

MATERIALS LICENSE  
SUPPLEMENTARY SHEET

License Number  
34-26089-01

Docket or Reference Number  
030-31417

Amendment No. 02

302464

Cleveland Police Forensic Laboratory  
1300 Ontario Street  
Room 761  
Cleveland, OH 44113

In accordance with NRC Form 314 "Certificate of Disposition" dated March 19, 1997, License Number 34-26089-01 is hereby terminated.

TERMINATED

180296

FOR THE U.S. NUCLEAR REGULATORY COMMISSION

Date

5/15/97



Kevin A. Hall

Nuclear Materials Licensing Branch, Region III

9706190104 970515  
PDR ADOCK 03031417  
C PDR

COPY

2ml  
230  
SD

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

(FOR LFMS USE)  
INFORMATION FROM LTS

Program Code: 02410  
Status Code: 0  
Fee Category: 3P  
Exp. Date: 19990228  
Fee Comments:  
Decom Fin Assur Req'd: N

58

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: CLEVELAND POLICE FORENSIC LAB.  
Received Date: 970326  
Docket No: 3031417  
Control No.: 302464  
License No.: 34-26089-01  
Action Type: ~~Amendment~~ Termination

2. FEE ATTACHED

Amount: -----  
Check No.: ~~0~~-----

3. COMMENTS

Signed D. Hersey  
Date 3-27-97

B. LICENSE FEE MANAGEMENT BRANCH (Check when fees are entered / )

1. Fee Category and Amount: 3P

**FEE EXEMPT**

2. Correct Fee Paid. Application may be processed for:

Amendment ☒  
Renewal -----  
License -----

3. OTHER

Signed SC  
Date 4/1/97

APR 03 1997

Log	<u>Mar 13 III</u>
Remitter	-----
Check No.	-----
Amount	-----
Fee Category	<u>3P</u>
Type of Fee	<u>Amnd</u>
Date Check Rec'd	-----
Date Completed	<u>4/1/97</u>
By	<u>SC</u>

1997 MAR 31 PM 4:25

(6-95)

10 CFR 30.36(c)(1)(iv)

10 CFR 40.42(c)(1)(iv)

10 CFR 70.36(c)(1)(iv)

## CERTIFICATE OF DISPOSITION OF MATERIALS

INSTRUCTIONS: ALL ITEMS MUST BE COMPLETED -- PRINT OR TYPE  
SEND THE COMPLETED CERTIFICATE TO THE NRC OFFICE SPECIFIED ON THE REVERSE

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS MANDATORY INFORMATION COLLECTION REQUEST: 30 MINUTES. THIS SUBMITTAL IS USED BY NRC AS PART OF THE BASIS FOR ITS DETERMINATION THAT THE FACILITY HAS BEEN CLEARED OF RADIOACTIVE MATERIAL BEFORE THE FACILITY IS RELEASED FOR UNRESTRICTED USE. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (T-6 F33), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555-0001, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0028), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503. AN AGENCY MAY NOT CONDUCT OR SPONSOR, AND A PERSON IS NOT REQUIRED TO RESPOND TO, A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A CURRENTLY VALID OMB CONTROL NUMBER.

## LICENSEE NAME AND ADDRESS

CLEVELAND POLICE FORENSIC LABORATORY  
1300 ONTARIO STREET  
ROOM 761  
CLEVELAND, OH 44113

## LICENSE NUMBER

34-26089-01

## LICENSE EXPIRATION DATE

FEBRUARY 28, 1999

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

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

- ☐ 1. NO MATERIALS HAVE EVER BEEN PROCURED OR POSSESSED BY THE LICENSEE UNDER THIS LICENSE.  
OR  
☒ 2. ALL ACTIVITIES AUTHORIZED BY THE LICENSE HAVE CEASED AND ALL MATERIALS PROCURED AND/OR POSSESSED BY THE LICENSE NUMBER CITED ABOVE HAVE BEEN DISPOSED OF IN THE FOLLOWING MANNER. (If additional space is needed, use the reverse side or provide attachments.)

