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Redefining Care.

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November 24, 2004

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

03002489

RE: NRC license 29-06750-01

Dear Sandra Gabriel:

As a follow up to your inspection of our facility on November 2, 2004, this is a request to amend this license.

Remove Merwick Rehab Hospital & Nursing Care, 79 Bayard Land, Princeton, NJ and Princeton House Behavioral Health, 905 Herrontown Road, Princeton, NJ from the license as locations of use and storage of Radionuclides for the following reasons:

- The radionuclides used at Princeton House were only, for human research use. Please refer to the closeout survey for Princeton House (enclosed).
- Radionuclides were never used or stored at Merwick Rehab Hospital & Nursing Care.

The byproducts materials used for human research that need to be removed from the license are Hydrogen 3, Carbon 14, and Sulfur 35.

Please direct all questions regarding this amendment request to Linda Conroy at (609) 497-4319.

Thank you for your attention to this matter.

Patrice M. land

V. P. - Ancillary & Support Services

Sincerely,

Patricia M. Lamb

Princeton Fitness & Wellness Center

Princeton HealthCare System Foundation

cc: Yale Bohn – General Counsel and Vice President of Medical Affairs

136056

253 Witherspoon Street Princeton, NJ 08540 Tel: 609.497.4000 1.866.460.4PRN www.princetonhcs.org

NMSS/RGNI MATERIALS-002

University Medical Center at Princeton

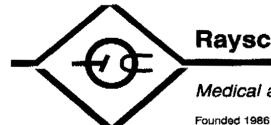
Princeton House Behavioral Health

Merwick Rehab Hospital & Nursing Care

Princeton HomeCare Services

Princeton Surgical Center

DIANA STOCKDALE



Rayscan, Inc.

Medical and Health Physics Consultants

KAREN E. WAGNER, M.S.H.P., DABR, President DIANA L. STOCKDALE, M.S. DABR, Vice President JOHN C. KEKLAK, M.S., CHP, Secretary/Tressurer MARK T. PERNA, M.S., DABR, Senior Physicist JOHN C. BABU, M.S., DABR, Senior Physicist DAVID H. BOWEN, Clinical Engineer



- Date: November 3, 2004
- To: Linda Conroy 609-430-7208

From: Diana Stockdale Certified Diagnostic Radiological Physicist

RE: Decon Letter

Number of Pages: 42 including cover

Contact: 610-659-5035 if you have questions, or if FAX is not clear

To send a FAX : Call Diana

E-mail address: dianastockdale@aol.com

Let me know if you need anything else. Glad I could be of assistance. diana

DIANA STOCKDALE



UNITED STATES NUCLEAR REGULATORY COMMISSION REGION I

475 ALLENDALE ROAD KING OF PRUSSIA, PA 19406-1415

September 8, 2000

License No.

29-06750-01

Docket No. 03002489 Control No. 128561

Joseph Bonanno Executive Vice President The Medical Center at Princeton 253 Witherspoon Street Princeton, NJ 08540-3213

SUBJECT: THE MEDICAL CENTER AT PRINCETON, ISSUANCE OF LICENSE RENEWAL, CONTROL NO. 128561

Dear Mr. Bonanno:

This letter refers to your request for renewal of your NRC license and to the September 6, 2000 telephone conversation between Ms. Diana Stockdale, your consultant, and myself. Enclosed with this letter is the renewed license. Please review the enclosed document carefully and be sure that you understand all conditions. 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.

It is our understanding from the September 6, 2000 telephone discussion that the facilities at Princeton House, 905 Herronton Road, Princeton, NJ have not been used for licensed activities in over two years. Ms. Stockdale stated that a close-out survey has been performed indicating that the facility is free from contamination. She also stated that a license amendment request would be sent in at the earliest opportunity to have the facility released for unrestricted use and to remove the authorization for the studies that were performed at this facility. If these understandings are incorrect, please inform us in writing.

The NRC is required to have your Taxpayer Identification Number in order to make payments (refunds). The self-addressed, stamped NRC Form 531, "Request for Taxpayer Identification Number," is enclosed.

Please be advised that your license expires at the end of the day, in the month, and year stated in the license. Until your license is terminated, you must conduct your program involving byproduct materials in accordance with the conditions of your NRC license, representations made in your license application, and NRC regulations. In particular, note that you must:

1. Operate in accordance with NRC regulations 10 CFR Part 19, "Notices, Instructions and Reports to Workers; Inspections," 10 CFR Part 20, "Standards for Protection Against Radiation," 10 CFR Part 35,"Medical Use of Byproduct Material," and other applicable regulations.

