

E. GONZALEZ JIMENEZ, M.D. F.A.C.S.
PRACTICE LIMITED TO OPHTHALMOLOGY
MUÑOZ RIVERA No. 30 • P. O. BOX 366
CAGUAS, PUERTO RICO 00625

TEL. OFFICE 743-2663
743-4442
RES. 724-5701

NOVEMBER 13, 2001

U.S. NUCLEAR REGULATORY COMMISSION
ATT: DOCUMENT CONTROL DESK
WASHINGTON, DC 20555

REPLY TO NOTICE OF VIOLATION

GENTLEMEN:

SINCE AUGUST 1997 MONITORING SERVICES THE COMPANY PERFORMING THE LEAK TEST FOR OUR OFFICE HAS BEEN INTERCHANGING MY NAME AND ADDRESS FOR THAT OF DR. JOSE JIMENEZ BARRERAS MD, AN OPHTHALMOLOGIST PRACTICING IN MY AREA.

TELEPHONE CALLS AND LETTERS REQUESTING CORRECTION OF ADDRESS HAVE BEEN FRUITLESS.

ON MAY 3, 2000 I WROTE A LETTER TO SAID COMPANY REQUESTING A LEAK TEST KIT AND A REPORT OF THE LAST TEST PERFORMED. NO RESPONSE TO MY REQUEST WAS RECEIVED. SEE ENCLOSED EXAMPLES OF THIS PROBLEM.

BECAUSE OF THE ABOVE STATED PROBLEMS I DECIDED TO USE THE SERVICES OF ANOTHER COMPANY. ON JULY 23, 2001 SHORTLY BEFORE THE INSPECTION CONDUCTED ON AUGUST 7, 2001, THE LEAK TEST WAS PERFORMED BY SUN NUCLEAR CORP. A COPY OF THE SEALED SOURCE LEAK TEST CERTIFICATE IS ENCLOSED FOR YOURS RECORDS AS EVIDENCE OF THE CORRECTIVE MEASURES TAKEN. THE NEXT TEST IS DATED FOR JANUARY 23, 2002.

I AM DEEPLY CONCERNED ABOUT THIS VIOLATION AND EVERY STEP WILL BE TAKEN TO PREVENT THE SAME FROM HAPPENING AGAIN. ANY SUGGESTION FROM YOU WILL BE GREATLY APPRECIATED.

SINCERELY YOURS,


E. GONZALEZ JIMENEZ, MD

6/23/97

8-21-97?



Monitoring Services

P.O. BOX 580648 • HOUSTON, TEXAS 77256-0648 • AREA CODE 713-641-0391 • FAX 713-641-6153

SEALED SOURCE LEAK TEST CERTIFICATE

E. GONZALEZ-JIMENEZ, MD
 P.O. BOX 366
 CAGUAS, PR 00725
 ATTN OF:

} *Correct name and address*

C FILE 1761

S FILE 16177

Correct test # — N FILE 1386

INVOICE NO _____ DATE _____

RADIONUCLIDE SR-90

ACTIVITY 0 MCI CI SERIAL NO. ARC-B1-197

WIPE DATE 053097 WIPED BY _____

EFF. .475

GROSS CPM 33 BKG. CPM 22 NET CPM 11

NET CPM _____ = MICROCURIE

EFFX2.22X10⁶ DPM/ μ CI

THE ABOVE SOURCE WIPE TEST HAS BEEN ASSAYED IN ACCORDANCE WITH OUR RADIOACTIVE MATERIAL LICENSE AND THE APPROPRIATE REGULATORY REQUIREMENTS. THE REGULATIONS DEFINE A LEAKING SOURCE AS ONE FROM WHICH AN APPROPRIATE WIPE TEST HAS REMOVED 0.005 MICROCURIE OR MORE OF ACTIVITY.