Describe specific material transfer actions and, if there were radioactive wastes generated in terminating this license, the disposal actions including the disposition of low-level radioactive waste, mixed waste, Greater-than-Class-C waste, and sealed sources, if applicable.

For transfers, specify the date of the transfer, the name of the license recipient, and the recipient's NRC license number or Agreement State name and license number.

If materials were disposed of directly by the licensee rather than transferred to another licensee, licensed disposal site or waste contractor, describe the specific disposal procedures (e.g., decay in storage)

DECAY IN STORAGE

## B. OTHER DATA

- ☒ 1. OUR LICENSE HAS NOT YET EXPIRED; PLEASE TERMINATE IT.
2. A RADIATION SURVEY WAS CONDUCTED BY THE LICENSEE 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 (Attach explanation)
- ☒ 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

TINA M. WOLFF

TELEPHONE NUMBER  
(Include Area Code)

216-623-5646

4. MAIL ALL FUTURE CORRESPONDENCE REGARDING THIS LICENSE TO

CLEVELAND POLICE FORENSIC LABORATORY  
1300 ONTARIO STREET ROOM 761  
CLEVELAND, OH 44113

FEE EXEMPT

RECEIVED

## CERTIFYING OFFICIAL

MAR 26 1997

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

## PRINTED NAME AND TITLE

TINA M. WOLFF, RADIATION SAFETY  
OFFICER

## SIGNATURE

Tina M. Wolff

REGION III  
3-19-97

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 RESPECTS. 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 JURISDICTIONS.

FILE CERTIFICATES AS FOLLOWS:

IF YOU ARE A DISTRIBUTOR OF EXEMPT PRODUCTS, SEND TO:

DIVISION OF INDUSTRIAL AND MEDICAL NUCLEAR SAFETY  
OFFICE OF NUCLEAR MATERIAL SAFETY AND SAFEGUARDS  
U.S. NUCLEAR REGULATORY COMMISSION  
WASHINGTON, DC 20555-0001

ALL OTHERS, IF YOU ARE LOCATED IN:

CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, MAINE,  
MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW  
JERSEY, NEW YORK, PENNSYLVANIA, RHODE ISLAND, OR  
VERMONT, SEND APPLICATIONS TO:

LICENSING ASSISTANCE SECTION  
NUCLEAR MATERIALS SAFETY BRANCH  
U.S. NUCLEAR REGULATORY COMMISSION, REGION I  
475 ALLENDALE ROAD  
KING OF PRUSSIA, PA 19406-1415

ALABAMA, FLORIDA, GEORGIA, KENTUCKY, MISSISSIPPI,  
NORTH CAROLINA, PUERTO RICO, SOUTH CAROLINA,  
TENNESSEE, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA,  
SEND APPLICATIONS TO:

NUCLEAR MATERIALS SAFETY SECTION  
U.S. NUCLEAR REGULATORY COMMISSION, REGION II  
101 MARIETTA STREET NW, SUITE 2900  
ATLANTA, GA 30323-0199

IF YOU ARE LOCATED IN:

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI,  
OHIO, OR WISCONSIN, SEND APPLICATIONS TO:

MATERIALS LICENSING SECTION  
U.S. NUCLEAR REGULATORY COMMISSION, REGION III  
801 WARRENVILLE ROAD  
LISLE, IL 60532-4361

ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO,  
HAWAII, IDAHO, KANSAS, LOUISIANA, MONTANA, NEBRASKA,  
NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA,  
OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA,  
TEXAS, UTAH, WASHINGTON, OR WYOMING, SEND  
APPLICATIONS TO:

MATERIAL RADIATION PROTECTION SECTION  
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV  
611 RYAN PLAZA DRIVE, SUITE 400  
ARLINGTON, TX 76011-8064

RECEIVED  
MAR 5 1987  
REGION III

# Northeast Ohio Regional Sewer District Radioactive Isotope Discharge Summary

1) Facility  
 Name: CLEVELAND POLICE FORENSIC LABORATORY  
 Address: 1300 ONTARIO STREET ROOM 761  
 City: CLEVELAND Zip Code: 44113  
 Person Responsible for Reporting: TINA WOLFF  
 Title: RADIATION SAFETY OFFICER Phone Number: (216) 623-5646

Report Period: From: July 1, 1996 To December 31, 1996

2) List all Radioactive Isotopes discharged to the sewer system from your facility.

