

CERTIFICATE OF DISPOSITION OF MATERIALS

(All items MUST be completed, please print)

LICENSEE NAME AND ADDRESS

St. Vincent Hospital and Medical Center
2213 Cherry Street
Toledo, OH 43608

LICENSE NUMBER

34-01216-04

LICENSE EXPIRATION DATE

~~2-28-85~~ 11-30-88

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)

- ☐ 1. NO MATERIALS HAVE EVER BEEN POSSESSED OR PROCURED BY THE LICENSEE UNDER THIS LICENSE.
- OR
- ☒ 2. ALL MATERIALS PROCURED AND/OR POSSESSED BY THE LICENSEE UNDER THE LICENSE NUMBER CITED ABOVE HAVE BEEN TRANSFERRED ON

DATE

5-15-85

TO

ATOMIC ENERGY OF CANADA, LTD.
MEDICAL PRODUCTS DIVISION
OTTAWA, CANADA

WHICH HAS NRC LICENSE NUMBER

54-00300-04

- OR
- ☐ 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
- ☐ 4. MATERIALS HAVE BEEN DISPOSED OF IN THE FOLLOWING MANNER: (Describe specific disposal procedures—if additional space is needed, use the reverse of this form, or provide attachments)

B. OTHER DATA

- ☒ 1. OUR LICENSE HAS NOT YET EXPIRED; PLEASE TERMINATE IT.
- ☐ 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)
- ☐ NO
- ☒ YES, THE RESULTS (Check one)
- ☒ ARE ATTACHED, OR
- ☒ WERE FORWARDED TO NRC ON (Date)

3. THE PERSON TO BE CONTACTED REGARDING THE INFORMATION PROVIDED ON THIS FORM

NAME

KATHRYN J. WILLIFORD ST VINCENT MEDICAL CTR TOLEDO, OHIO

TELEPHONE NUMBER

419-259-4127

4. MAIL ALL FUTURE CORRESPONDENCE REGARDING THIS LICENSE TO

KATHRYN J. WILLIFORD, RADIATION PHYSICIST, ST. VINCENT MEDICAL CENTER,
2213 CHERRY STREET, TOLEDO, OHIO 43608

RETURN TO:

DIRECTOR, DIVISION OF FUEL CYCLE AND MATERIAL SAFETY
OFFICE OF NUCLEAR MATERIAL SAFETY AND SAFEGUARDS
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555

SIGNATURE

PRINTED NAME AND TITLE

ALLEN B. JOHNSON, PRESIDENT, ST. VINCENT
MEDICAL CENTER

CERTIFYING OFFICIAL

DATE

6-6-85

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REG3 LIC30
34-01216-04 PDR

CONTROL NO. 7918 JUN 17 1985