

MATERIALS LICENSE

Amendment No. 02

Pursuant to the Atomic Energy Act of 1954, as amended, the Energy Reorganization Act of 1974 (Public Law 93-438), and Title 10, Code of Federal Regulations, Chapter I, Parts 30, 31, 32, 33, 34, 35, 36, 39, 40, and 70, and in reliance on statements and representations heretofore made by the licensee, a license is hereby issued authorizing the licensee to receive, acquire, possess, and transfer byproduct, source, and special nuclear material designated below; to use such material for the purpose(s) and at the place(s) designated below; to deliver or transfer such material to persons authorized to receive it in accordance with the regulations of the applicable Part(s). This license shall be deemed to contain the conditions specified in Section 183 of the Atomic Energy Act of 1954, as amended, and is subject to all applicable rules, regulations, and orders of the Nuclear Regulatory Commission now or hereafter in effect and to any conditions specified below.

Licensee		In accordance with the letter dated January 20, 1997, 3. License Number 29-28164-01 is amended in its entirety to read as follows:	
1. Clifton Medical Imaging Center		4. Expiration Date December 31, 2003	
2. 1339 Broad Street Clifton, New Jersey 07031		5. Docket or Reference No. 030-30454	
6. Byproduct, Source, and/or Special Nuclear Material	7. Chemical and/or Physical Form	8. Maximum Amount that Licensee May Possess at Any One Time Under This License	
A. Any byproduct material included in 10 CFR 35.100	A. Any radiopharmaceutical included in 10 CFR 35.100	A. As needed	
B. Any byproduct material included in 10 CFR 35.200	B. Any radiopharmaceutical included in 10 CFR 35.200 except generators and gas	B. As needed	
9. Authorized use			
A. Any uptake, dilution and excretion procedure approved in 10 CFR 35.100.			
B. Any imaging and localization procedure approved in 10 CFR 35.200.			

CONDITIONS

10. Licensed material may be used only at the licensee's facilities located at 1339 Broad Street, Clifton, New Jersey.
11. The Radiation Safety Officer for this license is Arthur S. Weisel, M.D.
12. Licensed material listed in Item 6 above is only authorized for use by, or under the supervision of, the following individuals for the materials and uses indicated:

Authorized Users:Material and Use:

Arthur S. Weisel, M.D. 35.100; 35.200

Milton Gallant, M.D. 35.100; 35.200

Mark L. Hebel, M.D. 35.100; 35.200

Irwin Zarembak, M.D. 35.100; 35.200

Michael J. Edwards, M.D. 35.100; 35.200

9706160174 970421
PDR ADOCK 03030454
C PDR

OFFICIAL RECORD COPY

ML 10

**MATERIALS LICENSE
SUPPLEMENTARY SHEET**

License Number 29-28164-01

Docket or Reference Number 030-30454

Amendment No. 02

13. In addition to the possession limits in Item 8, the licensee shall further restrict the possession of licensed material to quantities below the minimum limit specified in 10 CFR 30.35(d), 40.36(b), and 70.25(d) for establishing financial assurance for decommissioning.
14. The licensee is authorized to transport licensed material in accordance with the provisions of 10 CFR Part 71, "Packaging and Transportation of Radioactive Material."
15. Except as specifically provided otherwise in this license, the licensee shall conduct its program in accordance with the statements, representations, and procedures contained in the documents, including any enclosures, listed below, except for minor changes in the medical use radiation safety procedures as provided in 10 CFR 35.31. The U.S. Nuclear Regulatory Commission's regulations shall govern unless the statements, representations, and procedures in the licensee's application and correspondence are more restrictive than the regulations.
 - A. Application received May 5, 1993
 - B. Letter dated November 5, 1993
 - C. Letter dated January 20, 1997

APR 21 1997

Date _____

For the U.S. Nuclear Regulatory Commission

Original Signed By:

By Michelle Beardsley

Nuclear Materials Safety Branch
Region I

King of Prussia, Pennsylvania 19406

David Ciuppa
Center Manager
Clifton Medical Imaging Center
1339 Broad Street
Clifton, NJ 07031

Dear Mr. Ciuppa:

This refers to your license amendment request. Enclosed with this letter is the amended license. Please note that as part of this amendment, in accordance with 10 CFR 30.36, effective February 15, 1996, the expiration date of your license has been extended by a period of five years. Your new expiration date is stated in Item 4 of the license.

Prior to release of your old Nuclear Medicine area for unrestricted use you should be sure that the facilities meet the criteria in the enclosed "Guidelines for Decontamination of Facilities and Equipment Prior to Release for Unrestricted Use or Termination of Licenses for Byproduct, Source, or Special Nuclear Material." You should submit a report of the results of the surveys you performed to this office and refer to the control number specified below.

Please review the enclosed document carefully and be sure that you understand and fully implement all the conditions incorporated into the amended license. If there are any errors or questions, please notify the U.S. Nuclear Regulatory Commission, Region I Office, Licensing Assistance Team, (610) 337-5093 or 5239, so that we can provide appropriate corrections and answers.

Thank you for your cooperation.

