



Mid-**Delaware Imaging**

RECEIVED
REGION 1

*05 MAR 14 P12:46

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

License # 07-28657-01
3/2/2005

03032378

Dear Sir or Madam,

I am submitting a proposal of changes as a result of a recent addition of an MRI Suite at our facility. Listed below are those modifications:

1. Moved the lead cabinetry in the Hot Lab
2. Reduced the size of the Hot Lab in order to build a hallway to the MRI Suite (see diagram)
3. Moved the Thyroid Probe / Well Counter into the new section (see diagram)
4. Moved the treadmill and EKG monitor into the new section (see diagram)

Understanding the importance of Radiation Safety, I have listed below the precautions that were taken before and during construction:

1. Thorough area surveys and wipes were done on 11/23/04, one day prior to moving the lead cabinetry, demolition of the pre-existing wall and reconstruction of the new wall
2. The Hot Lab remained secured at all times. Construction crews were only allowed access to the Hot Lab when the Nuclear Medicine Technologist was present. The workers were at no time exposed to any isotopes
3. The Co-57 sheet source remained in the lead case which the Nuclear Medicine Technologist removed from the Hot Lab while construction crews were actually in the Hot Lab
4. All sealed sources and e-vials (Co-57 and Cs-137) remained locked in the lead cabinet in the Hot Lab

710 South Queen Street
Dover, Delaware 19904
302-734-9888

13673A
NMSS/RGNI MATERIALS-002

At this time I would also like to advise you that since our last NRC Inspection on 5/18/2004, we have purchased the Atomlab 930 Thyroid Probe and Well Counter which has replaced the Thyroid Spectrometer and the Victoreen Deluxe Wipe Test Counter.

Enclosed you will find copies of both the old and new area surveys. As before mentioned, I am submitting these changes as a proposal for your review and would appreciate any suggestions that you may have.

