

NRC FORM 313 (10-2005) 10 CFR 30.32, 33, 34, 35, 36, 39, and 40	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3150-0120 Estimated burden per response to comply with this mandatory collection request: 4.4 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects@nrc.gov , and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0120), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.
APPLICATION FOR MATERIALS LICENSE		

INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.

APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH: DIVISION OF INDUSTRIAL AND MEDICAL NUCLEAR SAFETY OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555-0001	IF YOU ARE LOCATED IN: ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO: MATERIALS LICENSING BRANCH U.S. NUCLEAR REGULATORY COMMISSION, REGION III 2443 WARRENVILLE ROAD, SUITE 210 LISLE, IL 60532-4352
ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS: IF YOU ARE LOCATED IN: ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO: LICENSING ASSISTANCE TEAM DIVISION OF NUCLEAR MATERIALS SAFETY U.S. NUCLEAR REGULATORY COMMISSION, REGION I 475 ALLENDALE ROAD KING OF PRUSSIA, PA 19406-1415	ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MISSISSIPPI, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING, SEND APPLICATIONS TO: NUCLEAR MATERIALS LICENSING BRANCH U.S. NUCLEAR REGULATORY COMMISSION, REGION IV 611 RYAN PLAZA DRIVE, SUITE 400 ARLINGTON, TX 76011-4005

03033820

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PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.

1. THIS IS AN APPLICATION FOR (Check appropriate item) <input type="checkbox"/> A. NEW LICENSE <input checked="" type="checkbox"/> B. AMENDMENT TO LICENSE NUMBER <u>13-26640-01</u> <input type="checkbox"/> C. RENEWAL OF LICENSE NUMBER _____	2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code) Covance Clinical Research Unit Inc. Global Clinical Pharmacology Covance - Evansville 617 Oakley Street Evansville, IN 47710
3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED #1: Covance - Evansville Deaconess Site, 617 Oakley St., Evansville, IN 47710 #2: Covance - Honolulu, One Waterfront Plaza, 500 Ala Moana Boulevard, Suite 400, Honolulu, HI 96813	4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION Covance US Clinical Pharmacology RSO: Robert G. Kochan, PhD TELEPHONE NUMBER 608-310-8268
SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE	
5. RADIOACTIVE MATERIAL a. Element and mass number, b. chemical and/or physical form, and c. maximum amount which will be possessed at any one time. see attached.	6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED see attached.
7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE. see attached.	8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS see attached.
9. FACILITIES AND EQUIPMENT. see attached.	10. RADIATION SAFETY PROGRAM see attached.
11. WASTE MANAGEMENT. see attached.	12. LICENSE FEES (See 10 CFR 170 and Section 170.31) FEE CATEGORY <u>7C</u> AMOUNT ENCLOSED \$ <u>00.00</u>
13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BY UPON THE APPLICANT. THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMANCE WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF. WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.	

CERTIFYING OFFICER - TYPED/PRINTED NAME AND TITLE **Mary L. Westrick** SIGNATURE *M L Westrick* DATE 01/7
Global VP & Gen. Manager, Clin. Pharmacology

FOR NRC USE ONLY					
TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
			\$		
APPROVED BY				DATE	

316892

31694

CERTIFICATE OF DISPOSITION OF MATERIALS

Estimated burden per response to comply with this mandatory collection request: 30 minutes. This submittal is used by NRC as part of the basis for its determination that the facility is released for unrestricted use. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F52), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0028), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

LICENSEE NAME AND ADDRESS

**Covance Clinical Research Unit Inc.
Global Clinical Pharmacology
Covance - Evansville, 617 Oakley Street
Evansville, IN 47710**

LICENSE NUMBER

13-26640-01

DOCKET NUMBER

LICENSE EXPIRATION DATE

31 January 2016

This license has expired. **A. LICENSE STATUS (Check the appropriate box) Covance - Evansville
St. Mary's Site ONLY**
This license has not yet expired; please terminate it.

B. DISPOSAL OF RADIOACTIVE MATERIAL

(Check the appropriate boxes and complete as necessary. If additional space is needed, provide attachments)

The licensee, or any individual executing this certificate on behalf of the licensee, certifies that:

- 1. No radioactive materials have ever been procured or possessed by the licensee under this license.
- 2. All activities authorized by this license have ceased, and all radioactive materials procured and/or possessed by the licensee under this license number cited above have been disposed of in the following manner: **For Covance - Evansville St. Mary's Site ONLY**
 - a. Transfer of radioactive materials to the licensee listed below: **St. Mary's Site ONLY**
-See attached Table and footnotes to Table for info: HSA.
 - b. Disposal of radioactive materials:
 - 1. Directly by the licensee:
-See attached Table and footnotes to Table for info: HSA.
 - 2. By licensed disposal site:
 - 3. By waste contractor:
-See attached Table and footnotes to Table for info: HSA.
 - c. All radioactive materials have been removed such that any remaining residual radioactivity is within the limits of 10 CFR Part 20, Subpart E, and is ALARA.

C. SURVEYS PERFORMED AND REPORTED

- 1. A radiation survey was conducted by the licensee. The survey confirms:
 - a. the absence of licensed radioactive materials
 - b. that any remaining residual radioactivity is within the limits of 10 CFR 20, Subpart E, and is ALARA.
- 2. A copy of the radiation survey results:
 - a. is attached; or b. is not attached (Provide explanation); or c. was forwarded to NRC on: _____ Date
- 3. A radiation survey is not required as only sealed sources were ever possessed under this license, and
 - a. The results of the latest leak test are attached; and/or
 - b. No leaking sources have ever been identified.

The person to be contacted regarding the information provided on this form:

NAME	TITLE	TELEPHONE (Include Area Code)	E-MAIL ADDRESS
Robert G. Kochan, PhD	Covance US Clinical Pharmacol. RSO	608-310-8268	robert.kochan@covance.com

Mail all future correspondence regarding this license to:

C. CERTIFYING OFFICIAL

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

PRINTED NAME AND TITLE	SIGNATURE	DATE
Mary L. Westrick, PhD Global VP & Gen. Manager, Clin. Pharmacol.	<i>M L Westrick</i>	01 Feb 2008

WARNING: FALSE STATEMENTS IN THIS CERTIFICATE MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. NRC REGULATIONS REQUIRE THAT SUBMISSIONS TO THE NRC BE COMPLETE AND ACCURATE IN ALL MATERIAL RESPECT. 18 U.S.C. SECTION 1001 MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION

CERTIFICATE OF DISPOSITION OF MATERIALS

PLEASE READ THESE INSTRUCTIONS BEFORE COMPLETING NRC FORM 314.

Subpart E of 10 CFR Part 20 establishes the radiological criteria for license terminations/decommissioning of facilities licensed under 10 CFR Parts 30, 40, 50, 60, 61, 70, and 72, as well as other facilities subject to the Commission's jurisdiction under the Atomic Energy Act of 1954, as amended, and the Energy Reorganization Act of 1974, as amended.

INSTRUCTIONS

Section B, Item 2.

Licensees should describe the specific radioactive material transfer actions. If radioactive wastes were generated in terminating this license, the licensee should describe the disposal actions taken, including the disposition of low-level radioactive waste, mixed waste, greater-than-Class-C waste, and sealed sources.

Section B, Item 2.a.

The information provided concerning the transfer of radioactive material to another licensee should specify the date of the transfer, the name of the licensee recipient, an individual contact name and telephone number for the licensee recipient, and the recipient's NRC or Agreement State license number.

Section B, Item 2.b.

For disposal of radioactive materials, licensees should describe the specific disposal method or procedure (e.g., decay-in-storage). For those cases when radioactive materials are disposed of by a licensed disposal site or by a waste contractor, the licensee should specify the name, address, and telephone number of the licensed disposal site operator or waste contractor.

Section B, Item 2.c.

"Residual radioactivity," as defined in 10 CFR 20.1003, means radioactivity in 'areas' (structures, materials, soils, etc.) remaining as a result of activities (licensed and unlicensed) under the licensee's control from sources used by the licensee, excluding background radiation. ALARA is defined in 10 CFR 20.1003.

FILE CERTIFICATES AS FOLLOWS:

IF YOU ARE LOCATED IN:

ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND CERTIFICATES TO:

LICENSING ASSISTANT SECTION
NUCLEAR MATERIALS SAFETY BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION I
475 ALLENDALE ROAD
KING OF PRUSSIA, PA 19406-1415

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND CERTIFICATES TO:

MATERIALS LICENSING SECTION
U.S. NUCLEAR REGULATORY COMMISSION, REGION III
2443 WARRENVILLE ROAD, SUITE 210
LISLE, IL 60532-4352

IF YOU ARE LOCATED IN:

ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MISSISSIPPI, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING, SEND CERTIFICATES TO:

MATERIAL RADIATION PROTECTION SECTION
U. S. NUCLEAR REGULATORY COMMISSION, REGION IV
611 RYAN PLAZA DRIVE, SUITE 400
ARLINGTON, TX 76011-8064

RADIATION WIPE TEST SURVEY FORM

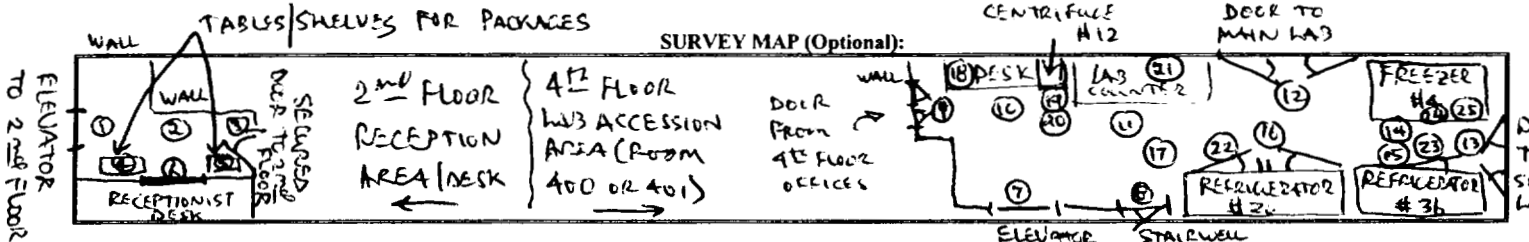
CRU STUDY NO.: N/A ① - NA ①

Check applicable LSC ID No.: 402452 at ECRU or 405424 at MCP LSC TOWER/PROGRAM NO.: # 1

TYPE OF SURVEY: Routine Surveys of Unit; or Other explain: ① DECOMMISSIONING SURVEYS

WIPE TEST PERFORMED BY (Initials)/DATE: Rak; 19/DEC/2007

VIALS PLACED INTO LSC BY (Initials)/DATE: Rak; 21/DEC/2007 Start time on LSC Printout 11:15 ON 21 DEC 2007



SURVEY RESULTS

Map Area No.	Vial No.	LSC Slot No.	Description of Survey Item	dpm/100cm ² From LSC Printout*	TBD	Initial Evaluation/Action		Subsequent Evaluation/Action	
						N or R/TL ^b	PB/D	N or R/TL ^b	PB/D
NA	BKG 1	1	Background ("Clean" Alcohol Swab)	23.20	Rak 22 DEC 2007	NA	NA	NA	NA
1	117	37	RUG OUTSIDE OF ELEVATOR	2		N	Rak 22 DEC 2007		
2	118	38	RUG IN MIDDLE OF ENTRY WAY	0		N			
3	119	39	RUG BY SECURED DOOR	0		N			
4	120	40	TOP OF TABLE/SHELF - A	0		N			
5	121	41	TOP OF TABLE/SHELF - B	0		N			
6	122	42	COUNTER BY RECEPTION WINDOW	0		N			
7	123	43	FLOOR OUTSIDE OF ELEVATOR	0		N			
8	124	44	FLOOR BY STAIRWELL DOOR	1		N			
9	125	45	FLOOR BY 4TH FLOOR OFFICE DOOR	4		N			
10	126	46	FLOOR BY DESK	1		N			
11	127	47	FLOOR BY LAB COUNTER	0		N			
12	128	48	FLOOR BY ENTRANCE TO MAIN LAB	0		N			
13	129	49	FLOOR BY ENTRANCE TO MAIN LAB	0		N			
14	130	50	FLOOR BY FREEZER #20	3		N			
15	131	51	FLOOR BY REFRIGERATOR #36	2		N			
16	132	52	FLOOR BY REFRIGERATOR #36	2		N			
17	133	53	FLOOR IN MIDDLE OF ACCESSION	0		N			
18	134	54	DESK SURFACE	5		N			
19	135	55	CENTRIFUGE #12 DIAS	0		N			
20	136	56	CENTRIFUGE #12 INSIDE WALL	1		N			
21	137	57	LAB COUNTER TOP	0		N			
22	138	58	REFRIGERATOR #20 HANDLES	0		N			
23	139	59	REFRIGERATOR #36 HANDLES	0		N			
24	140	60	FREEZER #4 HANDLES	0		N			
25	141	61	FREEZER #4 - BOTTOM SHELF	0		N			

*For ³H and ¹⁴C, dpm are transcribed from LSC printout (NOTE: For transcribing results for BKG1, use CPMs from channel A instead).