J. Bonanno

The Medical Center at Princeton

- 2. Notify NRC, in accordance with 10 CFR 35.14, no later than 30 days after:
 - a. the date that you permit any individual to work as an Authorized User or an Authorized Nuclear Pharmacist pursuant to 10 CFR 35.13(b)(1) through (4), and provide to the Commission a copy of the board certification, the Commission or Agreement State license, or the Permit issued by a licensee of broad scope identifying the individual;

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- b. an Authorized User, Authorized Nuclear Pharmacist, Radiation Safety Officer, or Medical Physicist permanently discontinues performance of duties under the license or has a name change; or
- c. when the mailing address on the license changes.
- 3. In accordance with 10 CFR 30.36(d), notify the NRC, promptly, in writing, and request termination of the license when you decide to terminate all activities involving materials authorized under the license.
- 4. In accordance with 10 CFR 35.13, request and obtain a license Amendment before you:
 - a. receive or use byproduct material for a clinical procedure permitted under Part 35 but not permitted by your license issued pursuant to this Part;
 - b. permit an individual, except as specified in 10 CFR 35.14(b)(1) through (4), to work as an Authorized User or Authorized Nuclear Pharmacist under the license;
 - c. change Radiation Safety Officer or Medical Physicist;
 - d. order byproduct material in excess of the amount, or radionuclide, or form different than authorized on the license; or
 - e. add or change the areas of use, or address or addresses of use identified in the license application or on the license.
- 5. Receive written approval from the NRC prior to any change in ownership of your organization, in accordance with 10 CFR 30.34(b).
- 6. Submit a complete renewal application with proper fee or termination request at least 30 days before the expiration date of your license. You will receive a reminder notice approximately 90 days before the expiration date. Possession of byproduct material after your license expires is a violation of NRC regulations. A license will not normally be renewed, except on a case-by-case basis, in instances where licensed material has never been possessed or used.

J. Bonanno

The Medical Center at Princeton

In addition, please note that NRC Form 313 requires the applicant, by his/her signature, to verify that the applicant understands that all statements contained in the application are true and correct to the best of the applicant's knowledge. The signatory for the application should be the licensee or a certifying official of the licensee rather than the Radiation Safety Officer or a consultant.

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You will be periodically inspected by the NRC. Failure to conduct your program in accordance with NRC regulations, license conditions, and representations made in your license application and supplemental correspondence with NRC will result in enforcement action against you. This could include issuance of a notice of violation, or imposition of a civil penalty, or an order suspending, modifying or revoking your license as specified in the "General Policy and Procedure for NRC Enforcement Actions" (Enforcement Policy), NUREG-1600.

Since serious consequences to employees and the public can result from failure to comply with NRC requirements, prompt and vigorous enforcement actions will be taken when dealing with licensees who do not achieve the necessary meticulous attention to detail and the high standard of compliance which NRC expects of its licensees.

Thank you for your cooperation.

Sincerely,

Original signed by Steven Courtemanche

Steven Courtemanche Health Physicist Nuclear Materials Safety Branch 1 Division of Nuclear Materials Safety

Enclosures:

- 1. Amendment No. 41
- 2. 10 CFR Parts 19, 20, 21, 30, 35, 71, 170, and 171
- 3. NRC Forms 3, 313, and 531
- 4. Section 206 of the Energy Reorganization Act of 1974
- 5. NUREG-1600, General Policy and Procedure for NRC Enforcement Actions (Enforcement Policy)

CC:

Robert B. Berger, M.D., Radiation Safety Officer

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DIANA STOCKDALE

PAGE 05

TELEDYNE BROWN ENGINEERING Environmental Services

HEALTH PHYSICS SURVEY FOR BRISTOL MYERS SQUIBB PRINCETON MEDICAL CENTER MARCH 1998

> Joel Antkowiak Robert Mahoney

Survey Date: March 9 & 10, 1998 Report Date: March 19, 1998

TELEDYNE BROWN ENGINEERING Environmental Services 50 Van Buren Avenue Westwood, New Jersey 07675

DIANA STOCKDALE

TELEDYNE BROWN ENGINEERING Environmental Services

50 VAN BUREN AVENUE P.O. BOX 1235 WESTWOOD, NEW JERSEY 07675-1235 (201) 864-7070 FAX (201) 884-5585

April 9, 1998

Mr. Larry Gaines Bristol Myers Squibb I Squibb Drive P. O. Box 191/Bldg. 124 New Brunswick, NJ 08903-0191

Dear Mr. Gaines:

Enclosed please find the results from the survey conducted in Wing 1 of the Princeton Medical Center in Princeton, New Jersey. All pages are now included in this package.

If you have any additional questions or require further information, please contact me. Sincerely,

TELEDYNE BROWN ENGINEERING Environmental Services

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Joel Antkowiak. Health Physics Supervisor Radiological Services Department

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TELEDYNE BROWN ENGINEERING Environmental Services

TABLE OF CONTENTS

- I. Survey Instrumentation
- II. Smear Results & Diagrams of Surveyed Areas

DIANA STOCKDALE

TELEDYNE BROWN ENGINEERING Environmental Services

Survey Instrumentation

Instrument	Detector Type	Use	Serial Number	Minimum Detectable Activity	Calibration Date
Eberiine Instruments Model PAC-4G-3	50 cm ² gas flow proportional with thin mylar window (0.85 mg/cm ²)	Direct measurements for alpha, beta and gamma radiation.	4506	208 dpm/100 cm ²	1/28/98

