

American Red Cross Blood Services
Greater Alleghenies Region
250 Jari Drive
Johnstown, PA 15904-6949
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P-3

FACSIMILE TRANSMITTAL COVER SHEET

DATE: 8/4/05

NAME: Kathy Modes

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COMPANY NAME: American Red Cross, Greater Alleghenies Region

SENDER'S NAME: John DeShane

TOTAL PAGES (INCLUDING COVER SHEET):

COMMENTS: Final leak test for Vine St. by Nerdion

NUMBER CALLED: 610-337-5269

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KMS/IRON MATERIALS-002

Plan ID # MVP 60-27
 Serial/ID # 027.507
 Step # 8.2
 Page # 1 of 2
 Initials and Date AB 7-27-05

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ROUTINE WIPE TEST FOR CONTAMINATION AND LEAK TEST FORM

447 March Road, Kanata, Ontario, Canada K2K 1X8. Telephone: (613) 592-2790 Telefax: (613) 591-5815

Customer Information 1000 308
 Order No. 100724 Customer Name American Red Cross
 Customer's Location JOHNSTOWN

Irradiator Type and Radiation Source Characteristics *Note: Initial all boxes*
 Irradiator Type: 1000 (e.g. JS-8900, GC-3000) Serial Number 0256 Radiation Source Type: ⁶⁰Co , or ¹³⁷Cs

Wipe Test Details
 Wipe Test Performed on: 1. Surface Tests 2. Source Tests
 Surface of Transport Package Underwater Source
 Category I & II Irradiators SOURCE HANDLING TOOLS
 Plug and Cavity of Transport Package OTHER: _____

(SPECIFY)

Description of Procedure Used: Initial One or more: J-Cloth Filter Paper Styrofoam Other: _____
 Initial One or more: Wet Wipe Dry Wipe Other: _____

Survey Meter Details and Measurement Results
 Survey Meter Make and Model: Bicron Surveyor 2000, with Pancake Probe Other _____ (Specify)
 Survey Meter S.N.: D463 G Calibration Expiry Date: SEPT 15 - 05
 Pancake Probe S.N.: B539 G

Instrument Conversion Factor: Source Tests
N/A cpm = 5 nCi (185 Bq) for ⁶⁰Co (see SE-CA-006 F1), or
1915 cpm = 5 nCi (185 Bq) for ¹³⁷Cs (see SE-CA-006 F1)

Background Reading: 30 cpm (A)
 Gross Wipe Reading: 30 cpm (B)
 Net Wipe Reading: 0 cpm (C) = (B) - (A). Choose the calculation I. or II.

1. Surface Tests

Wipe Test Results: N/A
 Negative. Contamination < 0.4 Bq/cm². No further action is required. Retain all wipes for further testing.
 Positive. Contamination ≥ 0.4 Bq/cm². Outline initial corrective action on this form. Follow relevant SOP.

2. Source Tests

(I) Measured Removable Contamination = $\frac{\text{Net Wipe Reading (cpm)} \times 5 \text{ nCi}}{\text{cpm}}$ = N/A nCi Cobalt - 60

(II) Measured Removable Contamination = $\frac{\text{Net Wipe Reading (cpm)} \times 5 \text{ nCi}}{\text{cpm}}$ = 0 nCi Cesium - 137

Wipe Test Results: Negative. Contamination < 5 nCi. No further action is required. Retain all wipes for further testing.
 Positive. Contamination ≥ 5 nCi. Outline initial corrective action on this form. Follow relevant SOP.

ROUTINE WIPE TEST FOR CONTAMINATION AND LEAK TEST FORM

Initial the MDS Nordion Wipe Test Procedure Followed

- IN/IM 0273 Co60, Routine Wipe Test for the Detection of Radioactive Contamination for Submerged Cobalt 60 Source Assemblies
- IN/OP 0274 F000, Underwater Transport Package Unload Procedure (requires a separate form)
- IN/OP 0275 F000, Underwater Transport Package Load Procedure
- IN/OP 0276 CO60, Source Holder Load Procedure for a Wet Storage Irradiator
- IN/IM 0278 A000, Routine Wipe Test for ANSI Category I and II Irradiators (⁶⁰Co and ¹³⁷Cs)
- IN/OP 0282 F168, Procedure for the Receipt of an F-168 Transport Package
- IN/IM 0293 F000, Routine Wipe Test for the Detection of Radioactive Surface Contamination for a Type B(U) Transport Package

Reference Information Documents

1. IN/DS 0277 IR000, Radiation Survey Specification for Category III and IV Irradiators
2. IN/DS 0517 F168, Preparation for Shipment of the F-168 and F168-X Transport Packagings
3. IN/DS 1093 Z000, Information Document on Survey Meters use by MDS Nordion's Installation and Service Group
4. SE-CA-006, Calibration of a Detection System for the Measurement of Loose Contamination on Swipe

Standard Operating Procedure List and Proper Usage

1. Handling Tools Work Table - IN/IM 0273 Co 60
2. Source Rack - IN/IM 0273 Co 60
3. Building Survey - IN/DS 0277 IR000
4. Leak Test - IN/OP 0282 F168
5. Shipping Container and Inner Plug - IN/IM 0293 F000
6. Torque Specs and Return of Sources Procedure - IN/DS 0517 F168

Outline Initial Corrective Action (if required):

Corrective Action Taken by _____ (Name) _____ (Signature)

Corrective Action Performed on _____ (Date)

Wipe Test Performed by and Result Certified by E STANSON (Name) [Signature] (Signature)

SEAN PE ARP (Title) July 26/05 (Date)

For MDS Nordion Internal Use Only

Measurement Result Confirmed by _____ (Name) _____ (Signature)

MEASUREMENT RESULT CONFIRMED ON _____ (DATE)