^bActions are: N = If dpm ≤ 200 dpm, return to normal use/disposal.

R/TL = If dpm > 200 dpm, TRIGGER LEVEL reached - Notify RSO (or designee) immediately to discuss and rewash/rewipe-test ASAP.

NOTE: If after repeated decontamination efforts, dpm > 200 dpm, object must be disposed of as Solid Radioactive Waste (contact RSO).

RSO (or designee) Review PB/D Rak 22 DEC 2007 → Rak = Robert Kochan

- ① DECOMMISSIONING SURVEYS AT QUANCE-EVANSVILLE (ST. MARY'S SITE) RAK 19 DEC 2007.
- ② CORRECTION OF FREEZER #. RAK 19 DEC 2007.
- ③ CORRECTION OF REFRIGERATOR #. RAK 19 DEC 2007

RADIATION WIPE TEST SURVEY FORM

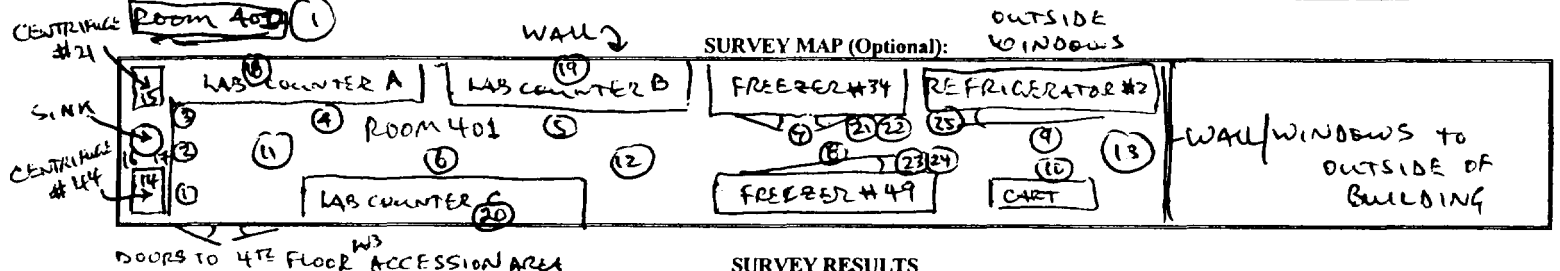
CRU STUDY NO.: N/A (2) - N/A (2)

Check applicable LSC ID No.: 402452 at ECRU or 405424 at MCP LSC TOWER/PROGRAM NO.: # 1

TYPE OF SURVEY: Routine Surveys of Unit; or Other, explain: DECOMMISSIONING SURVEYS (2)

WIPE TEST PERFORMED BY (Initials)/DATE: RAK; 19/DEC/2007

VIALS PLACED INTO LSC BY (Initials)/DATE: RAK; 21/DEC/2007 Start time on LSC Printout 11:15 ON 21 DEC 2007



Map Area No.	Vial No.	LSC Slot No.	Description of Survey Item	dpm/100cm ² From LSC Printout ^a	TBD	Initial Evaluation/Action		Subsequent Evaluation/Action	
						N or R/TL ^b	PB/D	N or R/TL ^b	PB/D
NA	BKG 1	1	Background ("Clean" Alcohol Swab)	23.20	RAK 22 DEC 2007	NA	NA	NA	NA
1	142	62	FLOOR BY CENTRIFUGE # 44	5		N	RAK 22 DEC 2007		
2	143	63	FLOOR BY SINK (UNDER MAT)	0		N			
3	144	64	FLOOR BY CENTRIFUGE # 21	0		N			
4	145	65	FLOOR BY LAB COUNTER A	0		N			
5	146	66	FLOOR BY LAB COUNTER B	0		N			
6	147	67	FLOOR BY LAB COUNTER C	0		N			
7	148	68	FLOOR BY FREEZER # 34	2		N			
8	149	69	FLOOR BY FREEZER # 49	0		N			
9	150	70	FLOOR BY REFRIGERATOR # 2	2		N			
10	151	71	FLOOR BY CART	0		N			
11	152	72	FLOOR - MIDDLE LEFT	3		N			
12	153	73	FLOOR - MIDDLE CENTER	0		N			
13	154	74	FLOOR - MIDDLE RIGHT	0		N			
14	155	75	DIALS OF CENTRIFUGE # 44	0		N			
15	156	76	DIALS OF CENTRIFUGE # 21	0		N			
16	157	77	SINK HANDLES	0		N			
17	158	78	SINK DRAIN	0		N			
18	159	79	LAB COUNTER TOP - A	0		N			
19	160	80	LAB COUNTER TOP - B	1		N			
20	161	81	LAB COUNTER TOP - C	0		N			
21	162	82	FREEZER # 34 HANDLES	3		N			
22	163	83	FREEZER # 34 BOTTOM SHELF	0		N			
23	164	84	FREEZER # 49 HANDLES	0		N			
24	165	85	FREEZER # 49 BOTTOM SHELF	0		N			
25	166	86	REFRIGERATOR # 2 HANDLES	0		N			

^aFor ³H and ¹⁴C, dpm are transcribed from LSC printout (NOTE: For transcribing results for BKG1, use CPMs from channel A instead).

^bActions are: N = If dpm^a ≤ 200 dpm, return to normal use/disposal.

R/TL = If dpm^a > 200 dpm, TRIGGER LEVEL reached - Notify RSO (or designee) immediately to discuss and rewash/rewipe-test ASAP.

NOTE: If after repeated decontamination efforts, dpm > 200 dpm, object must be disposed of as Solid Radioactive Waste (contact RSO).

RSO (or designee) Review PB/D RAK 22 DEC 2007

- ① Room is "401". RAK 19 DEC 2007.
- ② DECOMMISSIONING SURVEYS AT COVALE - EVANSVILLE (ST. MARY'S SITE). RAK 19 DEC 2007.
- ③ WRITE-OVER: WORD IS "DECOMMISSIONING". RAK 19 DEC 2007.

RADIATION WIPE TEST SURVEY FORM

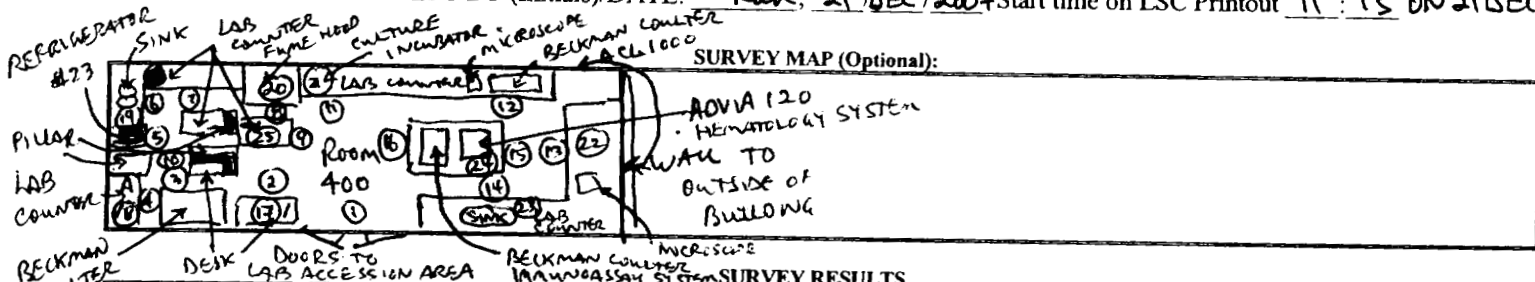
CRU STUDY NO.: N/A ① - N/A ①

Check applicable LSC ID No.: 402452 at ECRU or 405424 at MCP LSC TOWER/PROGRAM NO.: # 1

TYPE OF SURVEY: Routine Surveys of Unit; or Other, explain: DECOMMISSIONING SURVEYS

WIPE TEST PERFORMED BY (Initials)/DATE: RAK; 19/DEC/2007

VIALS PLACED INTO LSC BY (Initials)/DATE: RAK; 21/DEC/2007 Start time on LSC Printout 11:15 ON 21 DEC 2007



Map Area No.	Vial No.	LSC Slot No.	Description of Survey Item	dpm/100cm ² From LSC Printout*	TB/D	Initial Evaluation/Action		Subsequent Evaluation/Action	
						N or R/TL ^b	PB/D	N or R/TL ^b	PB/D
NA	BKG 1	1	Background ("Clean" Alcohol Swab)	23.20	RAK 22 DEC 2007	NA	NA	NA	NA
1	167	87	FLOOR AT ENTRANCE EXT - Room 400	0		N	RAK 22 DEC 2007		
2	168	88	FLOOR BY DESK	0		N			
3	169	89	FLOOR BY CYS PRO	0		N			
4	170	90	FLOOR BY LAB COUNTER	0		N			
5	171	91	FLOOR BY REFRIGERATOR # 23	2		N			
6	172	92	FLOOR BY DOUBLE SINKS	0		N			
7	173	93	FLOOR BY LAB COUNTER	1		N			
8	174	94	FLOOR BY FUME HOOD	3		N			
9	175	95	FLOOR BY LAB COUNTER	0		N			
10	176	96	FLOOR BY LAB COUNTER	0		N			
11	177	97	FLOOR BY INCUBATOR/COUNTER	0		N			
12	178	98	FLOOR BY ACL 1000	1		N			
13	179	99	FLOOR BY LAB COUNTER	1		N			
14	180	100	FLOOR BY SINGLE SINK	0		N			
15	181	101	FLOOR BY HEMATOLOGY SYSTEM	2		N			
16	182	102	FLOOR BY IMMUNOASSAY SYSTEM	2		N			
17	183	103	LAB COUNTER SURFACE/DESK	3		N			
18	184	104	LAB COUNTER - A	1		N			
19	185	105	LAB COUNTER BY SINKS	1		N			
20	186	106	LAB COUNTER BY FUME HOOD	5		N			
21	187	107	LAB COUNTER BY INCUBATOR	0		N			
22	188	108	LAB COUNTER BY MICROSCOPE	0		N			
23	189	109	LAB COUNTER BY SINGLE SINK	1		N			
24	190	110	LAB COUNTER BY HEMA. SYSTEM (2)	1		N			
25	191	111	LAB COUNTER BY IMMUNOASSAY (3)	0		N			

*For ³H and ¹⁴C, dpm are transcribed from LSC printout (NOTE: For transcribing results for BKG1, use CPMs from channel A instead).

^bActions are: N = If dpm < 200 dpm, return to normal use/disposal.

R/TL = If dpm > 200 dpm, TRIGGER LEVEL reached - Notify RSO (or designee) immediately to discuss and rewash/rewipe-test ASAP.

NOTE: If after repeated decontamination efforts, dpm > 200 dpm, object must be disposed of as Solid Radioactive Waste (contact RSO).

RSO (or designee) Review PB/D RAK 22 DEC 2007

- ① DECOMMISSIONING SURVEYS AT COVANCE-EVANSVILLE (ST. MARY'S SITE). RAK 19 DEC 2007.
- ② CHANGED TO DRAIN AT DOUBLE SINK. RAK 19 DEC 2007.
- ③ CHANGED TO DRAIN AT SINGLE SINK. RAK 19 DEC 2007.