THE REMOVABLE ACTIVITY WAS 1.04E-05 MICROCURIE

ASSAY NO. 062397 55 DATE 06-23-19.97

ASSAYED BY *Paul [Signature]*

08/20/97



Monitoring Services

P.O. BOX 580648 • HOUSTON, TEXAS 77256-0648 • AREA CODE 713/641-0391 • FAX 713/641-6153

SEALED SOURCE LEAK TEST CERTIFICATE

GUI MED CT E. GONZALEZ JIMENEZ MD = *Correct name*
203 AVE MUNOZ MARIN SD } *Incorrect address*
CAGULES, FR 00725
ATTN: DR.

C FILE 1761

S FILE 28787

Correct act No N FILE 1386

INVOICE NO _____ DATE _____

RADIONUCLIDE SE-90

ACTIVITY 1.8 MCI CI SERIAL NO NER 8090-0116

WIPE DATE 081597 WIPED BY _____

EFF. 475

GROSS CPM 6 BKG CPM 19 NET CPM 17

NET CPM _____ = MICROCURIE

EFFX2 22X10⁴ DPM/μ CI

THE ABOVE SOURCE WIPE TEST HAS BEEN ASSAYED IN ACCORDANCE WITH OUR RADIOACTIVE MATERIAL LICENSE AND THE APPROPRIATE REGULATORY REQUIREMENTS. THE REGULATIONS DEFINE A LEAKING SOURCE AS ONE FROM WHICH AN APPROPRIATE WIPE TEST HAS REMOVED 0.005 MICROCURIE OR MORE OF ACTIVITY.


THE REMOVABLE ACTIVITY WAS 1.61E-05 MICROCURIE

ASSAY NO 082047 3U DATE 08-20-19-97

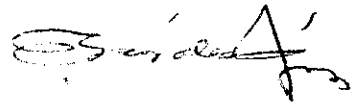
ASSAYED BY *Paul [Signature]*

E. GONZALEZ JIMENEZ, M.D. F.A.C.S.
PRACTICE LIMITED TO OPHTHALMOLOGY
MUÑOZ RIVERA No. 30 • P. O. BOX 366
CAGUAS, PUERTO RICO 00625

TEL. OFFICE 743-2663
743-4442
RES. 724-5701

TO : CHARLES T. GALLAGHER
FAX NO. : 713-242-9039
FROM : E. GONZALEZ JIMENEZ, MD
DATE : AUGUST 27, 1998
SUBJECT  : WIPE TEST PERFORMED ON AUGUST 27, 1998 AND SENT
TO YOU SAME DAY.
KINDLY SEND RESULTS AS SOON AS POSSIBLE.

THANKS.



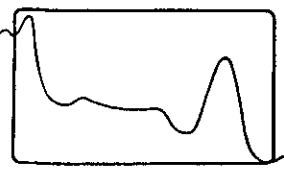
 *Results never received.*

2/03/99

CO

- 555-1212

FEB. 1999



Monitoring Services

P.O. BOX 266677 • HOUSTON, TEXAS 77256-0648 • AREA CODE 713/242-9038 • FAX 713/242-9039

SEALED SOURCE LEAK TEST CERTIFICATE

Incorrect
QU MED CT ENRIQUE GONZALES-JIMINEZ
 P.O. BOX 366
 CAGUAS PUERTO R, PR 00726
 ATTN OF: R.S.O.

281-993-1142

C FILE 1761

S FILE 30898 OK

N FILE 1386 OK

INVOICE NO. _____ DATE _____

RADIONUCLIDE SR-90

ACTIVITY 17.45 MCICI SERIAL NO 197

WIPE DATE 01/26/99 WIPED BY _____

EFF. 475

GROSS CPM 26.5 BKG CPM 20 NET CPM 6.5

NET CPM _____ = MICROCURIE

EFFX2.22X10⁶ DPM/ μ CI

THE ABOVE SOURCE WIPE TEST HAS BEEN ASSAYED IN ACCORDANCE WITH OUR RADIOACTIVE MATERIAL LICENSE AND THE APPROPRIATE REGULATORY REQUIREMENTS THE REGULATIONS DEFINE A LEAKING SOURCE AS ONE FROM WHICH AN APPROPRIATE WIPE TEST HAS REMOVED 0.005 MICROCURIE OR MORE OF ACTIVITY.

