURCES		10CFR20.311	10CFR20.311	Se90 22.20	—	NU	2.0	2.0	—	—	—	Radioactive - Fissile - High	
										Co57 1443								Radioactive—	
										Co60 100484								Radioactive—	
										Co57 10091								Radioactive—	
										Po210 10092								Radioactive—	
										I-125 10001								Radioactive—	
																		Radioactive—	
																		Radioactive—	
																		Radioactive—	

SHIPMENT TOTALS						
VOLUME G. Ft.	TOTAL # OF PACKAGES	SOURCE MATERIAL Kgs.	SPECIAL NUCLEAR MATERIAL (Grams)			
			U-233	U-235	PLUTONIUM	TOTAL
7.5	1					

SUPPLIES DELIVERED:

ACTIVITY TOTALS		ACTIVITY				
<input type="checkbox"/> Curies	<input checked="" type="checkbox"/> Millicuries	TRITIUM	C-14	Tc-99	I-129	ALL ISOTOPES
						22.4774

NOTE #1

- CODE SOLIDS
- 2. DRY SOLID
- 8. SEALED SOURCES
- CODE TREATED LIQUIDS
- 3. SOLIDIFIED LIQUIDS

RECEIVED AT ADCO SERVICES, INC. ON:                      BY:                     

NOTE #2

- 2. SPEEDI DRI
- 4. FLOOR DRY/SUPER FINE
- 53. VERMICULITE
- 12. CONCRETE
- 44. CONCRETE (2500 PSI)

Customer represents and warrants that data set forth in the Radioactive Material Shipment Manifest is true and correct in all respects.                      Generator Signature

I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

                     Authorized Signature Title

UPPER

U. S. Nuclear Regulatory Commission		Date:9-3-96
Telephone or Verbal Conversation Record		Time:9:30 a.m.
<input type="checkbox"/> Incoming Call <input checked="" type="checkbox"/> Outgoing Call <input type="checkbox"/> Visit		
Person Calling: Michelle Beardsley <i>mb</i>	Office: USNRC Region I	Phone #:(215) 337-6942
Person Called: David Wishko, RSO	Office:	Phone #:
Conversation		
Subject:License Termination-Bridgeport Hospital License No.06-12276-02 Control No. 123622		
Summary: I asked Mr. Wishko to indicate the disposition of all sealed sources and to confirm whether there were ever any records made of public exposures.		
Referred to:		
Action Requested: Letter		
Action Taken:		

OFFICIAL RECORD COPY

ML 10



267 Grant Street  
P.O. Box 5000  
Bridgeport, CT 06610  
Telephone: 203 384-3000

August 27, 1996

030-14398

Nuclear Materials Safety Branch  
U.S. Nuclear Regulatory Commission, Region 1  
475 Allendale Road  
King of Prussia, PA. 19406-1415

Dear Inspector:

RE: NRC Lic# 06-12276-02

Bridgeport Hospital wishes to terminate the Nuclear Medicine license #06-12276-02, located at 695 Park Avenue, Bridgeport, Ct.. Enclosed is two copies of the Close-Out Survey and Wipe report for the area. Also enclosed is the amendment fee of \$440.00 as required by 10 CFR part 170.31.7.C.

Thank you for expediting this matter.

Sincerely,

David S. Wishko, Ph.D.  
Radiation Safety Officer

Robert S. Trefry  
President/CEO  
Bridgeport Hospital

OFFICIAL RECORD COPY

ML 10

123622

AUG 29 1996

## Nuclear Medicine Close-Out Survey and Wipe

Location: Bridgeport Hospital  
Park Avenue Campus  
695 Park Avenue  
Bridgeport, CT. 06604

License # 06-12276-02

Surveyor:   
David S. Wishko, Ph.D.  
Radiation Safety Officer

Date of Survey: 07/16/96  
Date of Report: 08/21/96



Date: 07/15/96

## Survey Instrument:

Ludlum Instruments, Inc.

Model # 14C  
Serial # 72088

GM Tube -

Model # 44-7  
Serial # PR065065

Calibration Date: 9/18/95

## Wipe Test System

Picker Spectroscaler 4R

High Voltage = 1100 V.

Window:

LL = 0.5

UL = 9.9

MEV Range = 1.0

Calibration Data:

Cs-137 Test Source

Isotope Products Lab.