RADIATION WIPE TEST SURVEY FORM

CRU STUDY NO.: N/A N/A

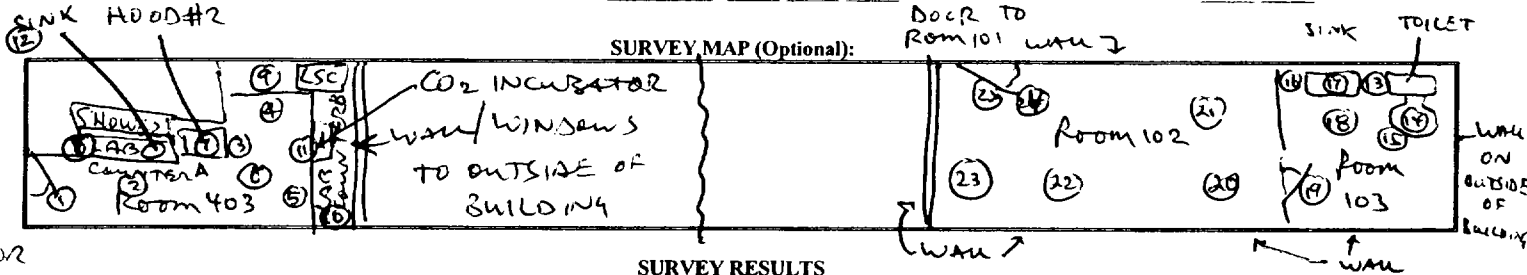
Check applicable LSC ID No.: 402452 at ECRU or 405424 at MCP LSC TOWER/PROGRAM NO.: #1

TYPE OF SURVEY: Routine Surveys of Unit; or Other, explain: DECOMMISSIONING SURVEYS

WIPE TEST PERFORMED BY (Initials)/DATE: Rak; 19/DEC/2007

VIALS PLACED INTO LSC BY (Initials)/DATE: Rak; 21/DEC/2007 Start time on LSC Printout 11:15 ON 21 DEC 2007

SURVEY MAP (Optional):



SURVEY RESULTS

Map Area No.	Vial No.	LSC Slot No.	Description of Survey Item	dpm/100cm ² From LSC Printout*	TB/D	Initial Evaluation/Action		Subsequent Evaluation/Action	
						N or R/TL ^b	PB/D	N or R/TL ^b	PB/D
NA	BKG 1	1	Background ("Clean" Alcohol Swab)	23, 20	Rak 22 DEC 2007	NA	NA	NA	NA
1	192	112	FLOOR BY ENTRANCE EXIT - RM 403	0		N	Rak 22 DEC 2007		
2	193	113	FLOOR BY LAB COUNTER A	1		N			
3	194	114	FLOOR BY HOOD #2	1		N			
4	195	115	FLOOR BY LSC	0		N			
5	196	116	FLOOR BY LAB COUNTER B	1		N			
6	197	117	FLOOR IN MIDDLE OF RM 403	0		N			
7	198	118	SURFACE/COUNTER IN HOOD #2	2		N			
8	199	119	LAB COUNTER A	2		N			
9	200	120	LAB COUNTER BY LSC	2		N			
10	201	121	LAB COUNTER B	0		N			
11	202	122	HANDLE OF CO2 INCUBATOR	0		N			
12	203	123	DRAIN OF SINK	0		N			
13	204	124	HANDLE ON TOILET - RM 103	0		N			
14	205	125	TOILET RIM	0		N			
15	206	126	FLOOR BY TOILET	0		N			
16	207	127	HANDLES ON SINK	0		N			
17	208	128	SINK DRAIN	0		N			
18	209	129	FLOOR BY SINK	0		N			
19	210	130	FLOOR BY DOOR	0		N			
20	211	131	FLOOR AREA A RM 102	0		N			
21	212	132	FLOOR AREA B	0		N			
22	213	133	FLOOR AREA C	0		N			
23	214	134	FLOOR AREA D	0		N			
24	215	135	HANDLES OF DOOR	0		N			
25	216	136	FLOOR BY DOOR	0		N			

*For ³H and ¹⁴C, dpm are transcribed from LSC printout (NOTE: For transcribing results for BKG1, use CPMs from channel A instead).

^bActions are: N = If dpm* ≤ 200 dpm, return to normal use/disposal.

R/TL = If dpm* > 200 dpm, TRIGGER LEVEL reached - Notify RSO (or designee) immediately to discuss and rewash/rewipe-test ASAP.

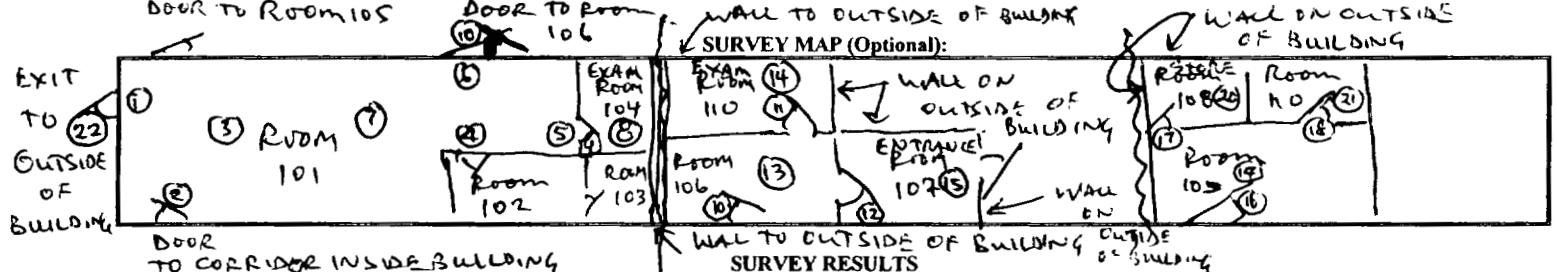
NOTE: If after repeated decontamination efforts, dpm > 200 dpm, object must be disposed of as Solid Radioactive Waste (contact RSO).

RSO (or designee) Review PB/D Rak 22 DEC 2007

DECOMMISSIONING SURVEY FOR COVANCE - EVANSVILLE (ST. MARY'S SITE), Rak 19 DEC 2007.

RADIATION WIPE TEST SURVEY FORM

CRU STUDY NO.: N/A(1) - N/A(1)
 Check applicable LSC ID No.: 402452 at ECRU or 405424 at MCP LSC TOWER/PROGRAM NO.: # 1
 TYPE OF SURVEY: Routine Surveys of Unit; or Other, explain: DECOMMISSIONING SURVEYS
 WIPE TEST PERFORMED BY (Initials)/DATE: RGR; 19/DEC/2007
 VIALS PLACED INTO LSC BY (Initials)/DATE: RGR; 21/DEC/2007 Start time on LSC Printout 11:15 ON 21 DEC 2007



Map Area No.	Vial No.	LSC Slot No.	Description of Survey Item	dpm/100cm ² From LSC Printout ^a	TB/D	Initial Evaluation/Action		Subsequent Evaluation/Action	
						N or R/TL ^b	PB/D	N or R/TL ^b	PB/D
NA	BKG1	1	Background ("Clean" Alcohol Swab)	23.20	RGR 23 DEC 2007	NA	NA	NA	NA
1	217	137	FLOOR BY ENTRANCE TO RM 101	0		N	RGR 23 DEC 2007		
2	218	138	FLOOR BY CORRIDOR DOOR	0		N			
3	219	139	FLOOR IN MIDDLE OF RM 101	1		N			
4	220	140	FLOOR BY ROOM 102 DOOR	0		N			
5	221	141	FLOOR BY ROOM 104 DOOR	0		N			
6	222	142	FLOOR BY ROOM 106 DOOR	0		N			
7	223	143	FLOOR BY MIDDLE AREA	0		N			
8	224	144	FLOOR IN ROOM 104	0		N			
9	225	145	DOOR HANDLE ENTERING RM 104	0		N			
10	226	146	DOOR HANDLE ENTERING RM 106	0		N			
11	227	147	DOOR HANDLE ENTERING RM 110	0		N			
12	228	148	DOOR HANDLE ENTERING RM 107	0		N			
13	229	149	FLOOR IN ROOM 106	1		N			
14	230	150	FLOOR IN ROOM 110	0		N			
15	231	151	FLOOR IN ROOM 107	0		N			
16	232	152	DOOR HANDLE ENTERING ROOM 105	0		N			
17	233	153	DOOR HANDLE ENTERING ROOM 108	0		N			
18	234	154	DOOR HANDLE ENTERING ROOM 109	0		N			
19	235	155	FLOOR IN MIDDLE OF ROOM 105	0		N			
20	236	156	FLOOR IN ROOM 108	0		N			
21	237	157	FLOOR IN ROOM 109	1		N			
22	238	158	DOOR HANDLE EXITING ROOM 101	0		N			
23									
24									
25									

^aFor ³H and ¹⁴C, dpm are transcribed from LSC printout (NOTE: For transcribing results for BKG1, use CPMs from channel A instead).

^bActions are: N = If dpm^a < 200 dpm, return to normal use/disposal.

R/TL = If dpm^a > 200 dpm, TRIGGER LEVEL reached - Notify RSO (or designee) immediately to discuss and rewash/rewipe-test ASAP.

NOTE: If after repeated decontamination efforts, dpm > 200 dpm, object must be disposed of as Solid Radioactive Waste (contact RSO).

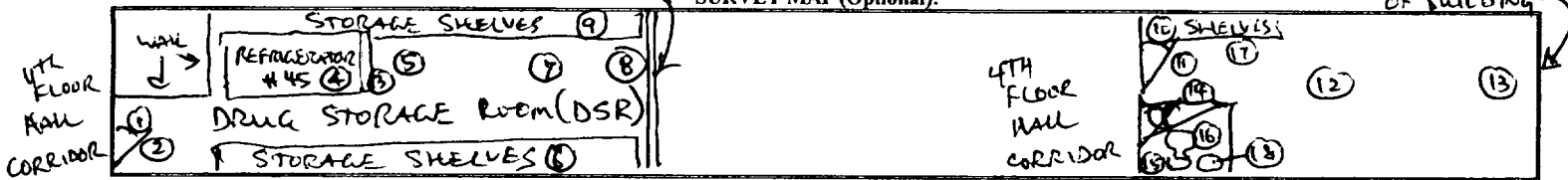
RSO (or designee) Review PB/D RGR 23 DEC 2007

① DECOMMISSIONING SURVEY FOR COVANCE - EVANSVILLE (ST. MARY'S SITE).
 RGR 19 DEC 2007

RADIATION WIPE TEST SURVEY FORM

CRU STUDY NO.: NA(1) - NA(1)
 Check applicable LSC ID No.: 402452 at ECRU or 405424 at MCP LSC TOWER/PROGRAM NO.: #1
 TYPE OF SURVEY: Routine Surveys of Unit; or Other explain: DECOMMISSIONING SURVEYS
 WIPE TEST PERFORMED BY (Initials)/DATE: RAK; 19/DEC/2007
 VIALS PLACED INTO LSC BY (Initials)/DATE: RAK; 22/DEC/2007 Start time on LSC Printout 11:15 ON 21 DEC 2007
 WALL/WINDOW TO OUTSIDE OF BUILDING

SURVEY MAP (Optional):



SURVEY RESULTS

Map Area No.	Vial No.	LSC Slot No.	Description of Survey Item	dpm/100cm ² From LSC Printout ^a	TB/D	Initial Evaluation/Action		Subsequent Evaluation/Action	
						N or R/TL ^b	PB/D	N or R/TL ^b	PB/D
NA	BKG 1	1	Background ("Clean" Alcohol Swab)	23.20	RAK 23 DEC 2007	NA	NA	NA	NA
1	239	159	DOOR ENTERING DSR	1		N	RAK 23 DEC 2007		
2	240	160	FLOOR BY DOOR IN DSR	0		N			
3	241	161	HANDLE OF REFRIGERATOR #45	3		N			
4	242	162	BOTTOM SHELF OF REFRIGERATOR #45	0		N			
5	243	163	FLOOR BY REFRIGERATOR #45	0		N			
6	244	164	RANDOM SHELF IN DSR	0		N			
7	245	165	FLOOR IN MIDDLE OF DSR	0		N			
8	246	166	FLOOR BY WINDOW OF DSR	0		N			
9	247	167	RANDOM SHELF IN DSR	0		N			
10	248	168	DOOR ENTERING ROOM 411	0		N			
11	249	169	FLOOR BY DOOR IN ROOM 411	0		N			
12	250	170	FLOOR IN MIDDLE OF ROOM 411	0		N			
13	251	171	FLOOR BY WINDOW IN ROOM 411	0		N			
14	252	172	DOOR TO BATHROOM IN ROOM 411	0		N			
15	253	173	HANDLES OF TOILET IN ROOM 411	0		N			
16	254	174	FLOOR BY TOILET IN ROOM 411	0		N			
17	255	175	RANDOM SHELF IN ROOM 411	0		N			
18	256	176	DRAIN OF SINK IN BATHROOM	1		N			
19									
20									
21									
22									
23									
24									
25									

^aFor ³H and ¹⁴C, dpm are transcribed from LSC printout (NOTE: For transcribing results for BKG1, use CPMs from channel A instead).
^bActions are: N = If dpm ≤ 200 dpm, return to normal use/disposal.
 R/TL = If dpm > 200 dpm, TRIGGER LEVEL reached - Notify RSO (or designee) immediately to discuss and rewash/rewipe-test ASAP.
 NOTE: If after repeated decontamination efforts, dpm > 200 dpm, object must be disposed of as Solid Radioactive Waste (contact RSO).