NO ISOTOPES DISCHARGED SINCE 3-21-96

	Isotope	Quantity	Liquid/ Solid		Volume	Half- Life	Discharge Date(s)	Held for Decay	
								Yes / No	
1.									
2.									
3.									
4.									
5.									

3) List all Radioactive Isotopes administered to patients (If Applicable).

	Isotope Name	Average Activity	# Of Procedures
1.			
2.			
3.			
4.			
5.			
6.			
7.			

4) Have there been any accidental discharges of radioactive materials to the sewer system during the reporting period? Yes      No x (If yes, explain the incident, the date, the material, and quantity.)

Signature: Tina M. Wolff Date: 1-3-97  
 Title: RADIATION SAFETY OFFICER

Mail this completed form to:  
 Northeast Ohio Regional Sewer District  
 Water Quality and Industrial Surveillance  
 4747 East 49th Street  
 Cuyahoga Heights, Ohio 44125  
 Attention: William Kasberg  
 Facsimile # 641-8118

Sent 7-18-96

**Northeast Ohio Regional Sewer District  
Radioactive Isotope Discharge Summary**

1) Facility

Name: CLEVELAND POLICE FORENSIC LABORATORY  
Address: 1300 ONTARIO STREET ROOM 761  
City: CLEVELAND Zip Code: 44113  
Person Responsible for Reporting: TINA WOLFF  
Title: RADIATION SAFETY OFFICER Phone Number: (216) 623-5646

Report Period: From JANUARY 1, 1996 To JUNE 30, 1996

2) List all Radioactive Isotopes discharged to the sewer system from your facility.

	<u>Isotope</u>	<u>Quantity</u>	<u>Liquid/ Solid</u>	<u>Volume</u>	<u>Half- Life</u>	<u>Discharge Date(s)</u>	<u>Held for Decay Yes / No</u>
1.	P32	20 uC	LIQUID	1L	14 DAYS	3-21-96	NO
2.							
3.							
4.							
5.							

3) List all Radioactive Isotopes administered to patients (If Applicable).

	<u>Isotope Name</u>	<u>Average Activity</u>	<u># Of Procedures</u>
1.			
2.			
3.			
4.			
5.			
6.			
7.			

4) Have there been any accidental discharges of radioactive materials to the sewer system during the reporting period? Yes        No x (If yes, explain the incident, the date, the material, and quantity.)

Signature: Tina Wolff Date: 7-18-96  
Title: RADIATION SAFETY OFFICER

Mail this completed form to:  
Northeast Ohio Regional Sewer District  
Water Quality and Industrial Surveillance  
4747 East 49th Street  
Cuyahoga Heights, Ohio 44125  
Attention: William Kasberg  
Facsimile # 641-8118

Sent 1-8-96

**Northeast Ohio Regional Sewer District  
Radioactive Isotope Discharge Summary**

1) Facility

Name: CLEVELAND POLICE FORENSIC LABORATORY  
Address: 1300 ONTARIO STREET ROOM 761  
City: CLEVELAND Zip Code: 44113  
Person Responsible for Reporting: TINA WOLFF  
Title: RADIATION SAFETY OFFICER Phone Number: (216) 623-5646

Report Period: From OCTOBER 1, 1995 To DECEMBER 31, 1995

2) List all Radioactive Isotopes discharged to the sewer system from your facility.

	Isotope	Quantity	Liquid/ Solid	Volume	Half- Life	Discharge Date(s)	Held for Decay Yes / No
1.	P32	21uCi	LIQUID	1L	14 days	10-6-95	NO
2.							
3.							
4.							
5.							

