

Life Care
CANCER CENTER

A Service of
NORTHWEST RADIATION TREATMENT SERVICES, INC.

4352 Greenville - Sandy Lake Road
Stoneboro, PA 16153
PHONE: 724-376-7845
FAX: 724-376-8305

Br. 1

April 13, 2007

Licensing Assistance Section
Nuclear Material Safety Branch
U.S. Nuclear Regulatory Commission, Region I
475 Allendale Road
King of Prussia, PA 19406-1415

RE: Termination Request of Materials License #37-30573-01

03035400

Dear Sir or Madam:

This is a request for termination of the materials license for:
Northwest Radiation Treatment Services, Inc.
d/b/a Life Care Cancer Center
4352 Greenville-Sandy Lake Road
Stoneboro, PA 16153
724-376-7845

The last Ir-192 source S/N 01-01-0616-001-061406-10551-52 was removed from the Omnitron 2000 HDR unit on 4/10/2007 by Alpha Omega Services, Inc. and was shipped via FedEx on April 13, 2007 to Alpha Omega Services. Source Activity is 0.619 Ci. There are no radioactive sources on site as of 4/13/2007.

I have provided a copy of the service report from Alpha Omega Services along with a survey of the HDR unit and storage area performed on 4/12/2007. An NRC inspection was performed at the facility on 4/10/2007 by Kenneth Lambert (NRC Form 591 enclosed).

Please direct any questions concerning this termination to Mitchell J. Jarosz, Jr, MS at (724) 376-7845 or cell [REDACTED] for any additional information

Sincerely,

Mitchell J. Jarosz, Jr
Mitchell J. Jarosz, Jr, MS
Radiation Safety Officer

Cc: Mr. Dean Eckenrode (Past)
Chairman, Board of Directors
Northwest Radiation Treatment Services, Inc
Mr. Michael Downing-UPMC Horizon
Robert Jackson-GCMC
Joel Yuhás-UPMC Horizon
William Walker, Ph.D., President CPRS,LTD

REC'D IN LAT

8/11/2007

140896

Northwest Radiation Treatment Services, Inc
d/b/a Life Care Cancer Center
4352 Greenville-Sandy Lake Road
Stoneboro, PA 16153