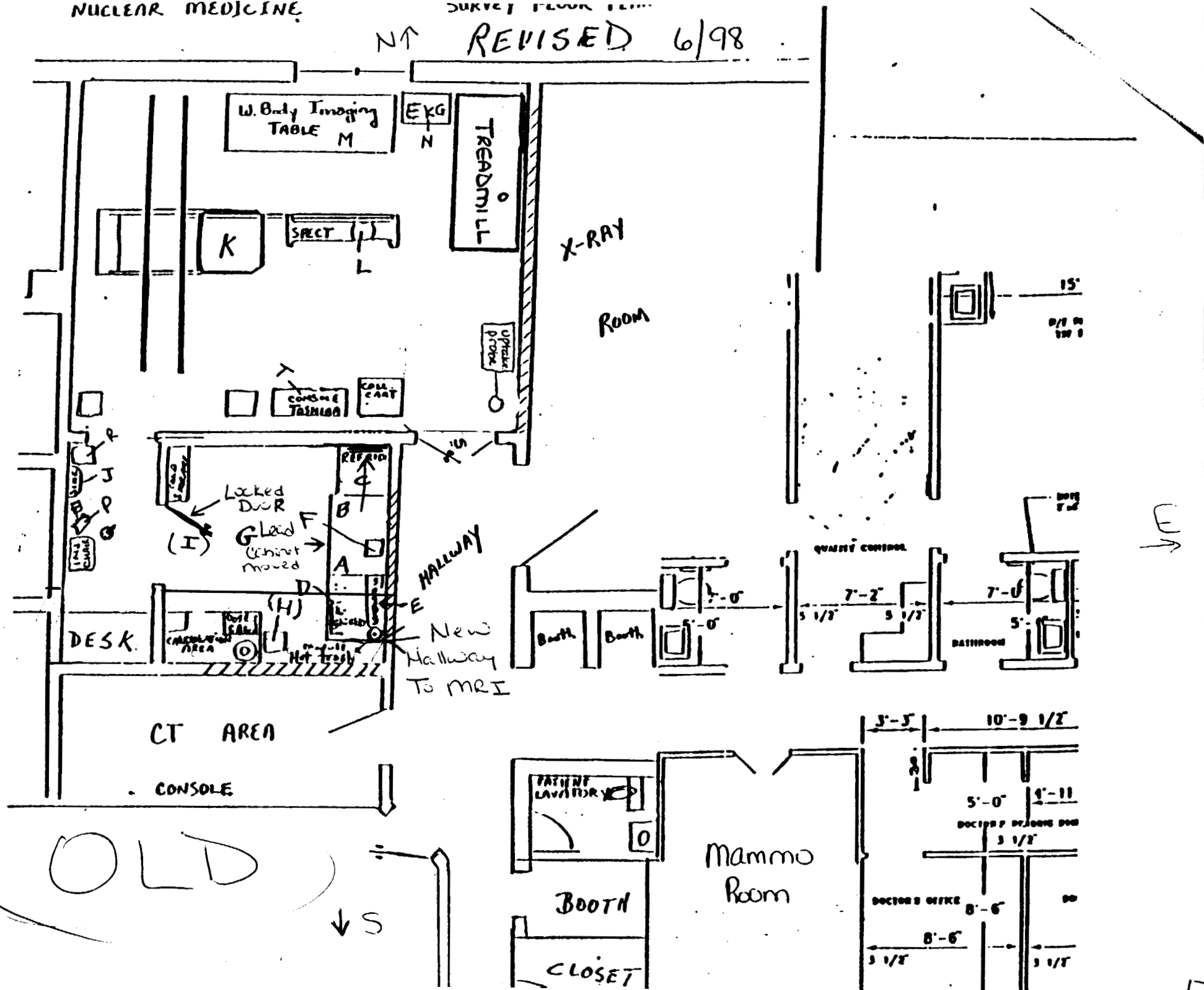
Respectfully Submitted,

A handwritten signature in black ink, appearing to read 'M. Parikh', with a long, sweeping horizontal line extending to the left.

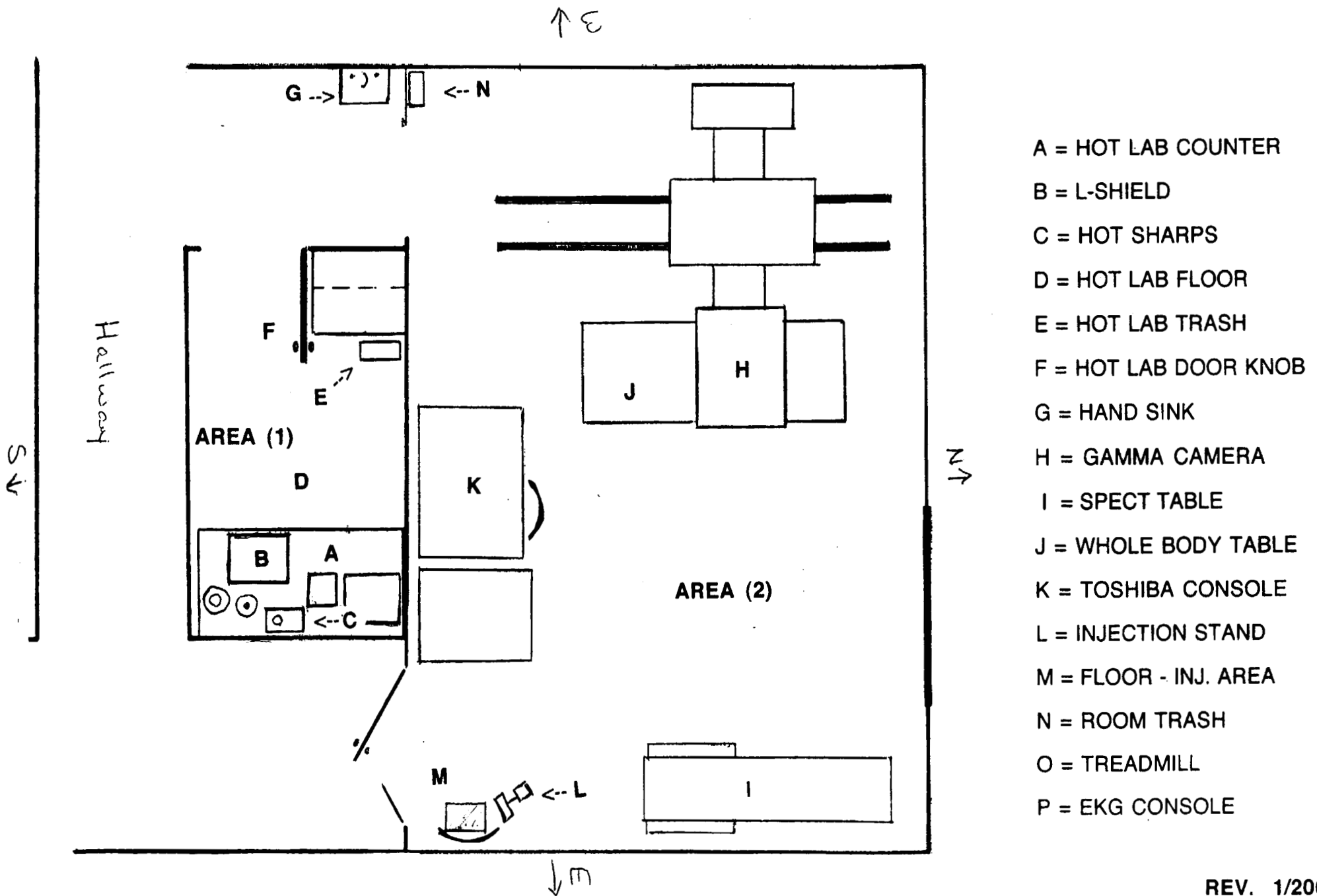
Mahendra Parikh, MD
RSO, Mid-Delaware Imaging