Cat #: 362-57

0.0995 uCi @ 01/15/90

0.08562489 uCi @ 07/15/96

Readings in 1 min	Background in 1 min	Net Counts/min
53621	136	53485
53430	136	53294
53594	136	53458
Mean:		53412

Efficiency Factors:

Counts/Disintegrations = 0.280989

Counts/uCi = 623794.483

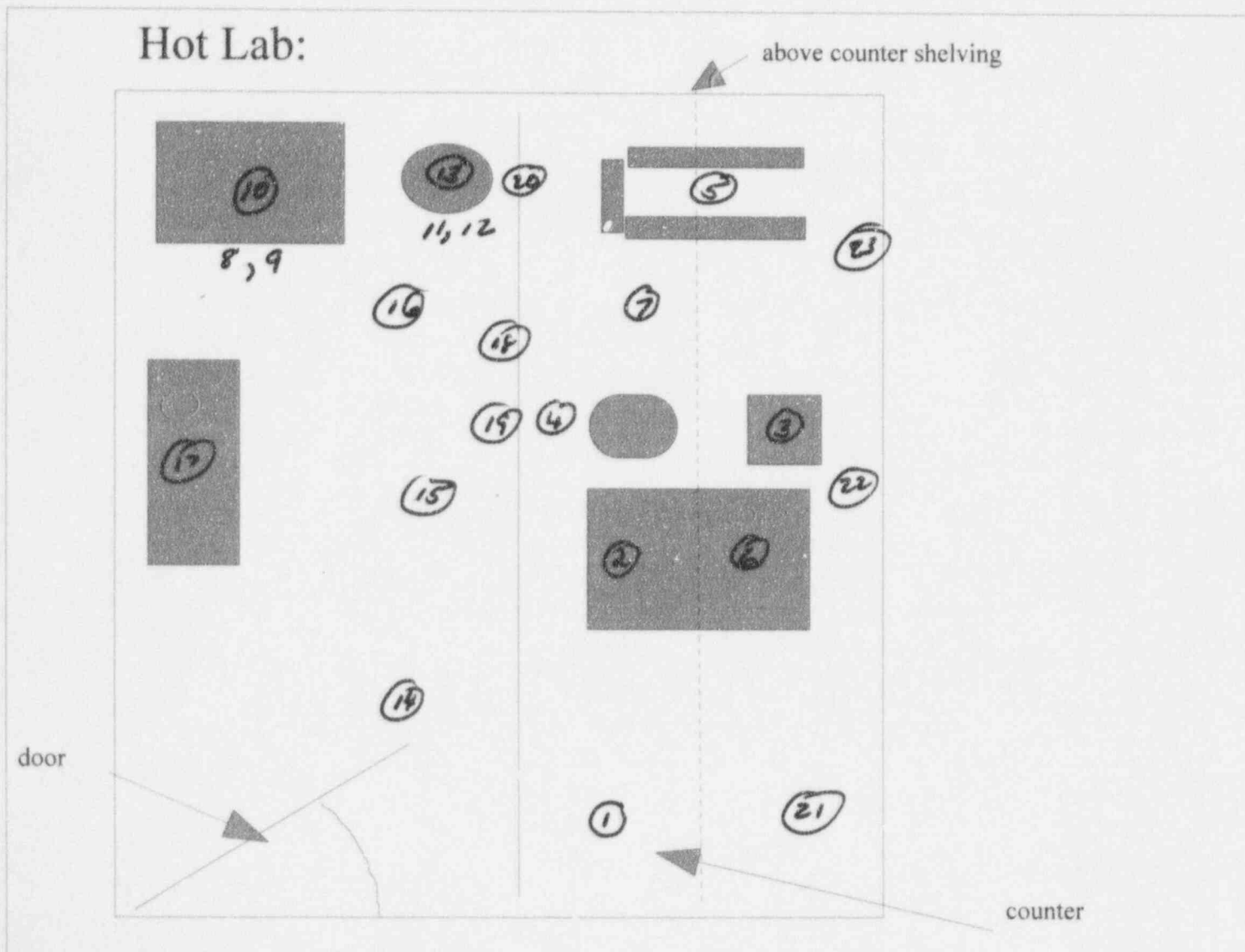


# Hot Lab

Location	Area	Exposure Rate (mR/hr)	Background (mR/hr)	Net Exposure Rate (mR/hr)	Counts (in 1 min)	Background (in 1 min)	Net Counts/min	Net Disintegrations/min	Net Activity (uCi)
1	Right Counter	0.02	0.02	0	139	136	3	11	4.8093E-06
2	Table Shield	0.02	0.02	0	126	136	0	0	0
3	Dose Calibrator	0.02	0.02	0	117	136	0	0	0
4	Counter in front of Calibrator	0.02	0.02	0	136	136	2	7	3.2062E-06
5	Aluminum Tray	0.02	0.02	0	122	136	0	0	0
6	Storage Area for syringes	0.02	0.02	0	159	136	23	82	3.6871E-05
7	Left Counter	0.02	0.02	0	100	136	0	0	0
8	Refrigerator Handle	0.02	0.02	0	121	136	0	0	0
9	Refrigerator Door	0.02	0.02	0	128	136	0	0	0
10	Refrigerator - Inside	0.02	0.02	0	135	136	0	0	0
11	Film Box Storage - Handle	0.02	0.02	0	132	136	0	0	0
12	Film Box Storage - Door	0.02	0.02	0	112	136	0	0	0
13	Film Box Storage - Interior	0.02	0.02	0	161	136	25	89	4.0077E-05
14	Floor - Right	0.02	0.02	0	110	136	0	0	0
15	Floor - Center	0.02	0.02	0	133	136	0	0	0
16	Floor - Left	0.02	0.02	0	116	136	0	0	0
17	Cart	0.02	0.02	0	133	136	0	0	0
18	Waste Container	0.02	0.02	0	134	136	0	0	0
19	Lead Pig	0.02	0.02	0	154	136	18	64	2.8856E-05
20	50 gallon drum	0.02	0.02	0	124	136	0	0	0
21	Shelving - Right	0.02	0.02	0	123	136	0	0	0
22	Shelving - Center	0.02	0.02	0	139	136	3	11	4.8093E-06
23	Shelving - Left	0.02	0.02	0	142	136	6	21	9.6186E-06

Results: No discernable contamination present.