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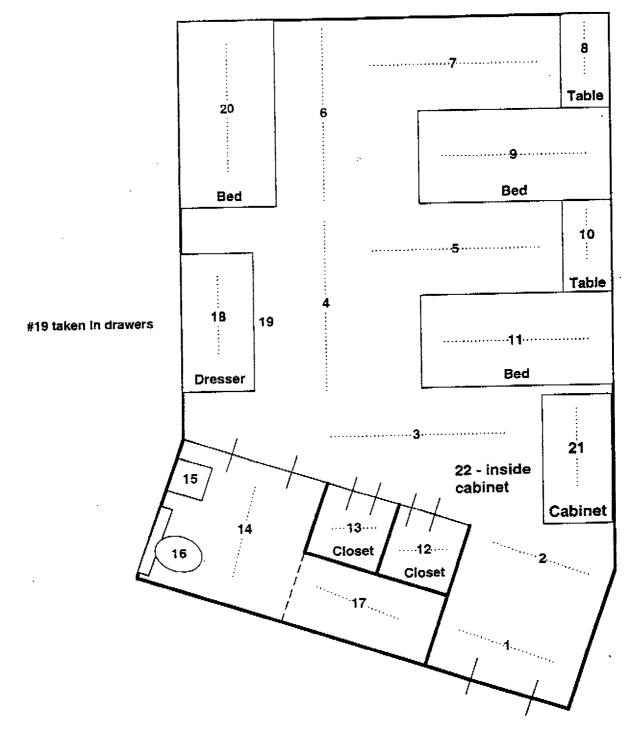
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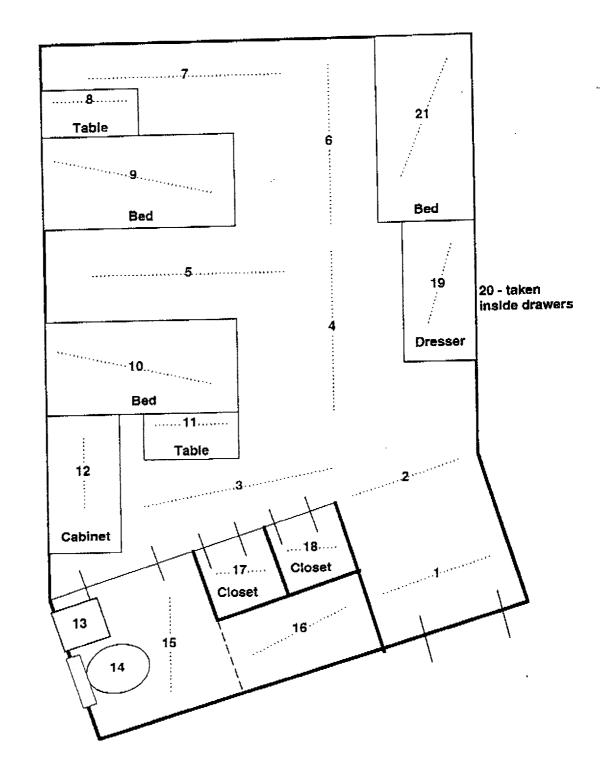
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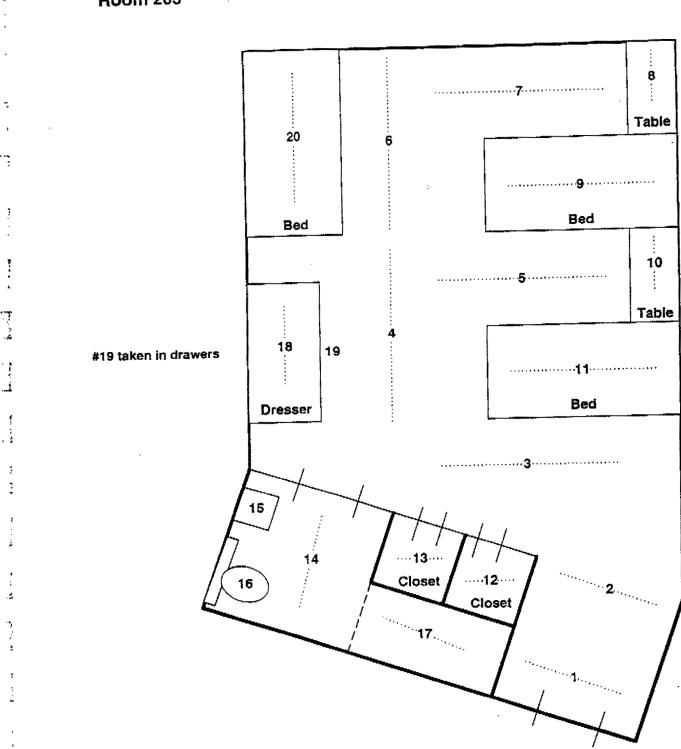
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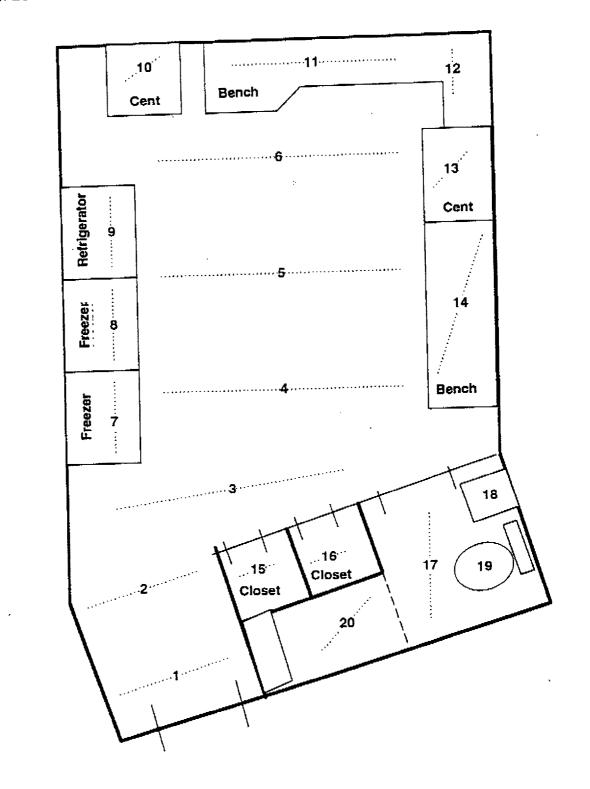
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TELEDYNE BROWN ENGINEERING Environmental Services