RSO (or designee) Review PB/D RAK 23 DEC 2007

① DECOMMISSIONING SURVEY FOR COVANCE - EVANSVILLE (ST. MARY'S SITE).
 RAK 19 DEC 2007,

RADIATION WIPE TEST SURVEY FORM

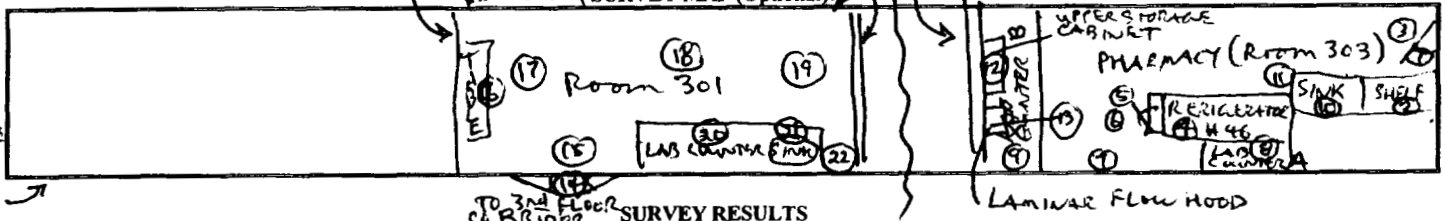
CRU STUDY NO.: N/A ① - N/A ①

Check applicable LSC ID No.: 402452 at ECRU or 405424 at MCP LSC TOWER/PROGRAM NO.: # 1

TYPE OF SURVEY: Routine Surveys of Unit; or Other, explain: DECOMMISSIONING SURVEYS

WIPE TEST PERFORMED BY (Initials)/DATE: Rgk; 20/DEC/2007

VIALS PLACED INTO LSC BY (Initials)/DATE: Rgk; 22/DEC/2007 Start time on LSC Printout 11:15 ON 21 DEC 2007



SURVEY RESULTS

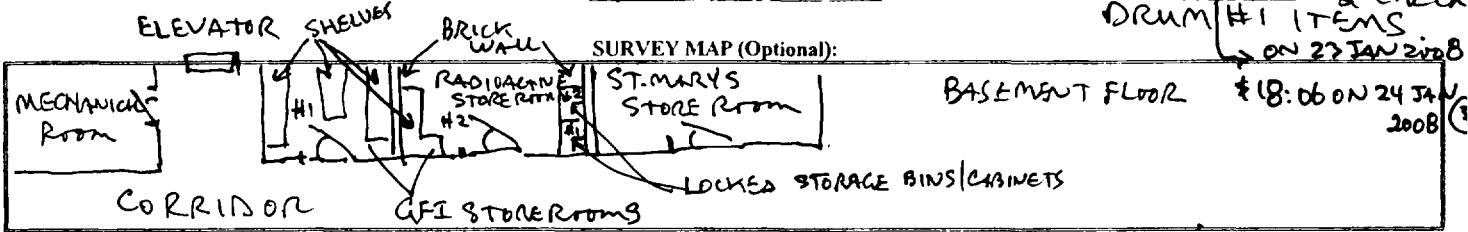
Map Area No.	Vial No.	LSC Slot No.	Description of Survey Item	dpm/100cm ² From LSC Printout ^a	TB/D	Initial Evaluation/Action		Subsequent Evaluation/Action	
						N or R/TL ^b	PB/D	N or R/TL ^b	PB/D
NA	BKG 1	1	Background ("Clean" Alcohol Swab)	23.20	Rgk 23 DEC 2007	NA	NA	NA	NA
1	257	177	DOOR HANDLE ENTERING Room 303	0		N	Rgk 23 DEC 2007		
2	258	178	RANDOM SHELF ENTERING Room 303	0		N			
3	259	179	FLOOR BY DOOR IN Room 303	0		N			
4	260	180	BOTTOM SHELF OF REFRIGERATOR #46	0		N			
5	261	181	DOOR HANDLE OF REFRIGERATOR #46	1		N			
6	262	182	FLOOR BY REFRIGERATOR #46	0		N			
7	263	183	FLOOR AT END OF Room 303	0		N			
8	264	184	LAB COUNTER A IN Room 303	0		N			
9	265	185	LAB COUNTER B IN Room 303	0		N			
10	266	186	SINK HANDLES IN Room 303	0		N			
11	267	187	SINK DRAIN IN Room 303	0		N			
12	268	188	RANDOM UPPER CABINET SHELF	0		N			
13	269	189	WORK SURFACE IN LAMINAR FLOW HOOD	1		N			
14	270	190	DOOR HANDLES ENTERING Room 301	0		N			
15	271	191	FLOOR BY DOORS IN Room 301	1		N			
16	272	192	TABLE SURFACE IN Room 301	1		N			
17	273	193	FLOOR BY TABLE IN Room 301	0		N			
18	274	194	FLOOR IN MIDDLE OF Room 301	1		N			
19	275	195	FLOOR BY WINDOWS IN Room 301	0		N			
20	276	196	LAB COUNTER SURFACE IN Room 301	0		N			
21	277	197	SINK DRAIN IN Room 301	0		N			
22	278	198	SINK HANDLES IN Room 301	1		N			
23	279	199	DOOR ENTERING Room 301	4		N			
24	280	200	FLOOR IN Room 301	0		N			
25	281	201	FLOOR BY TOILET IN Room 301	0		N			
26	282	202	FLOOR IN DINING ROOM 300	0		N			
27	283	203	RANDOM DINING TABLE TOP	0		N			
28	284	204	SERVING/PREP TABLE TOP	0		N			

RSO (or designee) Review PB/D Rgk 23 DEC 2007

① DECOMMISSIONING SURVEYS AT COVANCE-EVANSVILLE (ST. MARY'S SITE), Rgk 20 DEC 2007
 ② FORM CHANGE; 3 ROWS ADDED, Rgk 20 DEC 2007

RADIATION WIPE TEST SURVEY FORM

CRU STUDY NO.: NA¹ ② NA¹
 Check applicable LSC ID No. 402452 at ECRU or 405424 at MCP LSC TOWER/PROGRAM NO.: #1
 TYPE OF SURVEY: Routine Surveys of Unit; or Other, explain: DECOMMISSIONING - FINAL SURVEYS
 WIPE TEST PERFORMED BY (Initials)/DATE: RAK; 21/JAN 2008
 VIALS PLACED INTO LSC BY (Initials)/DATE: RAK; 23/JAN 2008 Start time on LSC Printout: 12:09
BASEMENT FLOOR/STOR
DRUM #1 ITEMS
ON 23 JAN 2008



SURVEY RESULTS

Map Area No.	Vial No.	LSC Slot No.	Description of Survey Item	dpm/100cm ² From LSC Printout ^a	TB/D	Initial Evaluation/Action		Subsequent Evaluation/Action		
						N or R/TL ^b	PB/D	N or R/TL ^b	PB/D	
NA	BKG 1	1	Background ("Clean" Alcohol Swab)	20.60	RAK 24 JAN 2008	NA	NA	NA	NA	
1	285	147	HANDLE OF DOOR - #1 STORE ROOM	2	↓	N	RAK 24 JAN 2008	↓	↓	
2	286	148	FLOOR AT ENTRANCE	5		N				
3	287	149	RANDOM SHELF	3		N				
4	288	150	HANDLE OF DOOR - #2 STORE ROOM	3		N				
5	289	151	FLOOR AT ENTRANCE	3		N				
6	290	152	RANDOM SHELF	3		N				
7	291	153	HANDLE/LOCK OF BIN #1	4		N				
8	292	154	FLOOR BY DOOR	1		N				
9	293	155	FLOOR IN MIDDLE	2		N				
10	294	156	RIM OF DRUM #1	2		N				
11	295	157	HANDLE/LOCK OF BIN #2	0		N				
12	296	158	FLOOR BY DOOR	6		N				
13	297	3	FLOOR IN MIDDLE	9		RAK 25 JAN 2008	N			RAK 25 JAN 2008
14	298	4	RIM OF DRUM #2	10		N				
15	299	5	HANDLE OF DECAY-IN-STORAGE BIN	10		N				
16	300	6	BOTTOM INSIDE - DECAY-IN-STORAGE	7	N					
17	301	7	SHARPS BUCKET #1 - RANDOM 10cc SYR	3	N					
18	302	8	↓ ↓ ↓ ↓ ↓	9	N					
19	303	9	↓ ↓ ↓ ↓ ↓	7	N					
20	304	10	↓ ↓ ↓ ↓ ↓	9	N					
21	305	11	↓ ↓ ↓ ↓ ↓	5	N					
22	306	12	SHARPS BUCKET #2 - RANDOM 10cc SYR	6	N					
23	307	13	↓ ↓ ↓ ↓ ↓	5	N					
24	308	14	↓ ↓ ↓ ↓ ↓	7	N					
25	309	15	↓ ↓ ↓ ↓ ↓	3	N					

① WRITE-OVER -> "FINAL" REVIEW OF FORM OCCURRED ON 25 JAN 2008. RAK 25 JAN 2008.

^aFor ³H and ¹⁴C, dpm are transcribed from LSC printout (NOTE: For transcribing results for BKG1, use CPMs from channel A instead).
^bActions are: N = If dpm ≤ 200 dpm, return to normal use/disposal.
 R/TL = If dpm > 200 dpm, TRIGGER LEVEL reached - Notify RSO (or designee) immediately to discuss and rewash/rewipe-test ASAP.
 NOTE: If after repeated decontamination efforts, dpm > 200 dpm, object must be disposed of as Solid Radioactive Waste (contact RSO).