# Hot Lab:

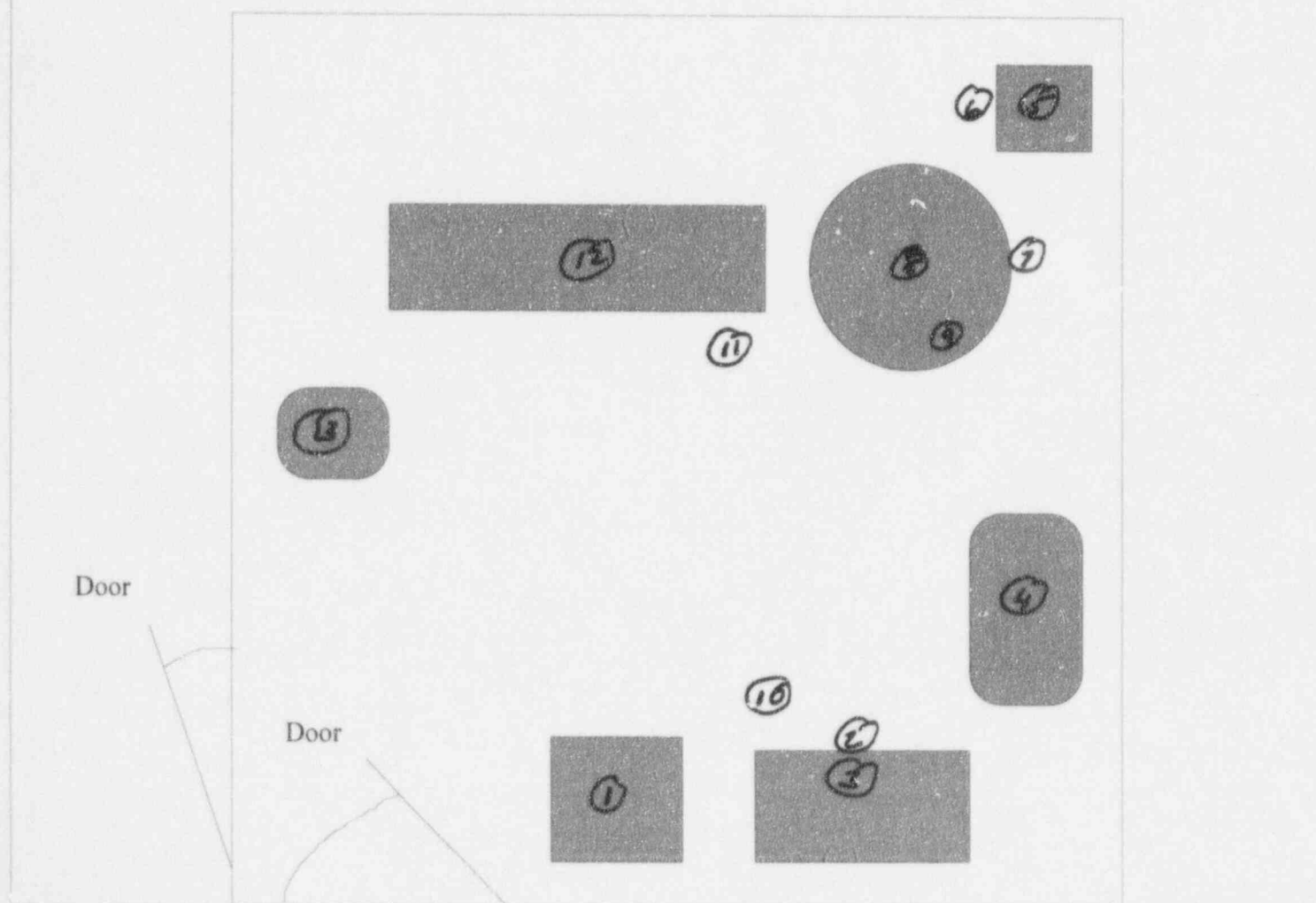


# Nuclear Cardiology

Location	Area	Exposure Rate (mR/hr)	Background (mR/hr)	Net Exposure Rate (mR/hr)	Counts (in 1 min)	Background (in 1 min)	Net Counts/min	Net Disintegrations/min	Net Activity (uCi)
1	Video Imager	0.02	0.02	0	117	135	0	0	0
2	Computer Keyboard	0.02	0.02	0	123	135	0	0	0
3	Desk	0.02	0.02	0	113	135	0	0	0
4	Air Conditioner unit	0.02	0.02	0	112	135	0	0	0
5	Sink	0.02	0.02	0	123	135	0	0	0
6	Counter - sink	0.02	0.02	0	134	135	0	0	0
7	Camera - Controls	0.02	0.02	0	126	135	0	0	0
8	Camera - Face	0.02	0.02	0	137	135	2	7	3.2062E-06
9	Camera - Oscilloscope	0.02	0.02	0	132	135	0	0	0
10	Floor - Control desk	0.02	0.02	0	126	135	0	0	0
11	Floor - Camera	0.02	0.02	0	131	135	0	0	0
12	Couch	0.02	0.02	0	131	135	0	0	0
13	Chair - Injection	0.02	0.02	0	133	135	0	0	0

Results: No discernable contamination present.