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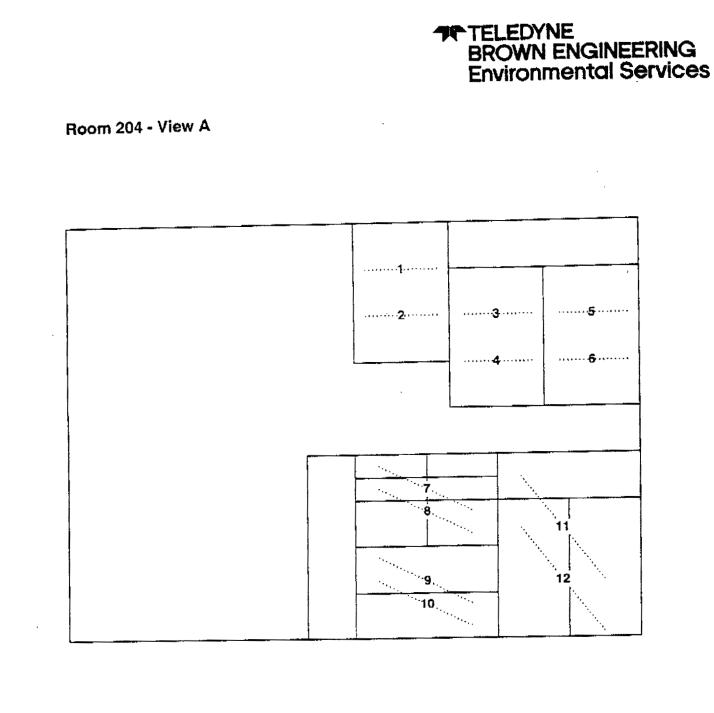
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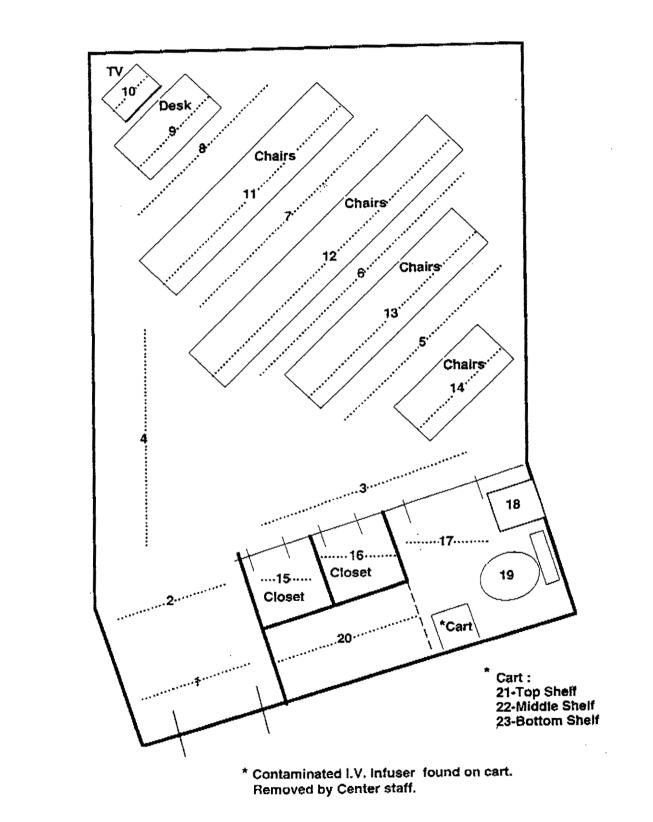
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TELEDYNE BROWN ENGINEERING Environmental Services