THE REMOVABLE ACTIVITY WAS 6.16E-06 MICROCURIE

ASSAY NO 020399 13 DATE 02-03-19 99

ASSAYED BY *Chad Colgan*

E. GONZALEZ JIMENEZ, M.D. F.A.C.S.
 PRACTICE LIMITED TO OPHTHALMOLOGY
 MUÑOZ RIVERA No. 30 • P. O. BOX 366
 CAGUAS, PUERTO RICO 00625

TEL. OFFICE 743-2863
 743-4442
 RES. 724-6701

MAY 3, 2000

MONITORING SERVICES
 PO BOX 266677
 HOUSTON, TEXAS 77256-0648

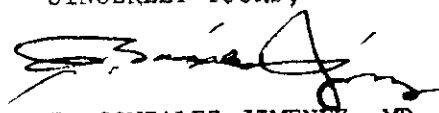
7999 3400 004E 6602

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
Article Sent To: <u>Monitoring Services</u>	
Postage	\$ <u>.33</u>
Certified Fee	<u>1.40</u>
Return Receipt Fee (Endorsement Required)	<u>1.25</u>
Restricted Delivery Fee (Endorsement Required)	<u> </u>
Total Postage & Fees	\$ <u>2.98</u>
Name (Please Print Clearly) (to be completed by mailer)	
Street, Apt. No., or PO Box No	
City, State, ZIP+4	

GENTLEMEN:

I WILL GREATLY APPRECIATE RECEIVING A LEAK TEST KIT AS SOON AS POSSIBLE.
 KINDLY SEND ME A REPORT OF THE LAST TEST PERFORMED.

SINCERELY YOURS,



E, GONZALEZ JIMENEZ, MD

⊛ answers never received

CUSTOMER NO. 1386

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Received by (Please Print Clearly) <u>S. Smith</u> B. Date of Delivery <u>5-8-00</u></p> <p>C. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p><u>Monitoring Services</u> <u>PO Box 266677</u> <u>Houston, Texas, 77256</u> <u>0648</u></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Copy from service label)</p> <p><u>1099-3400-001-6604-9681</u></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

Sealed Source Leak Test Certificate

Wipe Submitted By: Enrique Gonzalez Jimenez, M.D.
P.O. Box 366
Caguas, PR 00726
(787) 743-2663

RSO Acknowledgement: _____

Company Contact: Enrique Gonzalez Jimenez

Date: _____

Source Isotope: Sr-90 **Source Activity:** 17.45 R/s **Activity Date:** 1/1/98

Source Manufacturer: Atlantic Research

Source Model No: B1

Source Serial No: NA

Description of Area Wiped: Storage well

Pad/Swab Used: Swab

Date of Wipe Test: 7/23/01

Next Test Date: 1/23/02

NOTE: "N/A" indicates that information was not supplied.

COUNTER SETTING

DWTC Threshold Setting: 0.7 kdpm **Activity Setting:** 0 nCi

Isotope CF: 0.09 **Device CF:** 0.79

Detection Limit (uCi) = Threshold (kdpm) * cf * CF * (1/2200) uCi/kdpm: 0.000022 uCi

Check Source: 78.1 kdpm (Limits: 79 to 118.4 kdpm)

TEST RESULTS

DWTC Reading: ≤ 0.7 kdpm

Contamination (uCi) = Reading (kdpm) * cf * CF * (1/2200) uCi/kdpm: ≤ 0.000022 uCi

The above wipe was counted using a Nuclear Associates Deluxe WipeTest Counter (DWTC) Model 05-578, S/N 3156. The DWTC counts beta radiation above 70 keV and gamma or X-ray radiation above 15 keV. There is a 16% probability for false rejection at the stated detection limit of the isotope and a 2.3% probability for false rejection at a contamination level of 1.5 times the stated threshold. For further information, contact the RSO at this office.

Sun Nuclear hereby certifies that the above wipe test sample, except as noted, contained less than 0.005 microcuries of activity. (State of Florida Radioactive Material License #1669-1)

Signed: 

Date: 8/3/01