③ REMAINING VIALS COUNTED ON "SECONDS RUN". RAK 25 JAN 2008

RSO (or designee) Review PB/D: RAK 25 JAN 2008

- ① CONTINUATION OF DECOMMISSIONING SURVEYS AT COVANCE-EVANSVILLE (ST. MARY'S SITE). RAK 21 JAN 2008.
- ② DUE TO INOPERABLE LSC AT COVANCE-EVANSVILLE ST. MARY'S SITE, VIALS TRANSPORTED BY RSO TO COVANCE-MADISON SITE & COUNTED ON LSC THERE. RAK 24 JAN 2008

RADIATION WIPE TEST SURVEY FORM

CRU STUDY NO.: NA ① ② NA ①
 Check applicable LSC ID No.: 402452 at ECRU or 405424 at MCP LSC TOWER/PROGRAM NO.: #1
 TYPE OF SURVEY: Other explain: CHECK OF DRUM #1 ITEMS
 WIPE TEST PERFORMED BY (Initials)/DATE: RAK; 21 JAN 2008
 VIALS PLACED INTO LSC BY (Initials)/DATE: RAK; 24 JAN 2008 Start time on LSC Printout 18:06 ON 24 JAN 2008

SURVEY MAP (Optional):



SURVEY RESULTS

Map Area No.	Vial No.	LSC Slot No.	Description of Survey Item	dpm/100cm ² From LSC Printout ^a	TB/D	Initial Evaluation/Action		Subsequent Evaluation/Action	
						N or R/TL ^b	PB/D	N or R/TL ^b	PB/D
NA	BKG 1	1	Background ("Clean" Alcohol Swab)	18.90	RAK 25 JAN 2008	NA	NA	NA	NA
1	310	16	SHARPS CONTAINER #2 - HEPWELL SET	5		N	RAK 25 JAN 2008		
2	311	17	SHARPS CONTAINER #3 - 10cc SYR.	8		N			
3	312	18	3cc SYR	4		N			
4	313	19	10cc SYR	5		N			
5	314	20	3cc SYR	6		N			
6	315	21	↓ ↓ ↓ - HEPWELL SET	5		N			
7	316	22	SHARPS CONTAINER #4 - 10cc SYR.	7		N			
8	317	23	↓ ↓ ↓ - 3cc SYR.	8		N			
9	318	24	↓ ↓ ↓ - 10cc SYR.	7		N			
10	319	37	↓ ↓ ↓ - 3cc SYR.	6		N			
11	320	38	↓ ↓ ↓ - HEPWELL SET	5		N			
12	321	39	SHARPS CONTAINER #5 - 10cc SYR	7		N			
13	322	40	↓ ↓ ↓ - 3cc SYR	5		N			
14	323	41	↓ ↓ ↓ - 10cc SYR	4		N			
15	324	42	↓ ↓ ↓ - 3cc SYR	7		N			
16	325	43	↓ ↓ ↓ - HEPWELL SET	9		N			
17	326	44	SHARPS CONTAINER #6 - 10cc SYR	5		N			
18	327	45	↓ ↓ ↓ - 3cc SYR	4		N			
19	328	46	↓ ↓ ↓ - 10cc SYR	7		N			
20	329	47	↓ ↓ ↓ - 3cc SYR	3		N			
21	330	48	↓ ↓ ↓ - HEPWELL SET	4		N			
22	331	49	FECAL COLLECTION BUCKET 1 - RANDOM	5		N			
23	332	50	↓ ↓ ↓ 2-RANDOM	14		N			
24	333	51	↓ ↓ ↓ 3-RANDOM	12		N			
25	334	52	↓ ↓ ↓ 4-RANDOM	13		N			

^aFor ³H and ¹⁴C, dpm are transcribed from LSC printout (NOTE: For transcribing results for BKG1, use CPMs from channel A instead).
^bActions are: N = If dpm ≤ 200 dpm, return to normal use/disposal.
 R/TL = If dpm > 200 dpm, TRIGGER LEVEL reached - Notify RSO (or designee) immediately to discuss and rewash/rewipe-test ASAP.
 NOTE: If after repeated decontamination efforts, dpm > 200 dpm, object must be disposed of as Solid Radioactive Waste (contact RSO).

RSO (or designee) Review PB/D RAK 25 JAN 2008
 ① CONTINUATION OF DECOMMISSIONING SURVEYS AT COVANCE - EVANSVILLE ST. MARY'S SITE. RAK 21 JAN 2008.
 ② CORRECTION: LSC AT COVANCE - MADISON USED SINCE LSC AT COVANCE - EVANSVILLE ST. MARY'S SITE WAS INOPERABLE. RAK 25 JAN 2008.

RADIATION WIPE TEST SURVEY FORM

CRU STUDY NO.: NA ① ② NA ①

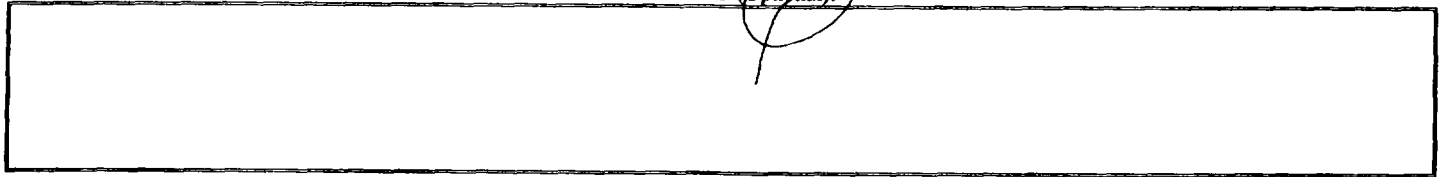
Check applicable LSC ID No.: 402452 at ECRU or 405424 at MCP LSC TOWER/PROGRAM NO.: #1

TYPE OF SURVEY: Routine Surveys of Unit; or Other explain: DECOMMISSIONING ACTIVITY:

WIPE TEST PERFORMED BY (Initials)/DATE: RGK; 21/DEC/2008 VERIFY LEVELS OF ITEMS IN DRAWING

VIALS PLACED INTO LSC BY (Initials)/DATE: RGK; 24/DEC/2008 Start time on LSC Printout: (8:06 on 24 JAN 2008)

SURVEY MAP (Optional):



SURVEY RESULTS

Map Area No.	Vial No.	LSC Slot No.	Description of Survey Item	dpm/100cm ² From LSC Printout ^a	TB/D	Initial Evaluation/Action		Subsequent Evaluation/Action	
						N or R/TL ^b	PB/D	N or R/TL ^b	PB/D
NA	BKG 1	1	Background ("Clean" Alcohol Swab)	18.90	<u>RGK 25 JAN 2008</u>	NA	NA	NA	NA
1	335	S3	FECAL COLLECTION BUCKETS/RANDOM	9	↓	N	<u>RGK 25 JAN 2008</u>	↓	↓
2	336	S4	FLOOR BY BATHROOM - 1 ST FLOOR	8	↓	N	↓	↓	↓
3	337	S5	FLOOR BY SINK - 1 ST FLOOR	6	↓	N	↓	↓	↓
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
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20									
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23									
24									
25									

^aFor ³H and ¹⁴C, dpm are transcribed from LSC printout (NOTE: For transcribing results for BKG1, use CPMs from channel A instead).

^bActions are: N = If dpm^a ≤ 200 dpm, return to normal use/disposal.

R/TL = If dpm^a > 200 dpm, TRIGGER LEVEL reached - Notify RSO (or designee) immediately to discuss and rewash/rewipe-test ASAP.

NOTE: If after repeated decontamination efforts, dpm > 200 dpm, object must be disposed of as Solid Radioactive Waste (contact RSO).

RSO (or designee) Review PB/D RGK 25 JAN 2008

- ① CONTINUATION OF DECOMMISSIONING SURVEYS AT COVANCE - EVANSVILLE ST. MARY'S SITE
 RGK 21 RGK 2008
- ② CORRECTION: LSC AT COVANCE - MADISON USED SINCE LSC AT COVANCE - EVANSVILLE ST. MARY'S SITE WAS INOPERABLE. RGK 25 JAN 2008.

SURVEY FORM: SURVEY METER (AMBIENT RADIATION)

CRU STUDY NO.: NA - NA

Check applicable Survey Meter: Ludlum, Model 2401-P, Serial No.: 221424 at ECRU or 159841 at MCP

TYPE OF SURVEY: Routine Survey of Unit; of Other, explain: FINAL SURVEY METER SURVEYS

SURVEY PERFORMED BY (Initials)/DATE: RAK; 22 JAN 2008

BATTERY CHECK: PERFORMED BY (Initials)/DATE: RAK; 22 JAN 2008

RESULT (circle OK/indicate otherwise): (OK) or explain: _____

CALIBRATION STICKER INDICATES SURVEY METER LAST CALIBRATED ON: 28 MAR 2007

SURVEY MAP (Optional):

REFER TO NRC APPLICATION DATED 11 JAN 2006 FOR DETAILED MAPS OF 3rd, 2nd & 1st FLOORS & BASEMENT FLOOR & FOR USES/LOCATIONS OF SPECIFIC ROOMS SURVEYED: Restricted Area - HOT LABS.

SURVEY RESULTS

Map Area or Item No.	Description of Survey Area/Surface/Object (3)	Meter Reading: (mrem/hr)	Survey PB/D	Evaluation/Action	
				N or RTL ^b	PB/D
NA	CESIUM CHECK SOURCE: ¹³⁷ Cs #99-1266 ^a	5.4-5.6	22 Jan 2008	NA	NA
1	ENTIRE FLOOR (TILE) OF ROOM 301 (PHLEBOTOMY)	0.01-0.04	(2)	N	(2)
2	ALL COUNTERS/SINKS IN ROOM 301 (PHLEBOTOMY)	0.01-0.02	(2)	N	(2)
3	ENTIRE FLOOR (LINOLEUM) OF ROOM 303 (PHARMACY)	0.01-0.02	(2)	N	(2)
4	ALL COUNTERS/SINKS IN ROOM 303 (PHARMACY)	0.01-0.03	(2)	N	(2)
5	ENTIRE FLOOR LINOLEUM IN ROOM 316 (RANDOM SUBJECT BEDROOM)	0.01-0.02	(2)	N	(2)
6	BATHROOM SHOWER IN ROOM 316	0.01-0.04	(2)	N	(2)
7	RECEPTION AREA ON SECOND FLOOR (PACKAGE RECEIPT)	0.01-0.02	(2)	N	(2)
8	RANDOM 6'x6' AREA OF FLOOR/RAIL IN ROOM 101 (SUBJECT RESTROOM)	0.01-0.02	(2)	N	(2)
9	ENTIRE FLOOR LINOLEUM OF ROOM 102 (PHLEBOTOMY)	0.01-0.04	(2)	N	(2)
10	ENTIRE FLOOR LINOLEUM OF ROOM 103 (BATHROOM)	0.01-0.03	(2)	N	(2)
11	SINK & TOILET IN ROOM 103 (SUBJECT BATHROOM)	0.01-0.04	(2)	N	(2)
12	DOOR HANDLE OF FIRST STORE ROOM (NEAREST ELEVATOR)	0.01-0.02	(2)	N	(2)
13	RANDOM 2'x2' AREA OF FLOOR CEMENT IN FIRST STORE ROOM	0.01-0.02	(2)	N	(2)
14	RANDOM SHELVING AREA IN FIRST STORE ROOM	0.01-0.02	(2)	N	(2)
15	DOOR HANDLE OF SECOND STORE ROOM (FURTHEST FROM ELEVATOR)	0.01-0.02	(2)	N	(2)
16	FLOOR CEMENT (2'x2') AT ENTRANCE OF 2 nd STORE ROOM	0.01-0.02	(2)	N	(2)
17	FLOOR CEMENT (2'x6') BY LOCKED DOORS IN 2 nd STORE ROOM	0.01-0.02	(2)	N	(2)
18	LOCKS DOORS FOR 2 LOCKED DOOR AREAS IN 2 nd STORE ROOM	0.01-0.02	(2)	N	(2)
19	DECAY-IN STORAGE BOX (OUTSIDE) IN 2 nd STORE ROOM	0.01-0.02	(2)	N	(2)
20	DECAY-IN STORAGE BOX (INSIDE) IN 2 nd STORE ROOM	0.01-0.02	(2)	N	(2)
21	SEAL/RIM OF SS GAL. DRUM ON LEFT SIDE IN 2 nd STORE ROOM	0.01-0.02	(2)	N	(2)
22	SEAL/RIM OF SS GAL. DRUM ON RIGHT SIDE IN 2 nd STORE ROOM	0.01-0.02	(2)	N	(2)
23	RANDOM SHELF ON LEFT SIDE IN 2 nd STORE ROOM	0.01-0.02	(2)	N	(2)
24	RANDOM SHELF ON RIGHT SIDE IN 2 nd STORE ROOM	0.01-0.02	(2)	N	(2)
25					

^a Read ¹³⁷Cs (≈1 μCi) check source using x100 scale with label side of check source facing survey meter screen (should read ≈0.06 mR/hr X 100 or 6 mR/hr).

^b Actions are: N = If ≤ 0.1 mrem/hr, return to normal use/disposal.

RTL = If > 0.1 mrem/hr, TRIGGER LEVEL reached—notify Covance CRU RSO immediately to discuss and perform wipe-test(s) ASAP.