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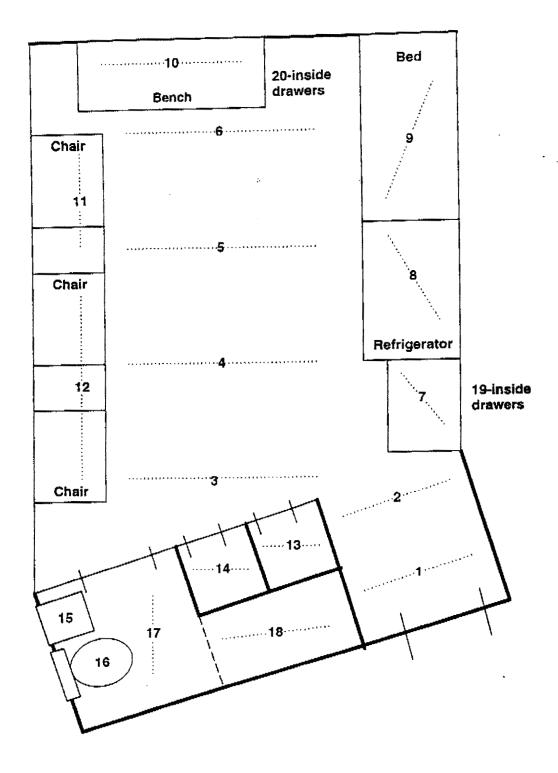
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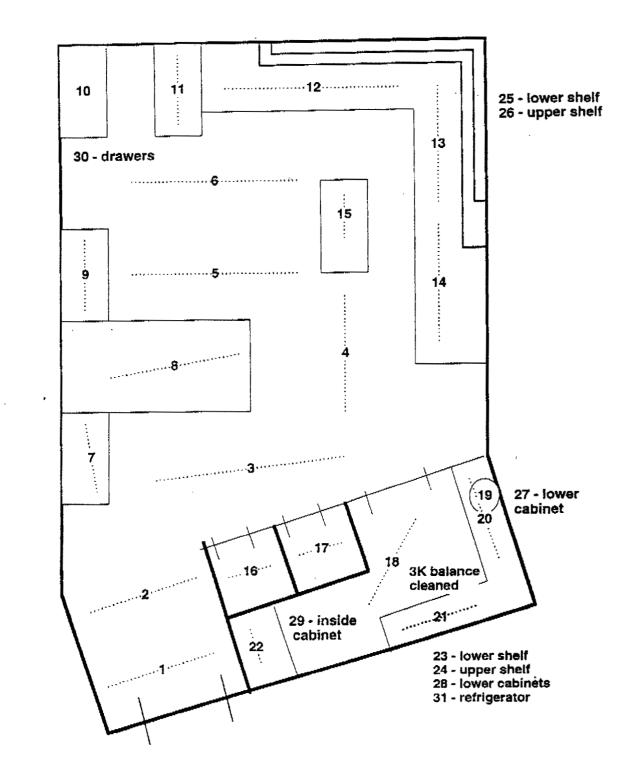
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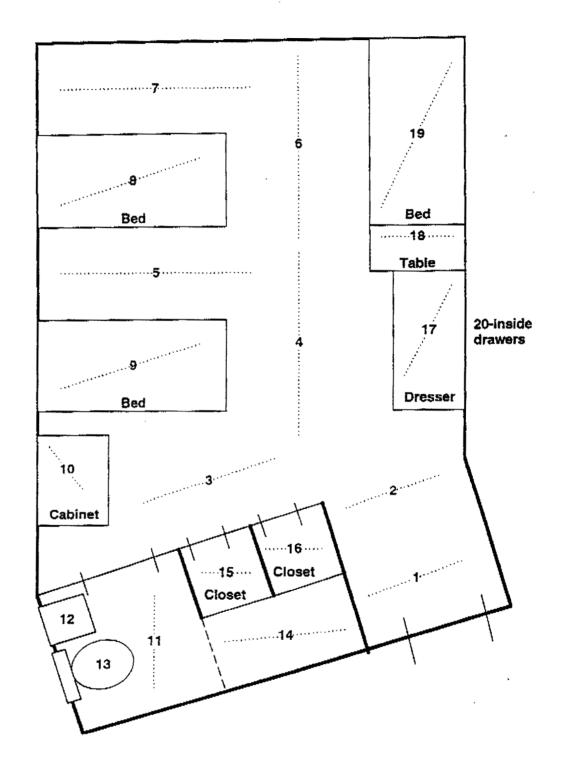
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TELEDYNE BROWN ENGINEERING Environmental Services



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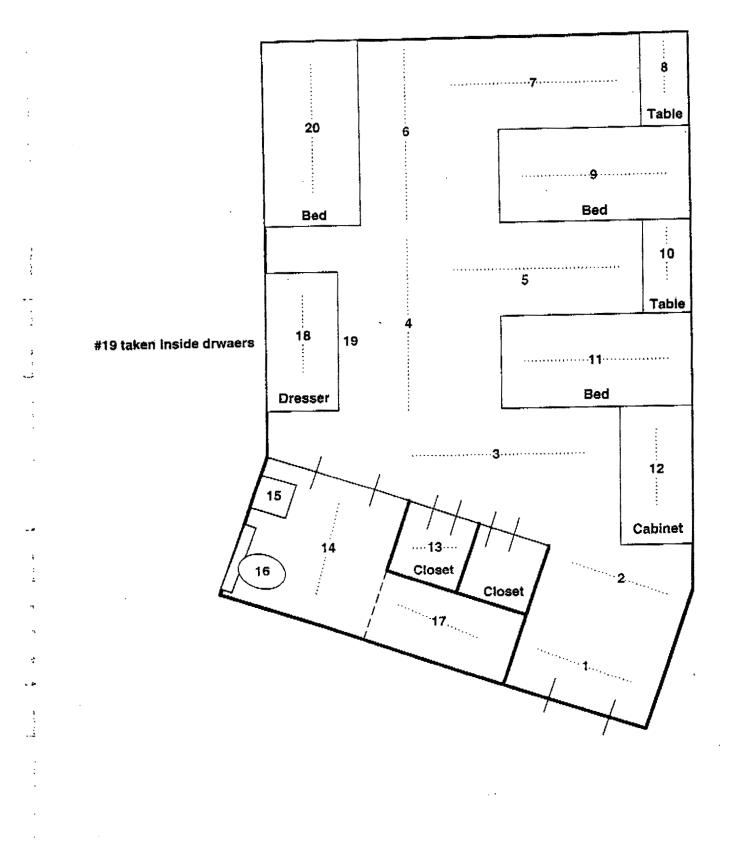
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DIANA STOCKDALE