3) List all Radioactive Isotopes administered to all patients (If Applicable).

	Isotope Name	Average Activity	# Of Procedures
1.			
2.			
3.			
4.			
5.			
6.			
7.			

4) Have there been any accidental discharges of radioactive materials to the sewer system during the reporting period? Yes \_\_\_\_\_ No x (If yes, explain the incident, the date, the material, and quantity.)

Signature: Tina Wolff Date: 1-8-96  
Title: RADIATION SAFETY OFFICER

Mail this completed form to:  
Northeast Ohio Regional Sewer District  
Water Quality and Industrial Surveillance  
4747 East 49th Street  
Cuyahoga Heights, Ohio 44125  
Attn.: Richard Connelly, Manager

**Northeast Ohio Regional Sewer District**  
**Quarterly Radioactive Isotope Discharge Summary**

*Sent 10-16-95*

**1) Facility**

**Name:** CLEVELAND POLICE FORENSIC LABORATORY  
**Address:** 1300 ONTARIO STREET ROOM 761  
**City:** CLEVELAND **Zip Code:** 44113  
**Person Responsible for Reporting:** TINA WOLFF  
**Title:** RADIATION SAFETY OFFICER **Phone Number:** (216) 623-5646  
**Report Period: From** JULY 1 **To** SEPTEMBER 30 **19** 95

**2) List all Radioactive Isotopes discharged to the sewer system from your facility.**

<u>Isotope</u>	<u>Quantity</u>	<u>Liquid/ Solid</u>	<u>Volume</u>	<u>Half- Life</u>	<u>Discharge Date(s)</u>	<u>Held For Decay Yes/No</u>
1. P32	353 uC	LIQUID	19L	14 DAYS	7/13-9/29	NO
2.						
3.						
4.						

**3) List all Radioactive Isotopes administered to all patients (if applicable).**

<u>Isotope Name</u>	<u>Ave. Activity</u>	<u># of Procedures</u>
1.		
2.		
3.		
4.		

**4) List the quantity or percentage of isotopes (in #3 above) expected to be excreted from patients (in--patients and out--patients) to the sanitary sewer system.**

<u>Isotope Name</u>	<u>Quantity or Percentage</u>
1.	
2.	
3.	
4.	

**5) Have there been any accidental discharges of radioactive materials to the sewer system during the reporting quarter? Yes \_\_\_ No x (If yes, explain the incident, the date, the material, and quantity.)**

**Signature:** \_\_\_\_\_  
**Title:** RADIATION SAFETY OFFICER

**Date:** 10-16-95

Mail this completed form to:  
Northeast Ohio Regional Sewer District  
Water Quality and Industrial Surveillance  
4747 East 49th Street  
Cuyahoga Heights, Ohio 44125  
Attn.: Richard Connelly, Manager

**Northeast Ohio Regional Sewer District  
Quarterly Radioactive Isotope Discharge Summary**

1) Facility  
 Name: CLEVELAND POLICE FORENSIC LABORATORY  
 Address: 1300 ONTARIO STREET ROOM 761  
 City: CLEVELAND Zip Code: 44113  
 Person Responsible for Reporting: TINA WOLFF  
 Title: RADIATION SAFETY OFFICER Phone Number: (216) 623-5646  
 Report Period: From APRIL 1 To JUNE 30 1995

2) List all Radioactive Isotopes discharged to the sewer system from your facility.

Isotope	Quantity	Liquid/ Solid	Volume	Half- Life	Discharge Date(s)	Held For Decay Yes/No
1. P32	108 uC	LIQUID	6L	14 DAYS	4/5-5/30	NO
2.						
3.						
4.						

3) List all Radioactive Isotopes administered to all patients (if applicable).

Isotope Name	Ave. Dose	# of Doses
1.		
2.		
3.		
4.		