Covance CRU RSO Review PB/D: RAK 22 JAN 2008

(1) ECRU SURVEY METER NOT AVAILABLE. RAK 22 JAN 2008

(2) ALL PERFORMED BY RAK. RAK 22 JAN 2008.

(3) "ENTIRE" AREA SURVEYED BY SLOWLY SWEEPING DESCRIBED

(4) DECAY-IN-STORAGE BOX AREA WITH SURVEY METER RANGE GIVEN IS LOWEST HIGHEST READING DURING SWEEP RAK 22 JAN 2008

EMPTY. RAK 22 JAN 2008.

SURVEY FORM: SURVEY METER (AMBIENT RADIATION)

CRU STUDY NO.: NA - NA
 Check applicable Survey Meter: Ludlum, Model 2401-P, Serial No.: 221424 at ECRU or 159841 at MCP
 TYPE OF SURVEY: Routine Survey of Unit; or Other explain: FINAL SURVEY METER SURVEYS
 SURVEY PERFORMED BY (Initials)/DATE: RAK; 22/JAN/2008

BATTERY CHECK: PERFORMED BY (Initials)/DATE: RAK; 22/JAN/2008
 RESULT (circle OK/indicate otherwise): OK or explain: —

CALIBRATION STICKER INDICATES SURVEY METER LAST CALIBRATED ON: 28/MAR/2007

SURVEY MAP (Optional):

Refer to NRC Application 11 JAN 2006 for Maps of Fourth Floor & USES/LOCATIONS OF SPECIFIC ROOMS SURVEYED: Restricted Area - HOT LABS.

SURVEY RESULTS

Map Area or Item No.	Description of Survey Area/Surface/Object ⁽³⁾	Meter Reading: (mrem/hr)	Survey PB/D	Evaluation/Action	
				N or R/TL ^b	PB/D
NA	CESIUM CHECK SOURCE: ¹³⁷ Cs #99-1266 ^a	5.4-5.6	<u>RAK 22 JAN 2008</u>	NA	NA
1	ENTIRE FLOOR/LINOLEUM IN Room 400 (LAB)	0.01-0.03	(2)	N	(2)
2	ALL SINKS & COUNTERTOPS IN Room 400 (LAB)	0.01-0.03	(2)	N	(2)
3	ENTIRE FLOOR/LINOLEUM IN Room 401 (LAB)	0.01-0.04	(2)	N	(2)
4	ALL SINKS & COUNTERTOPS IN Room 401 (LAB)	0.01-0.03	(2)	N	(2)
5	ENTIRE FLOOR/LINOLEUM IN LAB ACCESSION AREA	0.01-0.03	(2)	N	(2)
6	ENTIRE FLOOR/LINOLEUM ENTERING LAB ACCESSION AREA	0.01-0.03	(2)	N	(2)
7	ENTIRE FLOOR/LINOLEUM IN Room 403 (LSC)	0.01-0.03	(2)	N	(2)
8	FUME HOOD IN Room 403 (LSC)	0.01-0.04	(2)	N	(2)
9	ENTIRE FLOOR/LINOLEUM IN Room 411 (DOSE PREP)	0.01-0.02	(2)	N	(2)
10	SHELVING IN Room 411 (DOSE PREP)	0.01-0.02	(2)	N	(2)
11	BATHROOM/SHOWER (TILE) IN Room 411 (DOSE PREP)	0.01-0.04	(2)	N	(2)
12	ENTIRE FLOOR (RUG) IN Room 418 (EXAM ROOM)	0.01-0.03	(2)	N	(2)
13	BATHROOM/SHOWER IN Room 418 (PE) - TILE	0.01-0.04	(2)	N	(2)
14	ENTIRE FLOOR (RUG) IN Room 420 (P. EXAM ROOM)	0.01-0.02	(2)	N	(2)
15	BATHROOM/SHOWER IN Room 420 (PE) - TILE	0.01-0.04	(2)	N	(2)
16	ENTIRE FLOOR/LINOLEUM IN DSR (DRUG STORAGE ROOM)	0.01-0.03	(2)	N	(2)
17	ALL COUNTERTOPS/SINKS IN DSR (DRUG STORAGE ROOM)	0.01-0.03	(2)	N	(2)
18					
19					
20					
21					
22					
23					
24					
25					

^a Read ¹³⁷Cs (≈1 μCi) check source using x100 scale with label side of check source facing survey meter screen (should read ≈0.06 mR/hr X 100 or 6 mR/hr).

^b Actions are: N = If ≤ 0.1 mrem/hr, return to normal use/disposal.

R/TL = If > 0.1 mrem/hr, TRIGGER LEVEL reached—notify Covance CRU RSO immediately to discuss and perform wipe-test(s) ASAP.

Covance CRU RSO Review PB/D | RAK 22 JAN 2008

(1) ECRU SURVEY METER NOT AVAILABLE. RAK 22 JAN 2008

(2) ALL PERFORMED BY RAK. RAK 22 JAN 2008

(3) "ENTIRE" AREA SURVEYED BY SLOWLY SWEEPING THE DESCRIBED AREA; RANGE IS FOR LOW + HIGH VALUES DETECTED. RAK

22 JAN 2008

Decommissioning Process Steps-per NUREG-1757, Vol 1, Rev 2: Decommissioning Group 2

- Licensed operations have stopped in a specific area/building: Covance – Evansville St. Mary’s site – refers to NRC Form 314 on page 32 of this application. NOTE: A chronological summary of all license changes/amendments is provided on pages 34-36 of this application.
- NRC is being notified within 60 days of the 01 Jan. 2008 date when radioactive use operations at Covance – Evansville St. Mary’s site officially ceased.
 - A summary of the ¹²⁵I uses and disposals is provided in the Historical Site Assessment (HSA) on page 37 of this application.
 - A summary of the ³H uses is provided in the HSA on page 37 of this application.
 - A summary of the ¹⁴C uses and disposals are provided in the HSA on pages 37-38 of this application.
- No residual concentrations of remaining radiological contamination exist (see Final Status Survey Report [FSSR] attached—pages XX-XX of this application).
- Decommissioning Plan (DP) not required for 35.100 medical use, since Decommissioning Group 2 applies to this type of use.
- National Environmental Policy Act (NEPA) Compliance: No unmonitored releases into the environment expected; FSSR performed and attached. No DP required.
- FSSR completed and attached (see pages XX-XX of this application). The FSSR was performed utilizing calibrated survey equipment:
 - Packard Tri-Carb 1900TR Liquid Scintillation Analyzer, Model 1900TR, Serial No. 405424, located in the Covance – Madison clinical site (NOTE: This LSC was used because LSC Model 1900TR, Serial No. 402452, located at the Covance – Evansville St. Mary’s site had a faulty batter and was inoperable.
 - Ludlum Model 2401-P Pocket Radiation Survey Meter, Model 2401-P; Serial No. 159841 was used at the Covance – Evansville St. Mary’s site, having been brought there by the RSO from the Covance – Madison clinical site (i.e., because Model 2401-P, Serial No. 221424, was missing and could not be located.
- Lastly, Covance CRU Inc. requests that only the Covance – Evansville St. Mary’s site be removed from NRC License No. 13-26640-01 (i.e., decommission this area/building only but add new/replacement Covance – Evansville Deaconess site and keep previously-approved Covance – Honolulu site).

SUMMARY OF NRC LICENSE ACTIVITIES & USE AT COVANCE CLINICAL RESEARCH UNIT INC.: NRC License No. 13-26640-01
 Page 1 of 3

Date	License No.	Name of Licensee	Main Change(s)	GFI License Info	Approved Activity/Staff	Site(s)
Before Aug 1995	13-03226-04	St. Mary's Medical Center (SMMC)	N/A	N/A	GFI used ¹²⁵ I (radioimmunoassay kits) under SMMC NRC license.	3700 Washington Ave., Evansville, IN 47750
16 Aug 1995	13-26640-01: Original Lic.	GFI Pharmaceutical Service, Inc.	Initial approval.	Application dated 14 Mar 1995.	Use: ¹²⁵ I (200 uCi) AU: Debra Adamson, MS Methodius Bartek, PhD Glacye Splittorff Mary Westrick, PhD RSO: Methodius Bartek, PhD	800 St. Mary's Drive, Evansville, IN 47714
28 Aug 1995	13-26640-01: Corrected Lic.	GFI Pharmaceutical Service, Inc.	Correct ¹²⁵ I to read ¹²⁵ I.	Application dated 14 Mar 1995.	Use: ¹²⁵ I (200 uCi) AU: Debra Adamson, MS Methodius Bartek, PhD Glacye Splittorff Mary Westrick, PhD RSO: Methodius Bartek, PhD	800 St. Mary's Drive, Evansville, IN 47714
05 Dec 1995	13-26640-01	GFI Pharmaceutical Service, Inc.	NRC Audit – No violations cited by Auditor (D.R. Gibbons). – Auditor acknowledged GFI relationship with SMMC.			800 St. Mary's Drive, Evansville, IN 47714
Before Feb 1996	13-03226-04	St. Mary's Medical Center (SMMC)	N/A	N/A	GFI performed ¹⁴ C/ ³ H clinical studies: supervised by SMMC 35.100 AUs	3700 Washington Ave., Evansville, IN 47750
27 Feb 1996	13-26640-01: Amendment 1	GFI Pharmaceutical Service, Inc.	Add ¹⁴ C and ³ H use.	Letter dated 06 Sep 1995 plus application dated 14 Mar 1995.	Uses: ¹²⁵ I (200 uCi) ¹⁴ C and ³ H (as needed) ¹²⁵ I AU: Debra Adamson, MS Methodius Bartek, PhD Glacye Splittorff Mary Westrick, PhD ¹⁴ C/ ³ H AU: Mark W. Graves, MD RSO: Methodius Bartek, PhD	800 St. Mary's Drive, Evansville, IN 47714
29 Jan 1997	13-26640-01: Amendment 2	GFI Pharmaceutical Service, Inc.	Increase ¹²⁵ I possession limit to 500 uCi.	Letter dated 04 Nov 1996 plus application dated 14 Mar 1995 & letter dated 06 Sep 1995.	Uses: ¹²⁵ I (500 uCi) ¹⁴ C and ³ H (as needed) ¹²⁵ I AU: Debra Adamson, MS Philip Downing Glacye Splittorff Mary Westrick, PhD ¹⁴ C/ ³ H AU: Mark W. Graves, MD RSO: Philip Downing	800 St. Mary's Drive, Evansville, IN 47714
29 Sep 1997	13-26640-01: Amendment 3	GFI Pharmaceutical Service, Inc.	Delete AUs: D. Adamson & M. Westrick. Add AUs: K.L. Lear & W.G. Satterlee	Letter dated 03 Jul 1997 plus application dated 14 Mar 1995 & letters dated 06 Sep 1995 & 17 Sep 1997.	Uses: ¹²⁵ I (500 uCi) ¹⁴ C and ³ H (as needed) ¹²⁵ I AU: Philip Downing Glacye Splittorff Kathy L. Lear ¹⁴ C/ ³ H AU: Mark W. Graves, MD Winston G. Satterlee, MD RSO: Philip Downing	800 St. Mary's Drive, Evansville, IN 47714

Summary of NRC License Actions and Use at Covance CRU Inc. (Page 1 of 3)



License Amendment: Per NUREG-1556 & NUREG-1757
 For Covance CRU Inc. NRC License No. 13-26640-01
 Application dated 01 February 2008 Page 34 of 87