TELEDYNE BROWN ENGINEERING Environmental Services



SMEAR RESULTS BY LIQUID SCINTILLATION

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Room 211

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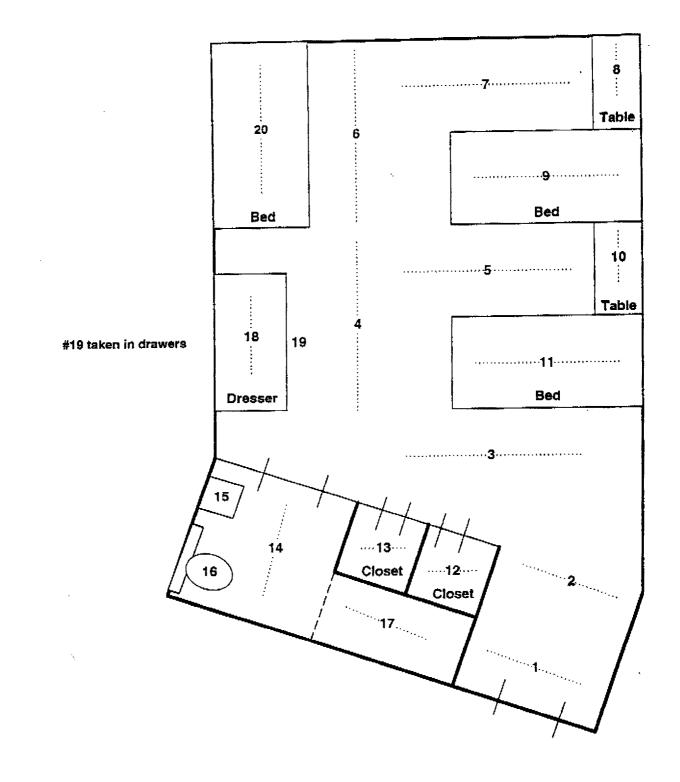
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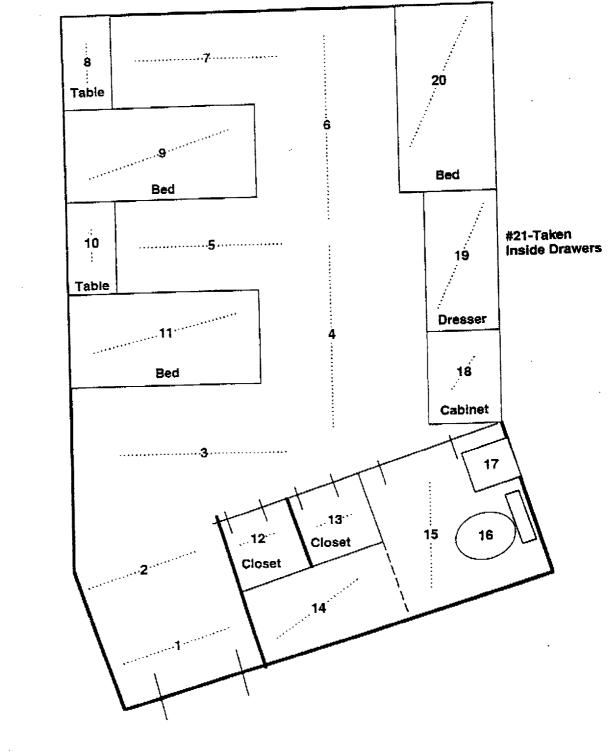
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TELEDYNE BROWN ENGINEERING Environmental Services

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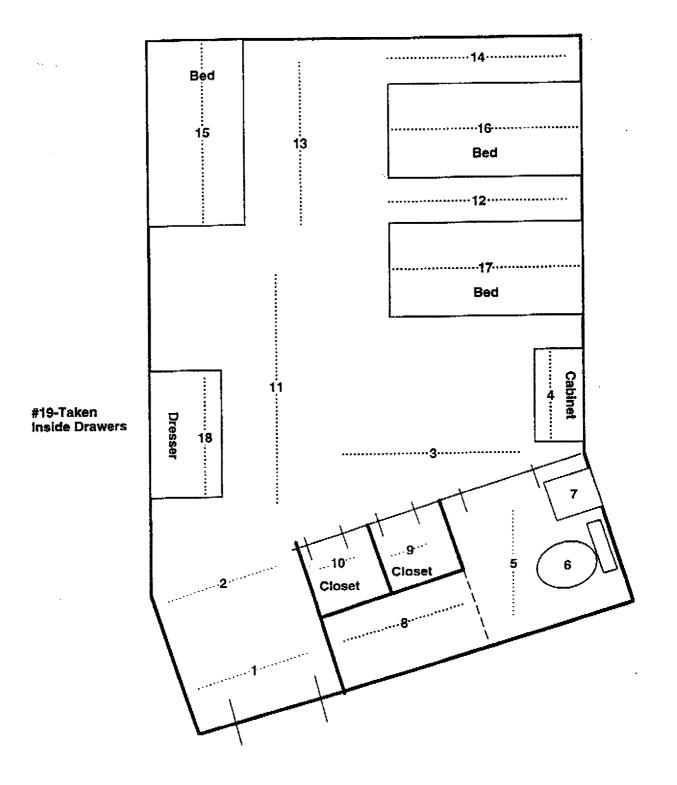
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TELEDYNE BROWN ENGINEERING Environmental Services