## Nuclear Cardiology:

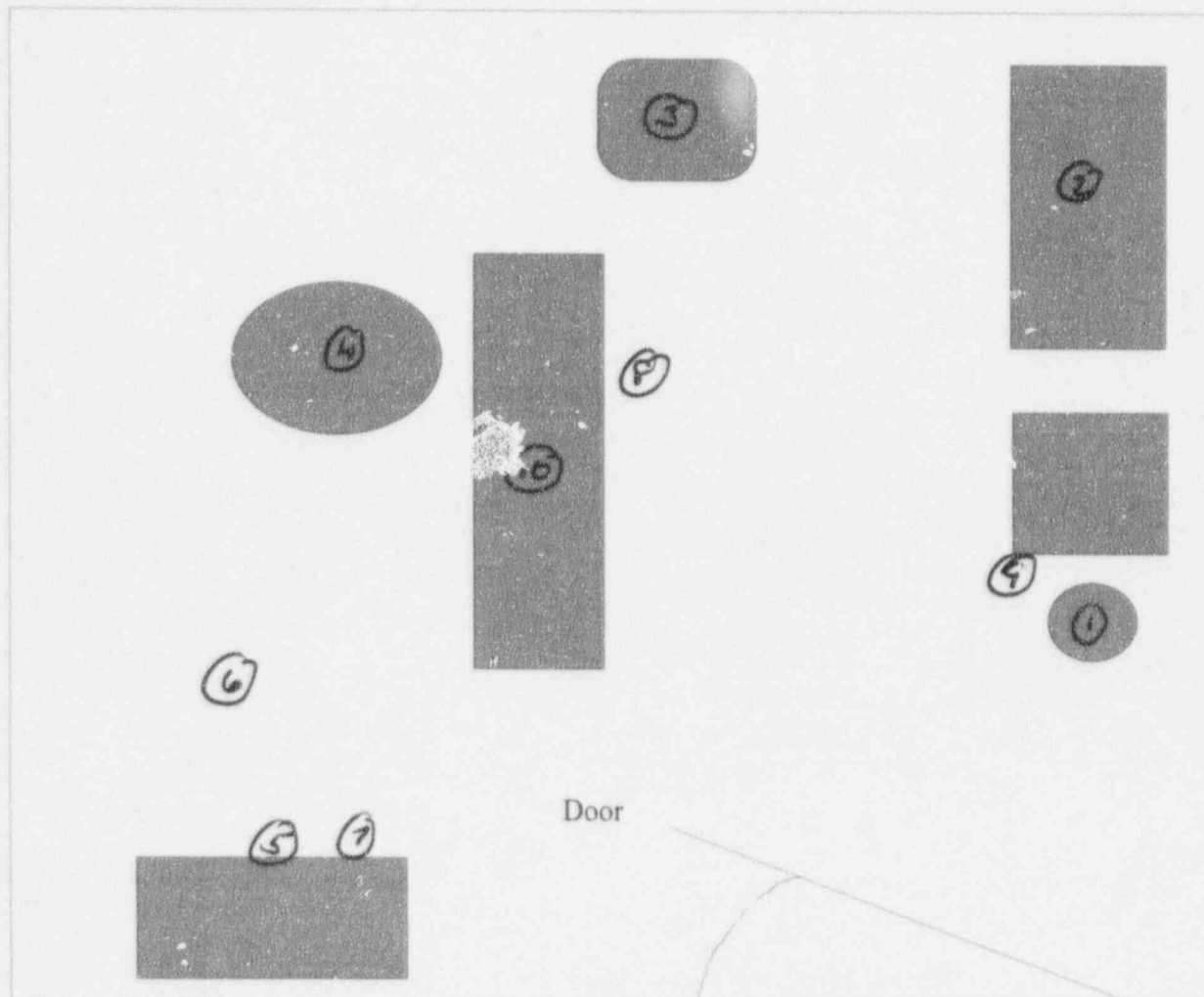


## Nuclear Medicine Scan Room.

Location	Area	Exposure Rate (mR/hr)	Background (mR/hr)	Net Exposure Rate (mR/hr)	Counts (in 1 min)	Background (in 1 min)	Net Counts/min	Net Disintegrations/min	Net Activity (uCi)
1	<sup>1131</sup> uptake probe	0.02	0.02	0	134	135	0	0	0
2	Desk	0.02	0.02	0	124	135	0	0	0
3	Injection chair	0.02	0.02	0	144	135	9	32	1.4428E-05
4	Camera	0.02	0.02	0	139	135	4	14	6.4124E-06
5	Camera - Controls	0.02	0.02	0	132	135	0	0	0
6	Collimator	0.02	0.02	0	142	135	7	25	1.1222E-05
7	Computer keyboard	0.02	0.02	0	127	135	0	0	0
8	Floor - Camera	0.02	0.02	0	120	135	0	0	0
9	Floor - uptake	0.02	0.02	0	114	135	0	0	0
10	Couch	0.02	0.02	0	134	135	0	0	0

Results: No discernable contamination present.

# Nuclear Medicine Scan Room:



12-10-2011

SECRETARY - 10/11

## LICENSE FEE REQUIREMENTS

LICENSE FEE AND DEBT COLLECTION BRANCH  
DIVISION OF ACCOUNTING AND FINANCE  
OFFICE OF THE CONTROLLER  
U.S. NUCLEAR REGULATORY COMMISSION  
WASHINGTON, DC 20555-0001BRIDGEPORT HOSPITAL  
ATTN: DAVID S. WISHKO, PH.D.  
RADIATION SAFETY OFFICER  
267 GRANT STREET  
BRIDGEPORT, CT 06610

## TYPE OF ACTION

- ☐ NEW LICENSE  
☐ RENEWAL OF LICENSE  
☒ AMENDMENT TO LICENSE

## REQUESTED DATE

8-27-96

## LICENSE NUMBER

06-12276-02

## CONTROL NUMBER

23622

## I. APPLICATION FEE DUE

Your request for a licensing action is subject to the fee(s) in the category(ies) noted below in accordance with Section 170.31 of the enclosed Federal Register notice. Payment of the fee is required prior to the issuance of the license, renewal, or amendment.

FEE CATEGORY	APPLICATION	RENEWAL	AMENDMENT
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

FEE(S) DUE \$  
PAYMENT RECEIVED \$  
AMOUNT DUE \$

☐ Your request was received without the prescribed application fee.

