

NMSS

December 18, 2007

USNRC  
Division of Materials Licensing  
475 Allendale Road  
King of Prussia, PA 19406

030 02515


Re: 29-08622-04  
Atlanticare Regional Medical Center  
1925 Pacific Avenue  
Atlantic City, NJ

The above referenced licensee has relocated its nuclear medicine department to the location previously approved by the NRC.

A closeout survey including tests for removable contamination was conducted of the existing department at the termination of services prior to release for uncontrolled use. The procedure involved a comprehensive area survey and removable contamination analysis of each departmental area. A copy is attached indicating no evidence of remaining sources or removable activity.

If there are any questions please contact Jonathan Law (609) 652-3409.

Sincerely,

  
Jonathan Law  
RSO

2007 DEC 26 PM 12:43

RECEIVED  
REGION 1

141496

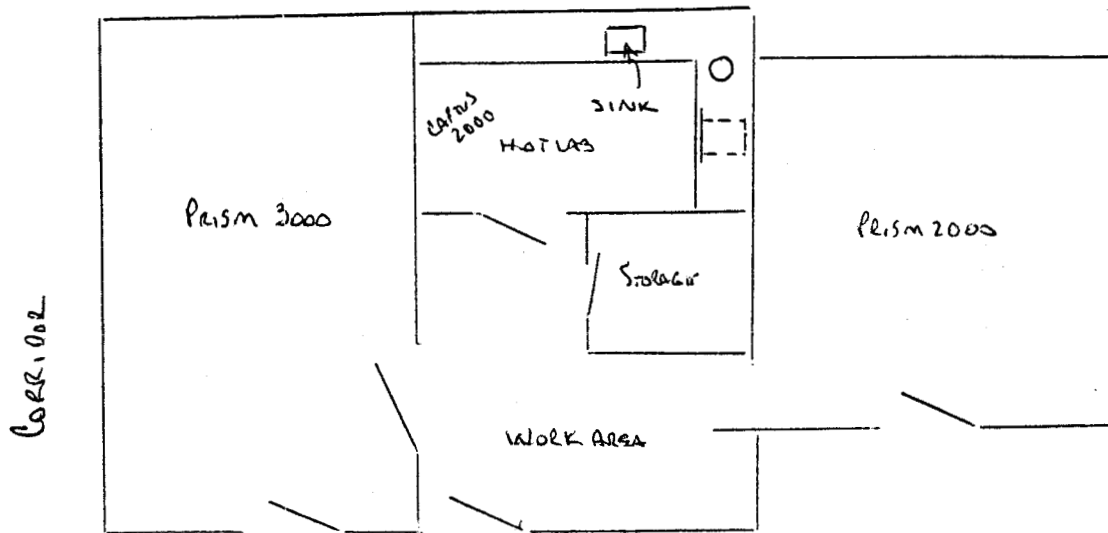
NMSS/RGN1 MATERIALS-002

NUCLEAR MEDICINE

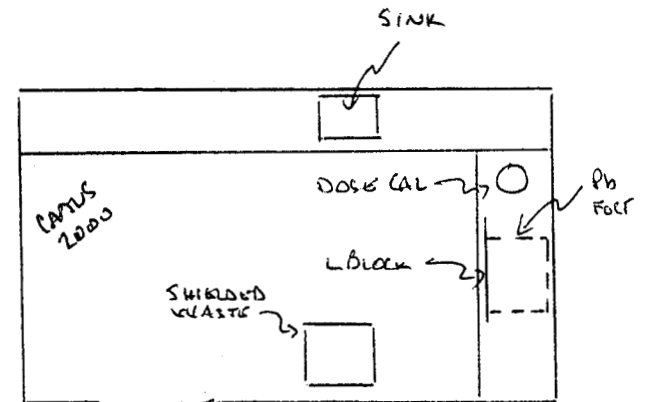
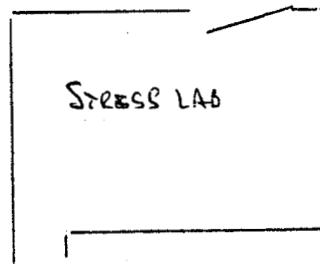
CITY DIVISION