SUMMARY OF NRC LICENSE ACTIVITIES & USE AT COVANCE CLINICAL RESEARCH UNIT INC.: NRC License No. 13-26640-01

Page 2 of 3

Date	License No.	Name of Licensee	Main Change(s)	GFI License Info	Approved Activity/Staff	Site(s)
30 Apr 1999	13-26640-01: Amendment 4	West Pharmaceutical Services, Evansville, Inc.	Change licensee name.	Letter dated 03 Feb 1999 plus application dated 14 Mar 1995 & letters dated 06 Sep 1995 & 17 Sep 1997.	Uses: ¹²⁵ I (500 uCi) ¹⁴ C and ³ H (as needed) ¹²⁵ I AU: Philip Downing Glacye Splitorff Kathy L. Lear ¹⁴ C/ ³ H AU: Mark W. Graves, MD Winston G. Satterlee, MD RSO: Philip Downing	800 St. Mary's Drive, Evansville, IN 47714
?? ??? 1999 (Unknown Approval date – No amendment copy in files)	13-26640-01: Amendment 5	West Pharmaceutical Services, Evansville, Inc.	Delete AUs: G. Splitorff & W. Satterlee (NOTE: No copy of Amendment in file – unable to verify change requested)	Letters dated 27 May 1999 & 07 Jun 1999 plus application dated 14 Mar 1995 & letters dated 06 Sep 1995 & 17 Sep 1997.	Uses: ¹²⁵ I (500 uCi) ¹⁴ C and ³ H (as needed) ¹²⁵ I AU: Philip Downing Kathy L. Lear ¹⁴ C/ ³ H AU: Mark W. Graves, MD RSO: Philip Downing	800 St. Mary's Drive, Evansville, IN 47714
31 Jan 2001	13-26640-01	West Pharmaceutical Services, Evansville, Inc.	NRC Audit (S.J. [Sam] Mulay) – No violations cited.			800 St. Mary's Drive, Evansville, IN 47714
07 Aug 2001	13-26640-01: Amendment 6	West Pharmaceutical Services, Evansville, Inc.	Delete AUs: P. Downing & K.L. Lear Add AUs: G. Olson & P. Luttrull Change RSO to P. Luttrull	Letters dated 22 May 2001 & 18 July 2001 plus application dated 14 Mar 1995 & letters dated 06 Sep 1995 & 17 Sep 1997.	Uses: ¹²⁵ I (500 uCi) ¹⁴ C and ³ H (as needed) ¹²⁵ I AU: Gail Olson Paul Luttrull ¹⁴ C/ ³ H AU: Mark W. Graves, MD RSO: Paul Luttrull	800 St. Mary's Drive, Evansville, IN 47714
02 Nov 2005	13-26640-01: Amendment 7	Covance Clinical Research Unit Inc. (d/b/a Covance GFI Research)	Change licensee name.	Letters dated 23 Sep 2005 & 27 Oct 2005 plus application dated 14 Mar 1995 & letters dated 06 Sep 1995 & 17 Sep 1997.	Uses: ¹²⁵ I (500 uCi) ¹⁴ C and ³ H (as needed) ¹²⁵ I AU: Gail Olson Paul Luttrull ¹⁴ C/ ³ H AU: Mark W. Graves, MD RSO: Paul Luttrull	800 St. Mary's Drive, Evansville, IN 47714
30 Jan 2006	13-26640-01: Amendment 8	Covance Clinical Research Unit Inc. (d/b/a Covance GFI Research)	Delete ¹²⁵ I use. Delete AUs: G. Olson & P. Luttrull Change RSO to R.G. Kochan.	Application dated 02 Aug 2005 & letter dated 07 Dec 2005	Uses: ¹⁴ C and ³ H (150 uCi total) ¹⁴ C/ ³ H AU: Mark W. Graves, MD RSO: Robert G. Kochan, PhD	800 St. Mary's Drive, Evansville, IN 47714

Summary of NRC License Actions and Use at Covance CRU Inc. (Page 2 of 3)



License Amendment: Per NUREG-1556 & NUREG-1757
For Covance CRU Inc. NRC License No. 13-26640-01
Application dated 01 February 2008 Page 35 of 87

Summary of NRC License Actions and Use at Covance CRU Inc. (Page 3 of 3)

SUMMARY OF NRC LICENSE ACTIVITIES & USE AT COVANCE CLINICAL RESEARCH UNIT INC.: NRC License No. 13-26640-01

Date	License No.	Name of Licensee	Main Change(s)	GFI License Info	Approved Activity/Staff	Site(s)
24 May 2006	13-26640-01: Amendment 9	Covance Clinical Research Unit Inc. (d/b/a Covance GFI Research)	Increase ¹⁴ C/ ³ H possession limit to 90 uCi each.	Applications dated 02 Aug 2005 & 11 Jan 2006.	Uses: ¹⁴ C and ³ H (180 uCi total) ¹⁴ C/ ³ H AU: Mark W. Graves, MD RSO: Robert G. Kochan, PhD	800 St. Mary's Drive, Evansville, IN 47714
02 Mar 2007	13-26640-01: Amendment 10	Covance Clinical Research Unit Inc. Global Clinical Pharmacology	Add Honolulu As 2 nd site; Add AU: T.E. Murtaugh	Applications dated 11 Jan 2006 & 05 Dec 2006 & letter dated 01 Mar 2007	Uses: ¹⁴ C and ³ H (180 uCi total) ¹⁴ C/ ³ H AU-IN: Mark W. Graves, MD ¹⁴ C/ ³ H AU-HI: Thomas E. Murtaugh, MD RSO: Robert G. Kochan, PhD	800 St. Mary's Drive, Evansville, IN & One Waterfront Plaza, 500 Ala Moana Blvd., Suite 400, Honolulu, HI
06 Nov 2007	13-26640-01: Amendment 11	Covance Clinical Research Unit Inc. Global Clinical Pharmacology	Delete AU: M.W. Graves; Add AU: R.R. Stoltz	Letter dated 07 Aug 2007 plus applications dated 11 Jan 2006 & 05 Dec 2006; letter dated 01 Mar 2007	Uses: ¹⁴ C and ³ H (180 uCi total) ¹⁴ C/ ³ H AU-IN: Randall R. Stoltz, MD ¹⁴ C/ ³ H AU-HI: Thomas E. Murtaugh, MD RSO: Robert G. Kochan, PhD	800 St. Mary's Drive, Evansville, IN & One Waterfront Plaza, 500 Ala Moana Blvd., Suite 400, Honolulu, HI
Needed before 31 May 2008	13-26640-01: Amendment 12	Covance Clinical Research Unit Inc. Global Clinical Pharmacology	Changes site at Covance- Evansville; Decommission St. Mary's site; Add Deaconess site.	Application dated 29 Jan 2008 plus applications dated 11 Jan 2006 & 05 Dec 2006; letter dated 01 Mar 2007	Uses: ¹⁴ C and ³ H (180 uCi total) ¹⁴ C/ ³ H AU-IN: Randall R. Stoltz, MD ¹⁴ C/ ³ H AU-HI: Thomas E. Murtaugh, MD RSO: Robert G. Kochan, PhD	617 Oakley Street, Evansville, IN & One Waterfront Plaza, 500 Ala Moana Blvd., Suite 400, Honolulu, HI

Historical Site Assessment (HSA): Use/Disposals at Covance – Evansville St. Mary’s site

- ¹²⁵I use was limited to less than 500 µCi and was use exclusively for radioimmunoassay (RIA) tests; all disposal of ¹²⁵I was via decay-in-storage for at least a 1 year period prior to disposal; ¹²⁵I use was discontinued in 2003 when the rented gamma counter was returned. Since the 3 year period to retain decay-in-storage records has expired, no ¹²⁵I disposal records are referenced/included in this decommissioning application.
- No ³H was used nor received during the entire period of this license.
- ¹⁴C use and disposals is summarized below for the **5 clinical research studies** conducted between 1996 and 2006 under authority of this Covance CRU Inc. NRC license.

Dose Date	Study No.	Amount ¹⁴ C-Drug Received	Amount ¹⁴ C-Drug Returned	Disposal: Sanitary Sewer 10CFR20.2003	Disposal: Solid Waste/ LSC Fluid	Disposal: Sample Shipment to Analytical Site
18 Jul 1996	429	80 capsules (0.8000 mCi)	40 capsules returned to Sponsor ¹ (0.4000 mCi)	@ Dosed to 4 subjects (0.4000 mCi)	Solid Waste: see Manifest ² No. 960321 (17 Sep 1996)	Yes: Corning Hazelton ³ (Madison, WI) 31 Jul + 07 Aug 1996
12 Nov 1996	479	3 vials (0.0915 mCi)	0.0000 mCi Remaining Post-dose	@ Dosed to 2 subjects (0.0500 mCi) + @ Remaining Drug = 0.0915 mCi (Total)	Solid Waste: see Manifest ⁴ No. 970314 (25 Jun 1997)	Yes: Roche Bioscience ⁵ (Palo Alto, CA) 18 Nov + 25 Nov 1996
19 Aug 1997 20 Aug 1997	503	3 vials (0.9745 mCi)	3 “used” vials returned to Sponsor ⁶ (0.4821 mCi)	@ Dosed to 6 subjects (0.4924 mCi)	Sewer release ⁷ performed per 10CFR20.2003 10CFR20.2005 requirements	Yes: BMS ⁸ (Wallingford, CT) 03 Sep 1997
16 Jan 1999	83256R	12 capsules (2.5689 mCi)	6 capsules returned to Sponsor ⁹ (1.2587 mCi)	@ Dosed to 6 subjects (1.3102 mCi)	Sewer release ⁷ performed per 10CFR20.2003 10CFR20.2005 requirements	Yes: ABC Labs ¹⁰ (Columbia, MO) 26 Jan 1999
27 Nov 2006	8411-312	18 capsules (0.9900 mCi)	0.0000 mCi Remaining Post-dose	@ Dosed to 6 subjects (0.9900 mCi)	Sewer release ⁷ performed per 10CFR20.2003 10CFR20.2005 requirements	Yes: Covance Labs Inc. ¹¹ (Madison, WI) 30 Nov-14 Dec 2006

¹ Remaining ¹⁴C-drug returned/shipped to Study Sponsor (ATTN: Leo Pavliv, Director, Pharmaceutical Development: Agouron Pharmaceuticals, Inc.; 10350 North Torrey Pines Road; La Jolla, CA 92037-1020 – Agreement State (California) License No.: ???-?? (No. unknown—copy of license not in RSO file; NOTE: Attempts to contact Agouron Pharmaceuticals, Inc. revealed that it was recently purchased by Pfizer, Inc.; 10777 Science Center Drive; San Diego, CA 92121; 1-858-622-3000).

² See attached information on Manifest No. 960321 for solid radioactive waste (scintillation vials containing toluene/xylene).

³ Radioactive biological samples (blood, urine, and feces) from Study No. 429 shipped to: ATTN: Lee Ann Eastland; Corning Hazelton; 3301 Kinsman Boulevard; Madison, WI 53704; NRC License No. 48-11805-02 (subsequent/current company name: Covance Laboratories Inc.).

⁴ See attached information on Manifest No. 970314 for solid radioactive waste (scintillation vials containing toluene/xylene).

Waste Manifest No. 970314 for Covance - Evansville St. Mary's site: 25 Jun 1997 (cont'd)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7030
Indianapolis, IN 46207-7030

PLEASE PRINT OR TYPE (Form designed for use on site (12-point generator)) Form approved OMB No. 2050-0080 Expires 2-30-95

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's Name and Mailing Address
G.D. PHARMACEUTICALS
200 S. W. 15th St
Evansville, IN 47710

2. Generator's US EPA No. 16-040000000000000000

3. Transporter 1 Company Name
Adcom Express Inc

4. US EPA ID Number
16-047268-64

5. Transporter 2 Company Name

6. US EPA ID Number

7. Designated Facility Name and Site Address
Plant 1 of Florida
1910 NW 67th St
Coral Gables FL 33106

8. US EPA ID Number
16-098071-071

9. Facility Name
16-098071-071

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers	13. Total Quantity	14. Unit Weight	15. Waste No.
Waste Flammable liquid n.s. (non-flammable) UN1993: 3% II Flammable liquid	2016000086	6	1005	1005
16. Additional Descriptions for Materials Listed Herein AS APPLICABLE TO HAZARDOUS WASTE MANIFESTS See Attached and active waste manifest for burning				
17. Special Handling Instructions and Additional Information 24 hr Emergency Phone # 1-812-426-6500				
18. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this manifest are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.				
17. Transporter 1 Acknowledgment of Receipt of Materials Printed/Typed Name: Tracy W. Horn Signature: [Signature]		Date: 6/25/97		
18. Transporter 2 Acknowledgment of Receipt of Materials Printed/Typed Name: Signature:		Date:		
19. Discrepancy Indication Space				
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted item 16. Printed/Typed Name: Thomas A. Hensch Signature: [Signature]		Date: 6/25/97		

EPA Form 8700-02
Previous editions are obsolete
State Form 11801 (02/1-94)

INA 1182035

In case of a spill call the Indiana Office of Environmental Response at 1-800-424-8902 or 202/426-9675

Waste Manifest No. 970314 for Covance – Evansville St. Mary's site: 25 Jun 1997 (cont'd)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7005
Indianapolis, IN 46207-7005

PLEASE PRINT OR TYPE (Form designed for use on a file (12-pitch typewriter)) Form approved OMB No. 2050-0036, Expires 2-20-05

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's Name and Mailing Address: *COVANCE CRU INC*
2. Generator's US EPA No.: *46-0000000000*
3. Generator's Phone: *317-434-3000*
4. Generator's Fax: *317-434-3000*
5. Transporter 1 Company Name: *WASTE MANAGEMENT*
6. US EPA ID Number: *46-0000000000*
7. Transporter 2 Company Name: *WASTE MANAGEMENT*
8. US EPA ID Number: *46-0000000000*
9. Designated Facility Name and Site Address: *ST. MARY'S HOSPITAL*
10. US EPA ID Number: *46-0000000000*
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number): *7.1.1*
12. Containers: *1* No. *1* Type
13. Total Quantity: *1*
14. Unit: *Wt/No*
15. Waste No.: *15*
16. Additional Descriptions for Materials Listed Above: *HAZARDOUS WASTE*
17. Special Handling Instructions and Additional Information: *10*
18. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this equipment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.
19. Transporter 1 Acknowledgment of Receipt of Materials: *[Signature]*
20. Transporter 2 Acknowledgment of Receipt of Materials: *[Signature]*
21. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted item 15. *[Signature]*

NA 1182035

Use of a split call the Indiana Office of Environmental Response at 7241-4306 (day or night) and the Central Response Center at 800-424-8802 or 202-426-2675.