HDR ROOM AND AFTERLOADER SURVEY

PERSON PERFORMING SURVEY MITCH JAROSZ DATE 4-12-07

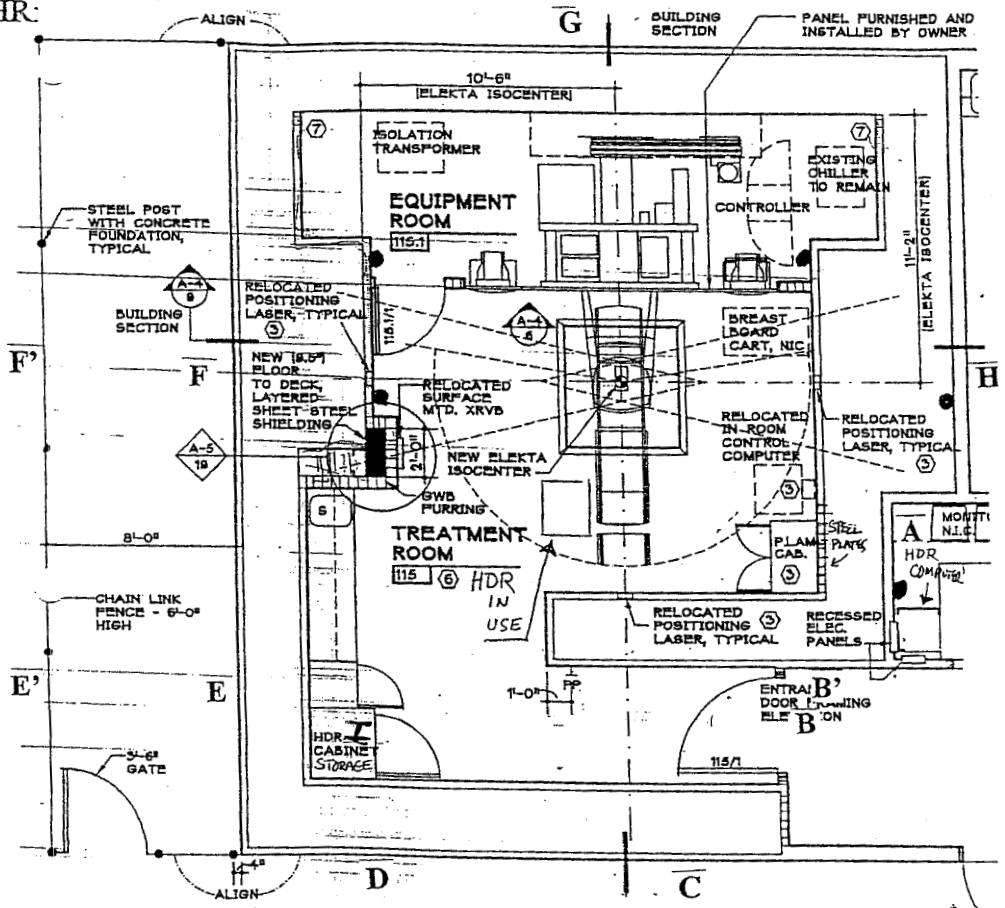
SURVEY INSTRUMENT: MODEL VICTOREEN 1901 S/N: 331 CALIBRATED 8-28-06

ALL VALUES ARE IN mR/HR:

ROOM SURVEY:

POINT: mR/HR

A	_____
B	_____
C	_____
D	_____
E'	_____
F'	_____
G	_____
H	_____
I	<u>0.01</u> <i>mg</i>



AFTERLOADER SURVEY:

TOP 0.01

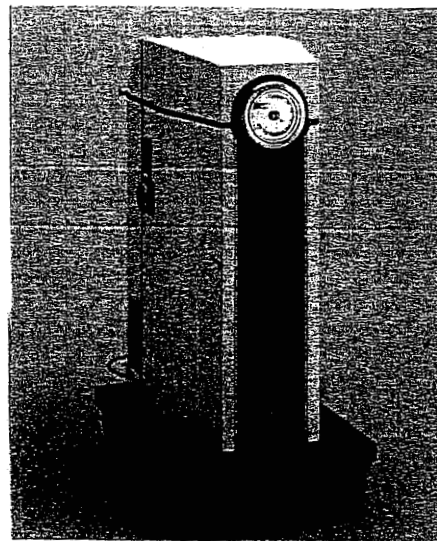
FRONT 0.01

TURRET 0.01

SIDE 0.01

SIDE 0.01

Mitchel Jarosz
4-12-07





Alpha-Omega Services, Inc.

Service Order

Service ID:	1302
Service Date:	4/10/2007
Customer ID:	24
A/L S/N:	117

Customer:	Life Care Cancer Center		
Address:	4352 Greenville, Sandy Lake Rd.		
City:	Stoneboro		
State:	PA		
Zip:	16153		
Phone:	(724) 376-7845	Fax:	(724) 376-3777
Email:			

Telephone Support On-Site Call
 Complaint Filed

Service Requested:
Remove last source. ✓

Service Type	<input checked="" type="radio"/> Scheduled <input type="radio"/> Unscheduled <input type="radio"/> Emergency
	Charge Type
<input type="radio"/> Installation <input type="radio"/> Training <input type="radio"/> Repair <input checked="" type="radio"/> Src Exch <input type="radio"/> Upgrade <input type="radio"/> Other	<input checked="" type="radio"/> Contract <input type="radio"/> Warranty <input type="radio"/> Invoice

Service Performed:
Removed source and unhooked battery. ✓

Parts:

Old Source:	01-01-0616-001-061406-10551-52		
Dummy Cycles:	02	Active Cycles:	40
New Source:	NA		

Travel:	0 hrs	\$0.00
On-site:	0 hrs	\$0.00
Tele Support:	.0 hrs	\$0.00
Parts:		\$0.00
Expenses:		\$0.00
Total:		\$0.00

Technician:	Jim Wilson	Signature:		Title:		Date:	4/10/2007
Notes:							

Customer acknowledges service described above was performed and accepted.

Customer:	Trisha Morrison	Signature:		Title:		Date:	4/10/07
Notes:							



Alpha-Omega Services, Inc.