4) List the quantity or percentage of isotopes (in #3 above) expected to be excreted from patients (in-patients and out-patients) to the sanitary sewer system.

Isotope Name	Quantity or Percentage
1.	
2.	
3.	
4.	

5) Have there been any accidental discharges of radioactive materials to the sewer system during the reporting quarter? Yes \_\_\_ No X (If yes, explain the incident, the date, the material, and quantity.)

Signature: \_\_\_\_\_  
 Title: RADIATION SAFETY OFFICER

Date: 7-24-95

Mail this completed form to:  
 Northeast Ohio Regional Sewer District  
 Water Quality and Industrial Surveillance  
 4747 East 49th Street  
 Cuyahoga Heights, Ohio 44125

sent  
4-21-95

**Northeast Ohio Regional Sewer District  
Quarterly Radioactive Isotope Discharge Summary**

1) Facility

Name: CLEVELAND POLICE FORENSIC LABORATORY

Address: 1300 ONTARIO STREET ROOM 761

City: CLEVELAND

Zip Code: 44113

Person Responsible for Reporting: TINA WOLFF

Title: RADIATION SAFETY OFFICER

Phone Number: 216-623-5646

Report Period: From JANUARY 1

To MARCH 31

1995

2) List all Radioactive Isotopes discharged to the sewer system from your facility.

Isotope	Quantity	Liquid/ Solid	Volume	Half- Life	Discharge Date(s)	Held For Decay Yes/No
1. P32	13 uC	LIQUID	7L	14 DAYS	1/5-3/30	NO
2.						
3.						
4.						

3) List all Radioactive Isotopes administered to all patients (if applicable).

Isotope Name	Ave. Dose	# of Doses
1.		
2.		
3.		
4.		

4) List the quantity or percentage of isotopes (in #2 above) expected to be excreted from patients (in-patients and out-patients) to the sanitary sewer system.

Isotope Name	Quantity or Percentage
1.	
2.	
3.	
4.	

5) Have there been any accidental discharges of radioactive materials to the sewer system during the reporting quarter? Yes \_\_\_ No X (If yes, explain the incident, the date, the material, and quantity.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: Tina M. Wolff  
Title: RADIATION SAFETY OFFICER

Date: 4-21-95

Mail this completed form to:  
Northeast Ohio Regional Sewer District  
Water Quality and Industrial Surveillance  
4747 East 49th Street  
Cuyahoga Heights, Ohio 44125

## SOLID WASTE DISPOSAL LOG

[illegible]

A wipe survey was not performed on date of decommission (3-19-97)

The below survey was performed on 3-27-96 after P32 was used for the last time by our laboratory