SMEAR RESULTS BY LIQUID SCINTILLATION COUNTING

LOCATION:

SMEAR No.	Low Energy Beta Activity dpm/sample	Low Energy Beta Activity dpm/100cm ²
1	<50	<25
2	<50	<25
3	<50	<25
4	<50	<25
5	<50	<25
6	<50	<25
7	<50	<25
8	<50	<25
9	<50	<25
10	<50	<25
11	<50	<25
12	<50	<25
13	<50	<2.5
14	<50	<25
13	<50	<25
14	<50	<25
15	<50	<25
16	<50	<25
17	<50	<25
18	<50	<25
19	<50	<25

DIANA STOCKDALE

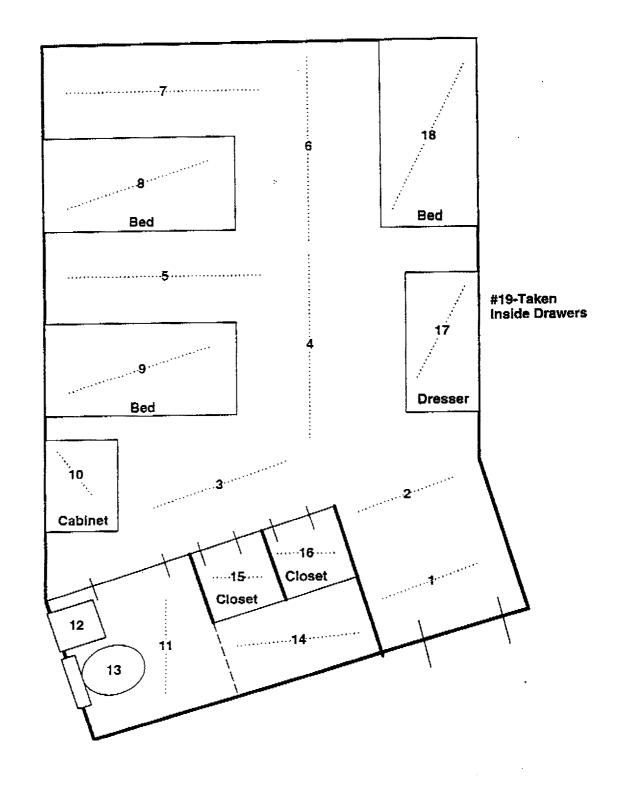
TELEDYNE BROWN ENGINEERING Environmental Services



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TELEDYNE BROWN ENGINEERING Environmental Services

Low Energy

Beta Activity

dpm/100cm²

<25

<25

<25

<25

<25

<25

<25

<25

<25

<25

<25

<25

<25

<25

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<25

<25

SMEAR RESULTS BY LIQUID SCINTILLATION COUNTING LOCATION: **Room 216** Low Energy SMEAR **Beta** Activity dpm/sample_ No. <50 1 <50 2 <50 3 <50 4 5 <50 6 <50 7 <50 8 <50 9 <50 10 <50 11 <50 12 <50 13 <50 14 <50 13 <50 14 <50 15 <50

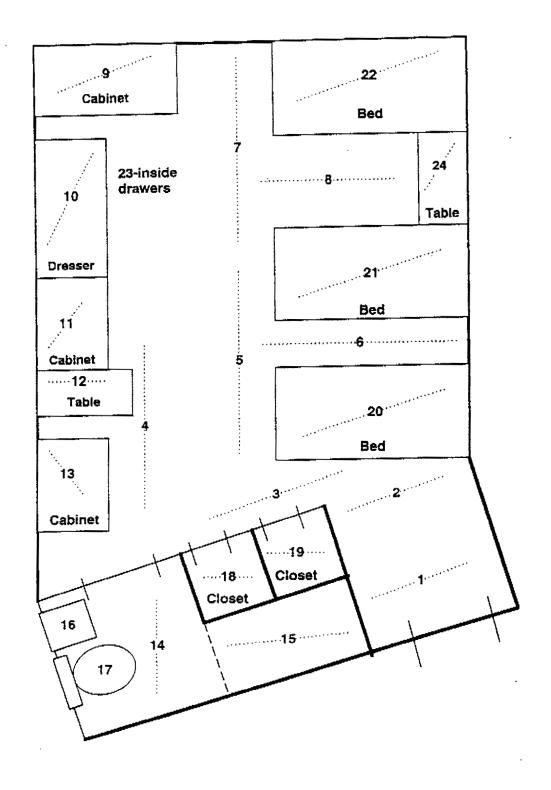
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17 <25 <50 <25 18 <50 19 <25 <50 20 <50 <25 21 <50 <25 <25 22 <50 <25 23 <50 24 <50 <25