Sincerely,

Original Signed by:
Michelle Beardsley

Michelle R. Beardsley
Division of Nuclear Materials Safety

License No. 29-28164-01
Docket No. 030-30454
Control No. 124178

OFFICIAL RECORD COPY



ML 10

D. Ciuppa
Clifton Medical Imaging

-2-

Enclosures:

1. Amendment No. 02
2. Guidelines for Decontamination of Facilities and
Equipment Prior to Release for Unrestricted
Use or Termination of Licenses for Byproduct, Source,
or Special Nuclear Material

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D. Ciuppa
Clifton Medical Imaging

-3-

DOCUMENT NAME: R:\WPS\MLTR\L2928164.01

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	<input checked="" type="checkbox"/> N	DNMS/RI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME	Beardsley	<input checked="" type="checkbox"/> WD					
DATE	02/10/97		02/ /97		02/ /97		02/ /97

OFFICIAL RECORD COPY



CLIFTON MEDICAL IMAGING CENTER

1339 Broad Street • Clifton, NJ 07013
201-778-9600 • Fax 201-778-4846

- Magnetic Resonance Imaging
- Computerized Tomography
- Ultrasound
- Radiography and Fluoroscopy
- Nuclear Medicine
- Mammography

January 20, 1997

Medical Licensing Section
U.S. Nuclear Regulatory Commission
Region 1
475 Allendale Road
King of Prussia, PA 19406


030-30454

RE: License No. 29-28164-01

Dear Sir or Madam:

We would like approval for relocation of our Nuclear Medical Department. The Nuclear Medical lab will be moved to the second floor of the building it is currently in at 1339 Broad Street, Clifton, NJ. Enclosed is a copy of the proposed floor plan for the new Nuclear Medical Department. Shielding and radiation safety equipment for the Hot Lab is also specified. Also, enclosed is the amendment fee of \$430.

Please make the appropriate changes to our license. If you require any additional information regarding this matter, do not hesitate to contact us.


DAVID CIOPPA
CENTER MANAGER

124178

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ML 10

FEB 10 1997

FAX REC'D



CLIFTON MEDICAL IMAGING CENTER

1339 Broad Street • Clifton, NJ 07013
201-778-9600 • Fax 201-778-4846

- Magnetic Resonance Imaging
- Computerized Tomography
- Ultrasound
- Radiography and Fluoroscopy
- Nuclear Medicine
- Mammography

M. Edwards, M.D.
M. Gallant, M.D.
M. Hebel, M.D.
A. Weisel, M.D.
I. Zarembok, M.D.
R. Aboody, M.D.
D. Kozinn, M.D.

030-30454

January 20, 1997

Medical Licensing Section
U.S. Nuclear Regulatory Commission
Region 1
475 Allendale Road
King of Prussia, PA 19406

RE: License No. 29-28164-01

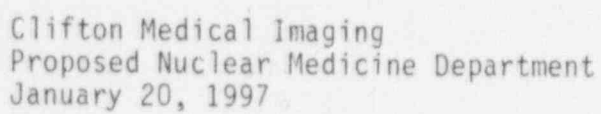
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Please make the appropriate changes to our license. If you require any additional information regarding this matter, do not hesitate to contact us.

Sincerely,

1 2 4 1 7 8
JAN 29 1997



Hot Lab Equipment

The following radiation safety equipment is present:

1. Syringe shields
2. Lead syringe holders
3. Disposable rubber gloves
4. Absorbent pads
5. Vials are stored in 1/4 inch lead pigs.
6. Remote handling device are present
7. Lab coats are worn by technologists

Available shielding:

1. Rad waste storage can: 1/4 inch lead
2. Unit dose syringe holder: 1/4 inch lead
3. L-Block: 1/2 inch lead

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 20555-0001CLIFTON MEDICAL IMAGING CENTER
ATTN: DR. ARTHUR WEISEL
1339 BROAD STREET
CLIFTON, NJ 07013

TYPE OF ACTION

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

REQUESTED DATE

1-20-97

LICENSE NUMBER

29-28164-01

CONTROL NUMBER

124178

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
7C	\$	\$	\$ 440.00
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

FEE(S) DUE	\$	440.00
PAYMENT RECEIVED	\$	430.00
AMOUNT DUE	\$	10.00

☒ Your request was received without the prescribed application fee.

☒ We received your Check No. 8847 in the amount of \$ 430.00. 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.

SIGNATURE - LICENSE FEE ANALYST

LFDCB

LFDCB

BRENDA BROWN 301-415-6055

BB *EA*
3/10/97

II. FEE NOT REQUIRED

- ☐ Enclosed is Check No. _____ which accompanied your request. The fee is not required because:
- ☐ 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.

Distribution:

Region I LPARB R/F
Pending OC/DAF R/F
BBrown OC/DAF S/F (LF-3.2.7)

DATE

3-10-97

: (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 :
 : PROGRAM CODE: 02201
 : STATUS CODE: 0
 : FEE CATEGORY: 7C
 : EXP. DATE: 20031231
 : FEE COMMENTS: -----
 : 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: CLIFTON MEDICAL IMAGING CENTER
 RECEIVED DATE: 970129
 DOCKET NO: 3030454
 CONTROL NO.: 124178
 LICENSE NO.: 29-28164-01
 ACTION TYPE: AMENDMENT

2. FEE ATTACHED
 AMOUNT: \$430.00
 CHECK NO.: 008847

3. COMMENTS

SIGNED M. A. Perkins
 DATE 1/30/97

B. LICENSE FEE MANAGEMENT BRANCH (CHECK WHEN MILESTONE 03 IS ENTERED) 9-1

1. FEE CATEGORY AND AMOUNT: 7C 8400

2. CORRECT FEE PAID. APPLICATION MAY BE PROCESSED FOR:
 AMENDMENT -----
 RENEWAL -----
 LICENSE -----

3. OTHER -----

SIGNED -----
 DATE -----

Log	Jan 10
Remit	MEDICAL RESOURCES INC. *
Check No	008847 1011572 *
Amount	\$430 + \$10
Fee Category	7C
Type of Fee	AND
Chk. - Paid	3/10/97
Chk. - Comp. Int.	4/1/97
By	CB

The
 Doctor's
 name is
 Dr. Arthur
 Wessel

3/10/97
 I called license
 regarding the
 Name of the
 individual who
 sent letter, need to
 collect an additional 10.