### WIPE SURVEY

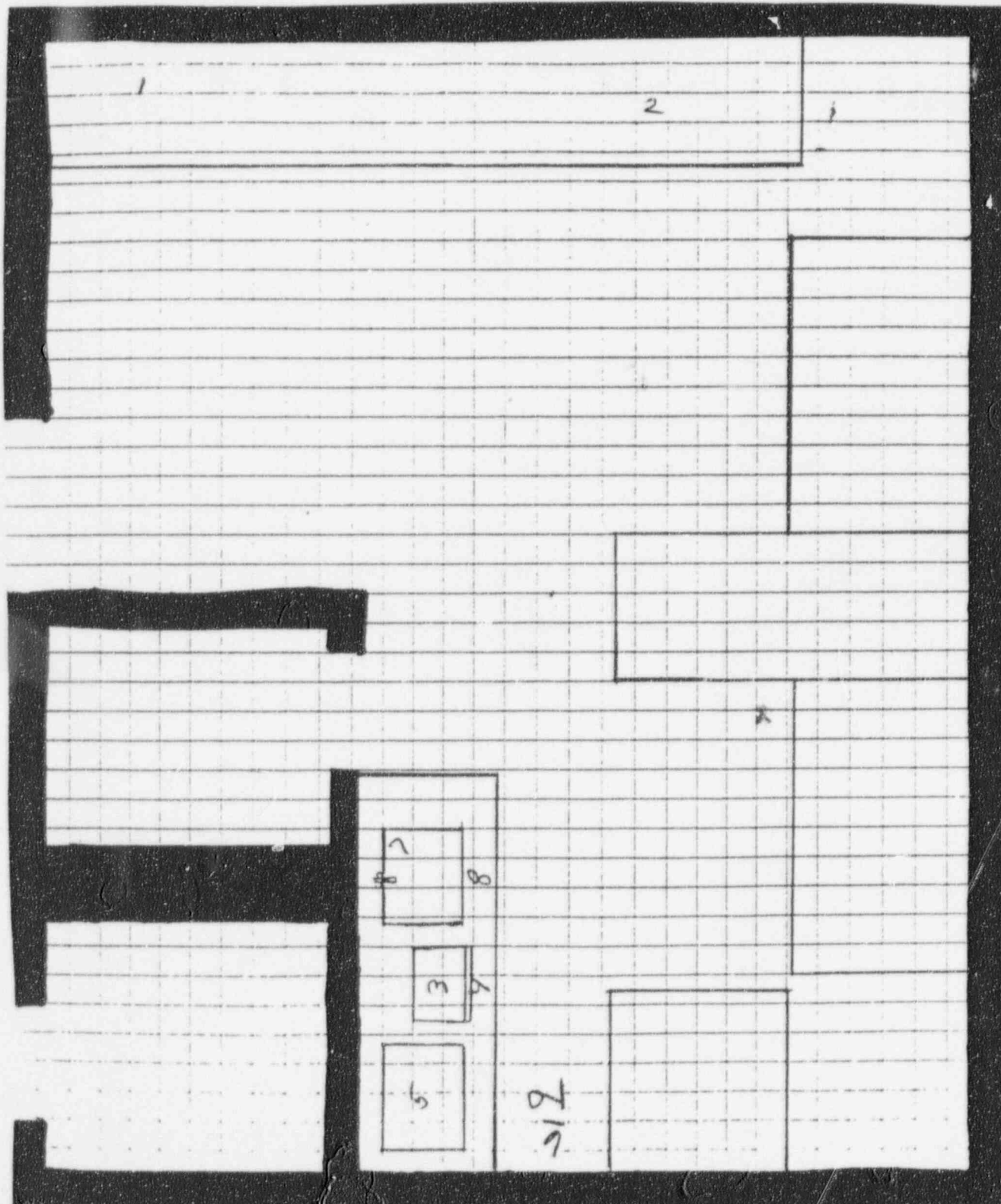
DATE: 3-27-96

INITIALS: JMS - TAW

1. 0 dpm heat block  
2. 0 dpm centrifuge  
3. 0 dpm radiation box

4. 0 dpm betel  
5. 0 dpm smearing  
6. 0 dpm storage box

7. 0 dpm sink drain  
8. 0 dpm near sink  
9. 0 dpm floor



MAY 16 1997

Tina Wolff  
Radiation Safety Officer  
Cleveland Police Forensic  
Laboratory  
Room 761  
1300 Ontario Street  
Cleveland, OH 44113

Dear Ms. Wolff:

Enclosed is Amendment No. 02 which terminates your NRC License Number 34-26089-01 in accordance with your request.

If you have any questions or require clarification on any of the information stated above, you may contact us at (630) 829-9887.

Sincerely,

Original Signed By  
Charles F. Gill  
Nuclear Materials Licensing Branch

License No.: 34-26089-01  
Docket No.: 030-31417

Enclosure: Amendment No. 02

DOCUMENT NAME: M:\03031417.T7

To receive a copy of this document, indicate in the box: "C" = Copy without attachment/enclosure "E" = Copy with attachment/enclosure "N" = No copy

OFFICE	DNMS/RIII	<input checked="checked" type="checkbox"/>							
NAME	CFGILL:jaw	<input checked="checked" type="checkbox"/>							
DATE	05/13/97								

OFFICIAL RECORD COPY