Radiation Survey/Wipe Test

Service Date:	4/10/2007
Customer ID:	24
Service ID:	1302
A/L S/N:	117

Old Source:	010106160010614061055152		
Dummy Cycles:	82	Active Cycles:	40
New Source:	NA		

Survey Instrument:	mida 15		
S/N:	113154	Cal Date:	2/06
<input checked="" type="checkbox"/> Battery Check	<input checked="" type="checkbox"/> Check Source		

Wipe Counter:	mida		
S/N:	1036		
<input checked="" type="checkbox"/> Check Source	Background=	24	CPM

Description	Measurement	Units	Notes
Control Wipe	7.2	CPM	
Wipe of Old Transport Container Upon Arrival	2.4	CPM	
Survey Machine Maximum Upon Arrival	5.1	mr/hr	
Wipe of New Transport Container (Full)	NA	CPM	
Survey New Transport Container Top (full)	↓	mr/hr	
Survey New Transport Container Sides (Full)		mr/hr	
Survey New Transport Container Bottom (Full)		mr/hr	
Wipe of Old Track filter	7.2	CPM	
Wipe of Old Belt Filter	NA	CPM	
Wipe of New Source Wire When Loaded	↓	CPM	
Survey of Afterloader Top		mr/hr	
Survey of Afterloader Sides		mr/hr	
Survey of Afterloader Back		mr/hr	
Survey of Afterloader Front		mr/hr	
Survey of Afterloader Internals	↓	mr/hr	
Wipe of new Transport Container (Empty)	NA	CPM	
Survey Old Transport Container at 1 Meter (Full)	0.3	mr/hr	
Survey Old Transport Container Top (Full)	1.0	mr/hr	
Survey Old Transport Container Sides (Full)	4.6	mr/hr	
Survey Old transport container bottom (full)	2.0	mr/hr	
Old Transport Container Transportation Index	0.3	T.I.	
Wipe Old Transport Container (Full)	7.2	CPM	
Afterloader Calculated Activity (New Source)	NA	ci	
Physicist Measured Activity (New Source)	↓	ci	

Technician:	Signature:	Title:	Date:
			4/10/07
Notes:			

Customer acknowledges service described above was performed and accepted.			
Customer:	Signature:	Title:	Date:
	Jasha Morrison		4/10/07
Notes:			

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED: Life Care Cancer Center 4352 Greenville-Sandy lake Road Stoneboro, PA	2. NRC/REGIONAL OFFICE U.S. Nuclear Regulatory Commission Region I, 475 Allendale Road King of Prussia, Pennsylvania 19406-1415
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REPORT Nos 2007-001

3. DOCKET NUMBER(S) 030-35400	4. LICENSE NUMBER(S) 37-30573-01	5. DATE(S) OF INSPECTION 4/11/07
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LICENSEE:

The inspection was an examination of the activities conducted under your license as they relate to radiation safety and to compliance with the Nuclear Regulatory Commission (NRC) rules and regulations and the conditions of your license. The inspection consisted of selective examinations of procedures and representative records, interviews with personnel, and observations by the inspector. The inspection findings are as follows:

- 1. Based on the inspection findings, no violations were identified.
- 2. Previous violation(s) closed.
- 3. The violation(s), specifically described to you by the inspector as non-cited violations, are not being cited because they were self-identified, non-repetitive, and corrective action was or is being taken, and the remaining criteria in the NRC Enforcement Policy, NUREG-1600, to exercise discretion, were satisfied.
- Non-Cited Violation(s) was/were discussed involving the following requirement(s) and Corrective Action(s):

- 4. During this inspection certain of your activities, as described below and/or attached, were in violation of NRC requirements and are being cited. This form is a NOTICE OF VIOLATION, which may be subject to posting in accordance with 10 CFR 19.11.

Licensee's Statement of Corrective Actions for Item 4, above.

I hereby state that, within 30 days, the actions described by me to the inspector will be taken to correct the violations identified. This statement of corrective actions is made in accordance with the requirements of 10 CFR 2.201 (corrective steps already taken, corrective steps which will be taken, date when full compliance will be achieved). I understand that no further written response to NRC will be required, unless specifically requested.

Title	Printed Name	Signature	Date
LICENSEE'S REPRESENTATIVE			
NRC INSPECTOR	Kenneth Lambert	<i>Kenneth Lambert</i>	4/11/07

SUNSI Review Completed By: / RA /

Public

Non-Sensitive

GCMC - Finance Dept.
631 N. Broad St. Ext.
Grove City, PA 16127



Licensing Assistance Section
Nuclear Material Safety Branch
US Nuclear Regulatory Comm.
475 Allendale Rd
King of Prussia, PA 19406-1415

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

4/13/2007 Check 8/11/2007, and to inform you that the initial processing which includes an administrative review has been performed.

Termination 37-30573-01 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** 140896.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.