2000 1000 0

REVISED 6/98



MID-DELAWARE IMAGING NUCLEAR MEDICINE – AREA SURVEY FLOOR PLAN



- A = HOT LAB COUNTER
- B = L-SHIELD
- C = HOT SHARPS
- D = HOT LAB FLOOR
- E = HOT LAB TRASH
- F = HOT LAB DOOR KNOB
- G = HAND SINK
- H = GAMMA CAMERA
- I = SPECT TABLE
- J = WHOLE BODY TABLE
- K = TOSHIBA CONSOLE
- L = INJECTION STAND
- M = FLOOR - INJ. AREA
- N = ROOM TRASH
- O = TREADMILL
- P = EKG CONSOLE

↑ S.

EXIT

P

STRETCHER

O

THYROID PROBE
& WELL

DRESSING
BOOTH

MRI CONTROL

HALLWAY

HOT LAB

NUC MED
SCAN ROOM

MRI SUITE

↓ N

3↓

W↑

**MID-DELAWARE IMAGING
NUCLEAR MEDICINE
DAILY AREA SURVEYS & WEEKLY WIPES**

AREA	SURVEY mR/hr	WIPES dpm	DECONTAMINATION
<u>AREA (1) RESTRICTED</u>			
(A) HOT LAB COUNTER	_____	(1) _____	_____
(B) L-SHIELD	_____	(2) _____	_____
(C) HOT SHARPS	_____	(3) _____	_____
(D) H.L. FLOOR	_____	(4) _____	_____
(E) H.L. TRASH	_____	(5) _____	_____
(F) H.L. DOOR KNOB	_____	(6) _____	_____
<u>AREA (2) UNRESTRICTED</u>			
(G) HAND SINK	_____	(1) _____	_____
(H) GAMMA CAMERA	_____	(2) _____	_____
(I) SPECT TABLE	_____	(3) _____	_____
(J) W.B. TABLE	_____	(4) _____	_____
(K) TOSHIBA CONSOLE	_____	(5) _____	_____
(L) INJECTION STAND	_____	(6) _____	_____
(M) FLOOR-INJ. AREA	_____	(7) _____	_____
(N) ROOM TRASH	_____	(8) _____	_____
(O) TREADMILL	_____	(9) _____	_____
(P) EKG CONSOLE	_____	(10) _____	_____

SURVEY INSTRUMENT: _____ BKG: _____ mR/ hr

WIPES INSTRUMENT: _____ BKG: _____ DPM

DATE: _____ TECHNOLOGIST: _____

ACTION LEVELS

RESTRICTED	<u>SURVEYS</u> 5.0 mR/hr	<u>WIPES</u> 20,000 dpm (Tc99m) 2,000 dpm (I 123)
UNRESTRICTED	0.5 mR/hr	2,000 dpm (Tc99m) 200 dpm (I 123)

MID-DELAWARE IMAGING
NUCLEAR MEDICINE
DAILY AREA SURVEY

WIPE TEST

SURVEY

<2kdpm/100cm²

AREA	(mR/hr)	PASS	FAIL	DECONTAMINATION
STORAGE MODULE				
HOT LAB COUNTER				
REFRIGERATOR				
L-SHIELD				
HOT SHARPS				
COLD SHARPS				
HOT LAB FLOOR				
HOT LAB TRASH				
HOT LAB DOOR				
HAND SINK				
GAMMA CAMERA				
SPECT TABLE				
WHOLE BODY TABLE				
EKG CONSOLE				
TREADMILL				
INJECTION STAND				
FLOOR - INJ AREA				
TRASH - INJ AREA				
DOOR-NUC. MED. DEPT.				
TOSHIBA CONSOLE				

DATE: _____ TECH: _____

VIPES INSTRUMENT: _____

CKGROUND _____ dpm

RVEY INSTRUMENT: _____

CKGROUND: _____ mR/hr

ACTION LEVELS

SWIPES: 1-123. IN-111 Tc99m Tl-201

I-131 Co-57/Ga-67

UNRESTRICTED: 200dpm 2,000dpm

RESTRICTED: 2,000dpm 20,000 dpm

SURVEYS:

UNRESTRICTED: .5mR/hr

RESTRICTED: 5.0mR/hr

CLD

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

3/2/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amendment 07-28657-01
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 136732.
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: 02200
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 7C
 : Exp. Date: 20120131
 : Fee Comments: _____
 : Decom Fin Assur Req'd: N
 : ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
Applicant/Licensee: MID-DELAWARE IMAGING, INC.
Received Date: 20050314
Docket No: 3032378
Control No.: 136732
License No.: 07-28657-01
Action Type: Amendment

2. FEE ATTACHED
Amount: /
Check No.: /

3. COMMENTS

Signed Rebecca J. Ford
Date 4/7/2005

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 _____