1975 PACIFIC AVENUE  
ATLANTIC CITY, NJ

RADIOLOGY



CORRIDOR



EX PANORAMA VIEW OF HOT LAB

**Atlanticare Regional Medical Center**

LIC.# 70020-02

Nuclear Medicine Department

Atlantic City, New Jersey

December 17, 2007

Page 1 of 1

**Daily Area Monitoring: 4939**

Group: DAILY AREA SURVEY

**Date:** 11-30-2007

**Time:** 16:30

**Tech:** JOE RUSSELL

**Instrument:** 14-C

**Serial#:** PR085274

**Manufacturer:** Ludlum

**Trigger Limit:** .20 mR/hr

**Efficiency:** N/A


**Next Cal:** 01-31-2008

**Background:** .02 mR/hr

Areas	mR/hr	Areas	mR/hr
2000	0.02	3000	0.02
INJ RM	0.02	STRESS LA	0.02
TRASH COL	0.02	HOT TRASH	0.02
COUNTER	0.02	DOSE CAL	0.02
GENERATOR	0.02		

**Area Trigger Limits:**

Area Name	Trigger Limit	Area Name	Trigger Limit
	.00		.00
	.00		.00
	.00		.00
	.00		.00
	.00		.00

  
RSO

**Atlanticare Regional Medical Center**

IC.# 70020-02  
 Nuclear Medicine Department  
 Atlantic City, New Jersey

December 13, 2007  
 Page 1 of 2

Area Wipe Report: 11-01-2007 to 11-30-2007

Group : WEEKLY WIPE TEST

Date/Time	Tech	Ins	Batt	Ck.Src Bkg		Area 1		Area 2		Area 3		Area 4		Area 5		Area 6		Area 7		Area 8		Area 9		Area 10	
				CPM	CPM	CPM	DPM	CPM	DPM	CPM	DPM	CPM	DPM	CPM	DPM	CPM	DPM	CPM	DPM	CPM	DPM	CPM	DPM	CPM	DPM
11-01-07 14:33	TR	5	--	133,300*	284	5	38	9	69	14	107	21	161	1	8	20	153	13	100	0	0	30	230	0	0
11-09-07 07:22	JR	5	--	133,700	284	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	18	138	0	0
11-15-07 11:51	TR	5	--	135,500*	272	0	0	18	138	0	0	0	0	15	115	29	223	14	107	1	8	23	176	5	38
11-23-07 15:33	TR	5	--	135,500*	273	0	0	39	300	6	46	33	253	0	0	44	338	11	85	64	492	22	169	46	353
11-30-07 07:32	JR	5	--	140,360	294	13	100	24	184	16	123	0	0	8	62	0	0	3	23	0	0	0	0	6	46

Note:  
 Areas Underlined are over trigger limit.  
 \*\*\*\*\*  
 Battery Check: "P" = Pass "F" = Fail  
 Test Not performed: "-"  
 Wipe Area : 100.00 Sq. CM  
 Trigger Limit : 2000.00 DPM

Current Area Trigger Limits (DPM):

Instrument Details:

#	Instrument	Manufacturer	Next Cal Date	Serial No	Efficiency
5	CAPTUS3000	Capintec	10-15-2008	900490	13.00%

Original area names:

Generic Name	Actual area name	Generic Name	Actual area name	Generic Name	Actual area name
Area 1	2000	Area 2	3000	Area 3	INJ AREA
Area 4	STRESS RM	Area 5	COLD TRAS	Area 6	HOT TRASH
Area 7	HOT LAB C	Area 8	CALIBRATO	Area 9	GENERATOR
Area 10	WASTE RM				

Tech Information:  
 Tech Name

---

Group : WEEKLY WIPE TEST

---

R	JOE RUSSELL
R	TOM RYAN

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

12/18/2007, and to inform you that the initial processing which includes an administrative review has been performed.

*AMEND. 29-08622-04*  
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** 14496.  
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)

Sincerely,  
Licensing Assistance Team Leader