<50

Room 216



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SMEAR RESULTS BY LIQUID SCINTILLATION COUNTING

LOCATION:

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Locker Room

SMEAR No.	Low Energy Beta Activity dpm/sample	Low Energy Beta Activity dpm/100cm ²
1	<50	<25
2	<50	<25
3	<50	<25
4	<50	<25
5	<50	<25
6	<50	<25
7	<50	<25
8	<50	<25
9	<50	<25
10	<50	<25
11	<50	<25
12	<50	<25
13	<50	<25
14	<50	<25
13	<50	<25
14	<50	<25
15 .	<50	<25
16	<50	<25
17	<50	<25
18	<50	<25
19	<50	<25
20	<50	<25

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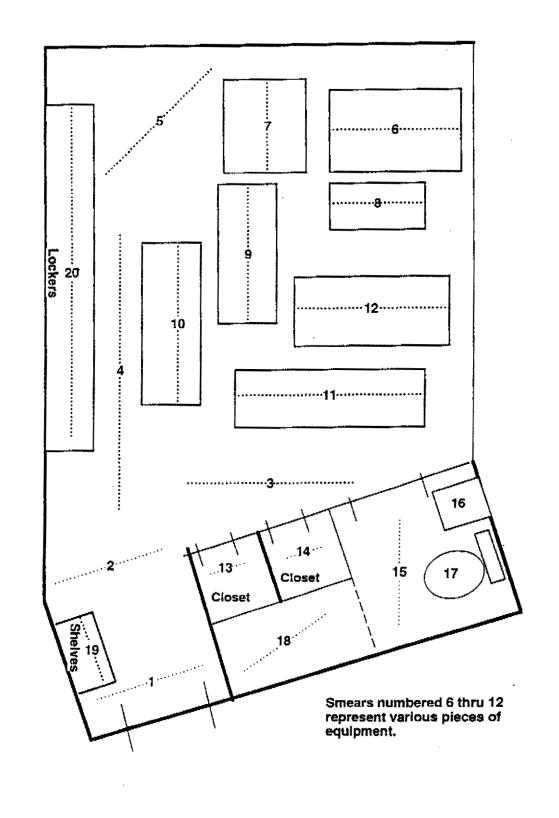
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TELEDYNE BROWN ENGINEERING Environmental Services

Locker Room



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TELEDYNE BROWN ENGINEERING Environmental Services

SMEAR RESULTS BY LIQUID SCINTILLATION COUNTING

LOCATION:

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Hallway

SMEAR No.	Low Energy Beta Activity dpm/sample	Low Energy Beta Activity dpm/100cm ²
t	<50	<25
2	<50	<25
3	<50	<25
4	<50	<25
5	<50	<25
6	<50	<25
7	<50	<25
8	<50	<25
9	<50	<25
10	<50	<25
11	<50	<25
12	<50	<25

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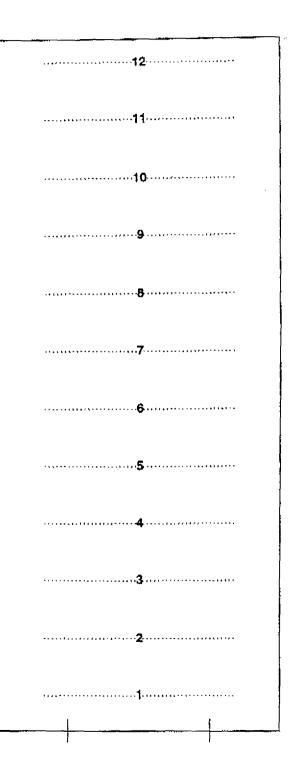
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DIANA STOCKDALE

TELEDYNE BROWN ENGINEERING Environmental Services

Hailway

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This is to acknowledge the receipt of your letter/application dated

includes an administrative review has been performed.

There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

Please provide to this office within 30 days of your receipt of this card

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

136056 Your action has been assigned Mail Control Number When calling to inquire about this action, please refer to this control number. You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (RI) (6-96)

ГИ

Sincerely, Licensing Assistance Team Leader

	: (FOR LFMS USE)
	: INFORMATION FROM LTS
BETWEEN:	:
	:
License Fee Management Branch, ARM	: Program Code: 02120
and	: Status Code: 0
Regional Licensing Sections	: Fee Category: 7C
	: Exp. Date: 20100930
	: Fee Comments:
	: Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION T

1. APPLICATION ATTACHED

Applicant/Licensee:	PRINCETON HEALTHCARE SYSTEMS	
Received Date:	20041129	
Docket No:	3002489	
Control No.:	136056	
License No.:	29-06750-01	
Action Type:	Amendment	

2. FEE ATTACHED Amount: Check No.:

3. COMMENTS

signed Mill Perkim

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /__/)

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for: Amendment _________ Renewal _______

License	

3. OTHER _____

Signed ______ Date _____