

BAYSHORE

COMMUNITY HEALTH SERVICES

RECEIVED
REGION 1

727 North Beers Street
Holmdel, New Jersey 07733
(732) 739-5900
www.bchs.com

'04 DEC -1 P12:54

November 3, 2004

Sandra Gabriel
U.S. Nuclear Regulatory Commission
Region I
475 Allendale Road
King of Prussia, Pennsylvania 19406-1415

Re: NRC license # 29-15175-01

03008689

As requested, enclosed is a close-out survey of the previous location of our nuclear medicine hot lab, nuclear imaging room, and the nuclear cardiology area.

The Nuclear Medicine and Nuclear Cardiology Department moved into its new location on or about October 16, 2003 and correspondence reflecting this move was communicated to your office.

Please do not hesitate to write or call should additional information is needed.

Sincerely,



Raimonda Clark, C.E.O.

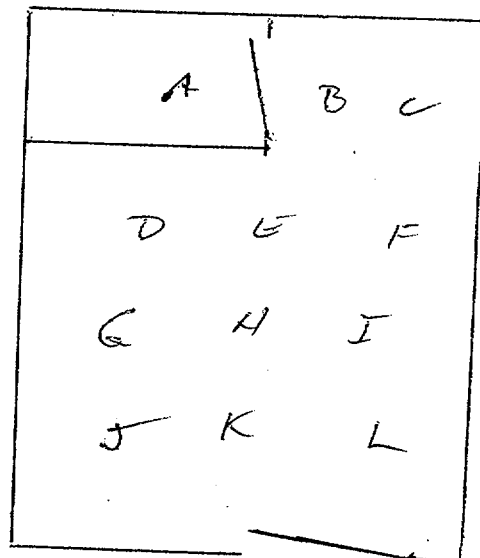
136067

NMSS/RGNI MATERIALS-002

**BAYSHORE COMMUNITY HOSPITAL
NUCLEAR MEDICINE CLOSE OUT
SURVEY**

Room NUCLEAR CARDIOLOGY

AREA	mR/hour	wipe dpm
A.	0.02	4
B	0.02	1
C	0.02	0
D	0.02	6
E	0.02	11
F	0.02	2
G	0.02	9
H	0.02	14
I	0.02	18
J	0.02	12
K	0.02	3
L	0.02	0



Survey date 10.16.03

Done by [Signature]

Meter L3

SN 74413

cal 4-9-2003

B.G. = 0.02

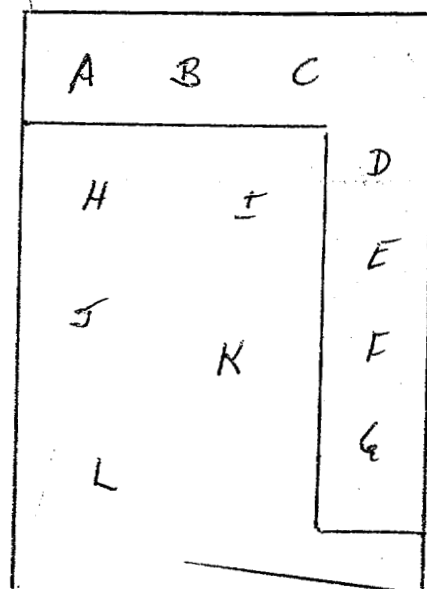
chk source = 1.95 mR/h

B.G. = 65 cpm

**BAYSHORE COMMUNITY HOSPITAL
NUCLEAR MEDICINE CLOSE OUT
SURVEY**

Room HOT LAB

AREA	mR/hour	wipe dpm
A.	0.02	3
B	0.02	10
C	0.02	4
D	0.02	0
E	0.02	0
F	0.02	6
G	0.02	2
H	0.02	10
I	0.02	3
J	0.02	3
K	0.02	9
L	0.02	5



Survey date 10-16-03

Done by

[Signature]

Meter L3

S/N 74413

Cal 4-9-2000

B.G. = 0.02

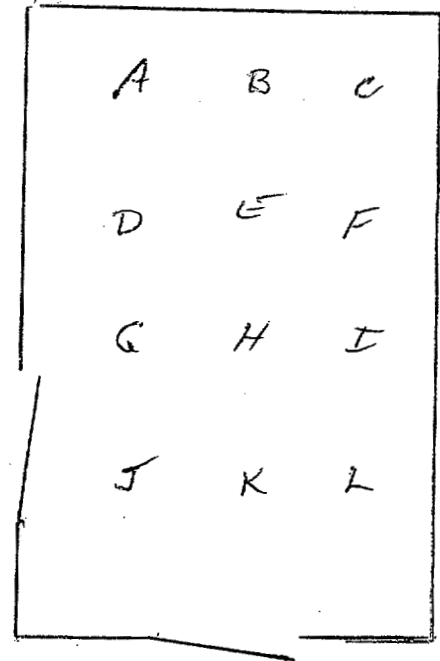
CHK source = 1.95 mR/h

B.G. = 65 cpm

**BAYSHORE COMMUNITY HOSPITAL
NUCLEAR MEDICINE CLOSE OUT
SURVEY**

Room SCAN ROOM

AREA	mR/hour	wipe dpm
A.	0.02	1
B	0.02	0
C	0.02	3
D	0.02	8
E	0.02	14
F	0.02	2
G	0.02	10
H	0.02	6
I	0.02	0
J	0.02	0
K	0.02	11
L	0.02	2



Survey date 10.16.03

Done by

[Signature]

Notes L-3

s/n 74413

cal 4.9.2003

B.G. = 0.02

chk lower = 1.95 mR/h

B.G. = 6.5 cpm

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

11/3/2004, and to inform you that the initial processing which includes an administrative review has been performed.

☒ ADMIN. 29-15175-01
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.

Your action has been assigned Mail Control Number 136067.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

BETWEEN: : (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
License Fee Management Branch, ARM : Program Code: 02120
and : Status Code: 0
Regional Licensing Sections : Fee Category: 7C
: Exp. Date: 20140531
: Fee Comments: CODE 23
: Decom Fin Assur Req'd: N
: ::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: BAYSHORE COMMUNITY HOSPITAL
Received Date: 20041201
Docket No: 3008689
Control No.: 136067
License No.: 29-15175-01
Action Type: Amendment

2. FEE ATTACHED

Amount: /
Check No.: /

3. COMMENTS

Signed M. A. Perkins
Date 12/5/04

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 _____