☐ We received your Check No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_. Payment of the additional fee noted above is required.

☐ Your request will increase the scope of your license program. Therefore, your request is subject to the application fee(s) noted above. Refer to Section 170.31 and Footnote 1(d)(2).

☐ Your license expired prior to the receipt of your application for renewal. Therefore, your request is subject to the application fee(s) noted above. Refer to Section 170.31 and Footnote 1(a).

MAKE PAYMENT OF THE FEE(S) TO THE U.S. NUCLEAR REGULATORY COMMISSION AND MAIL THE PAYMENT TO THE ADDRESS LISTED AT THE TOP OF THIS FORM. IF WE DO NOT RECEIVE A REPLY FROM YOU WITHIN 30 CALENDAR DAYS FROM THE DATE LISTED BELOW, WE SHALL ASSUME THAT YOU DO NOT WISH TO PURSUE YOUR APPLICATION AND WILL VOID THIS ACTION.

## II. FEE NOT REQUIRED

☒ Enclosed is Check No. 9940 <sup>8440</sup> which accompanied your request. The fee is not required because: *termination of a license is exempt from fees.*  
☒ We received your Check No. \_\_\_\_\_ in payment of the fee.

☐ The Licensing staff has informed us that your request is to be considered as a continuation of your request dated \_\_\_\_\_, Control No. \_\_\_\_\_.

☐ Your request was combined, prior to review, with your request, Control No. \_\_\_\_\_.

## III. CHECK RETURNED

☐ Enclosed is Check No. \_\_\_\_\_ which was returned to us by the bank for:

- ☐ INSUFFICIENT FUNDS  
☐ ACCOUNT CLOSED  
☐ OTHER

MAIL THE REPLACEMENT CHECK TO THE ADDRESS LISTED AT THE TOP OF THIS FORM AND REFERENCE THE ABOVE CONTROL NUMBER.

## IV. LICENSE ISSUED WITHOUT THE REQUIRED FEE

☐ License No. \_\_\_\_\_ Amendment No. \_\_\_\_\_, issued on \_\_\_\_\_, was issued without the required fee being collected. The fee required is noted in Section I of this form.

☐ The scope of your licensed program was increased. Therefore, your request is subject to the application fee(s) noted in Section I of this form. Refer to Section 170.31 and Footnote 1(d)(2).

☐ Because of the urgency of your request, the license was issued without remittance of the prescribed fee noted in Section I of this form.

SIGNATURE -- LICENSE FEE ANALYST

LFDCB

LFDCB

Distribution:

Region I Pending  
BBrown LFARB RF  
OC/DAF/EF (LF-3.2.7)

DATE

BRENDA BROWN

9/18/96

9-18-96



(FOR LFMS USE)  
INFORMATION FROM LTS  
-----

PROGRAM CODE: 02120  
STATUS CODE: 0  
FEE CATEGORY: 7C  
EXP. DATE: 20051130  
FEE COMMENTS: CODE 23  
DECOM FIN ASSUR REQD: N  
.....

BETWEEN:

LICENSE FEE MANAGEMENT BRANCH, ARM  
AND  
REGIONAL LICENSING SECTIONS

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

APPLICANT/LICENSEE: BRIDGEPORT HOSPITAL  
RECEIVED DATE: 960829  
DOCKET NO: 3014398  
CONTROL NO.: 123622  
LICENSE NO.: 06-12276-02  
ACTION TYPE: TERMINATION

2. FEE ATTACHED

AMOUNT: \$440.00  
CHECK NO.: M009940

3. COMMENTS

SIGNED  
DATE

M. A. Perkins  
9/29/96

B. LICENSE FEE MANAGEMENT BRANCH (CHECK WHEN MILESTONE 03 IS ENTERED) 1

**FEE EXEMPT**

1. FEE CATEGORY AND AMOUNT: -----

2. CORRECT FEE PAID. APPLICATION MAY BE PROCESSED FOR:

AMENDMENT -----  
RENEWAL -----  
LICENSE -----

3. OTHER -----  
-----

SIGNED  
DATE

-----  
-----

RECEIVED BY LFDCB	
Date	9/13/96
By	Aug 18 <u>BBrown</u>
Date Completed	9/18/96

9/18/96  
@ HOCK #  
M009940  
\$440 returned  
to license.  
No fee due for a  
Termination request.  
B.B

1996 SEP - 3 AM 11:12