EPA Form 8700-22
Previous editions are obsolete
State Form 11805 (02/1-94)

Waste Manifest No. 970314 for Covance - Evansville St. Mary's site: 25 Jun 1997



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7535
Indianapolis, IN 46207-7535

PLEASE PRINT OR TYPE (Form designed for use by state (175) and approved by EPA) Form approved: OMD No. 2000-0099 Expires 9-30-00

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No. E E Q G	Manifest Document No. 60277	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but items G, I, N, J and K are required by State law.
3. Generator's Name and Mailing Address GFI PHARMACEUTICALS 100 S. MAIN ST. EVANSVILLE, IN 47714-1520 Evansville Phone 812 774-1520		4. US EPA ID Number ICD047267364		A. State Manifest Document Number INA 1182035	B. State Secretary's ID
5. Transporter 1 Company Name Adcom Express Inc		6. US EPA ID Number ICD047267364		C. State Transporter's ID 1267	D. Transporter's Phone 774-727-713
7. Transporter 2 Company Name		8. US EPA ID Number		E. State Transporter's ID	F. Transporter's Phone
9. Designated Facility Name and Site Address PAINO-FIX of Florida 1940 N.W. 67th St. GAINESVILLE FL 32606 Tel: 980.711.0711		10. US EPA ID Number		G. State Facility's ID	H. Facility's Phone 352-73-1066
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		12. Container No. Type		13. Total Quantity	14. Units Wt/Vol
Waste Flammable Liquid n.o.s. (Liquid n.o.s.) UN1993 PBII Flammable Liquid		0010A00008G			FOOS FOOS
15. Additional Descriptions for Materials Listed Above See Attached Radioactive Waste Manifest		16. Handling Codes for Wastes Listed Above B = Burning			
17. Special Handling Instructions and Additional Information CRG# 27-62 24hr Emergency Phone# (812) 774-1530					
18. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this certification are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name H. P. Downing		Signature H. P. Downing		Date Month Day Year 06 25 97	
17. Transporter 1 Acknowledgment of Receipt of Materials Printed/Typed Name Tracy W. Horn		Signature Tracy W. Horn		Date Month Day Year 06 25 97	
18. Transporter 2 Acknowledgment of Receipt of Materials Printed/Typed Name		Signature		Date Month Day Year	
19. Emergency Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted item 18. Printed/Typed Name		Signature		Date Month Day Year	

7241-4336 (day or night) and the
 202-426-2675
 call the Indiana Office of Environmental Response
 at 800-424-8802 or 202-426-2675.

EPA Form 970-02
Previous editions are obsolete.
State Form 11825 (R2/1-84)

COPY 3, OUT OF STATE GENERATOR/TSO MAIL TO IDEM

INA 1182035

Waste Manifest No. 960321 for Covance - Evansville St. Mary's site: 17 Sep 1996 (cont'd)

PERMA-FIX OF FLORIDA, INC.
Formerly Quadra Environmental Company

CUSTOMER NOTIFICATION AND CERTIFICATION

0 PART I: WASTE DESCRIPTION AND GENERATOR INFORMATION

Generator Name/Location: GFI (Pharmaceuticals)
EPA ID Number: CE2576 Manifest Number: 96-0321 Profile Number: _____
This waste is a Wastewater Non-Wastewater Is analytical available? Yes No (If yes, please attach copy)
EPA Waste Code Number(s): F003 F005
Treatment Standards: Indicate the appropriate treatment standard(s) and/or technology in Part III and/or Part IV of this form.
NOTE: Use and include Part IV of this form only when the waste is P or U listed or is a "California List" waste.

0 PART II: WASTE CATEGORY (Check appropriate line(s))

Restricted Waste Notification

This waste does not meet the treatment standards specified in 40 CFR 268, Subpart D.

Restricted Waste Meeting Treatment Standard Certification

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification and that this waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.33 or RCRA section 3004(d).

Restricted Waste Variance Notification

This waste is not prohibited from land disposal at this time due to a case-by-case extension, an exemption, or a nationwide capacity variance. This waste may be subject to landfill restriction after the date below.

Applicable Variance/Date: 1-24-96

0 Land Waste Certification

I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and that, based on my inquiry of those individuals immediately responsible for obtaining this information, I believe that the treatment process has been operated and maintained properly so as to comply with the performance levels specified in 40 CFR 268, Subpart D, and all applicable prohibitions set forth in 40 CFR 268.33 or RCRA section 3004(d) without impermissible dilution of the prohibited waste.

I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and that, based on my inquiry of those individuals immediately responsible for obtaining this information, I believe that the non-wastewater organic constituents have been treated by incineration in units operated in accordance with 40 CFR Part 264, Subpart O or 40 CFR 265 Subpart O, or by oxidation in hot oxidation units operated in accordance with applicable technical requirements, and I have been unable to detect the non-wastewater organic constituents despite having used best good faith efforts to analyze for such constituents.

I certify under penalty of law that the waste has been treated in accordance with the requirements of 40 CFR 268.42.

I believe that the information I submitted is true, accurate, and complete. I am also aware that there are significant penalties for releasing a false certification, including the possibility of a fine and imprisonment.

SIGNATURE: Matt J. Barten DATE: 9-17-96

PRINTED NAME: MATT J. BARTEN TITLE: REGIONAL SAFETY OFFICER

ONE STATEMENT WITH ORIGINAL SIGNATURE WILL BE ACCEPTED

Waste Manifest No. 960321 for Covance - Evansville St. Mary's site: 17 Sep 1996 (cont'd)



23-Sep-96

GPI PHARMACEUTICALS
MATT J BARTEK
ENVIRONMENTAL SAFETY
800 ST MARYS DRIVE
EVANSVILLE IN 47714

REF: MANIFEST NUMBER: 60321
SHIPMENT NUMBER: ADC-33

CERTIFICATE OF RECYCLING/MATERIALS RE-USE

ON THE ABOVE DATE, YOUR WASTE MATERIAL WAS RECEIVED AT OUR FACILITY FOR THE PURPOSE OF RECYCLING AND OR FUEL BLENDING.

THIS MATERIAL WILL BE DISPOSED OF IN FULL BY RECLAMATION OR REUSE IN ACCORDANCE WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL LAWS AND REGULATIONS.

THIS ENTIRE PROCESS IS GENERALLY COMPLETED WITHIN A 30-DAY PERIOD FROM THE DATE OF THE SHIPMENT.

Waste Manifest No. 960321 for Covance – Evansville St. Mary's site: 17 Sep 1996 (cont'd)



G.F.I. Pharmaceuticals Certifies to Adco Services, Inc. that we
(Name of Generator)
are a conditionally exempt small quantity generator (CESQG) based
on the conditions specified in 40CFR 261.5 for non manifested
waste.

Specifically, we currently generate less than 100 kg of EPA
hazardous waste per month and do not exceed the storage limits of
1000 kg of waste at any one time.

Matt J. Bostick
Signed

REGIONAL SAFETY OFFICER
Title

01.17.96
Date

Waste Manifest No. 960321 for Covance - Evansville St. Mary's site: 17 Sep 1996 (cont'd)



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7038
Indianapolis, IN 46207-7038

PLEASE PRINT OR TYPE

(Form designed for use on only 113-pitch typewriter)

Form approved: OMB No. 2050-0020, October 2-90-88

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No.	2. Manifest Assigned No.	3. Page 1	4. Information is not required for non-hazardous waste, but for D, E, F, and G it is required by State law.			
1. Generator's Name and Mailing Address GPT-PHARMACEUTICALS 800 St. Marys Drive Evansville, In. 47714		5. US EPA ID Number 812-474-6530	6. US EPA ID Number I.L.D.0.4.7.2.6.7.3.6.4	7. US EPA ID Number F.L.D.9.8.0.7.1.1.0.7.1	8. State Manifest Document Number INA 1182031	9. Date (Month/Day/Year) 9/17/96		
2. Transporter 1 Company Name ADCOX EXPRESS, Inc.		10. US EPA ID Number F.L.D.9.8.0.7.1.1.0.7.1		11. Facility's Phone 352-373-6065				
3. Designated Facility Name and Site Address Forman- Fix of Florida 1940 NW 67th Pl. Gainesville, FL		12. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Waste, Flammable Liquid, N.O.S., (Tartrate & Glycol) 3. UN 1993 PG II LTD. QTY.		13. Container No. 001	14. Type DM	15. Total Quantity 2.0008	16. Unit G	17. Waste No. F003 F005
4. Additional Description for M A. SEE RADIOACTIVE WASTE MANIFEST		18. Handling Operator (Waste Listed Above)		B. E. Bunting				
5. Special Handling Instructions and Additional Information 24 Hour Emergency # (812) 474-6530		19. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the most feasible method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.		EPC # 127-1162				
6. Transporter 1 Acknowledgment of Receipt of Materials Printed/Typed Name: Tracy W. Horv		Signature: <i>Tracy W. Horv</i>		Date: 9/17/96				
7. Transporter 2 Acknowledgment of Receipt of Materials Printed/Typed Name:		Signature:		Date:				
8. Discrepancy Indication Space		9. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted item 15. Printed/Typed Name:		Signature:				

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

EPA Form 309-02
Previous editions are obsolete
State Form 11862 (02/1-94)

INA 1182031

Waste Manifest No. 960321 for Covance - Evansville St. Mary's site: 17 Sep 1996 (cont'd)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7038
Indianapolis, IN 46207-7038

PLEASE PRINT OR TYPE (Form designed for use on 8 1/2" x 11" paper)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's Name and Mailing Address
GPI PHARMACEUTICALS
800 St. Marys Drive
Evansville, In. 47714

2. Generator's Phone #
812-474-6530

3. Transporter 1 Company Name
ADCOX EXPRESS, Inc.

4. Transporter 1 US EPA ID Number
RLD047267364

5. Transporter 2 Company Name

6. Transporter 2 US EPA ID Number

7. Designated Facility Name and Site Address
Perma-Fix of Florida
1940 NW 67th Pl.
Gainesville, FL

8. US EPA ID Number
FLP9999711071

9. State Manifest Document Number
NA 1182031

10. Date of Shipment
09/17/96

11. Facility's Phone #
352-373-6066

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No. Type	13. Total Quantity	14. Unit Wt./vol.	Waste No.
Waste, Flammable Liquid, N.O.S., UN 1993 PG II LTD. QTY.	3 DK		G	

15. Additional Descriptions for Materials
A. SEE RADIOACTIVE WASTE MANIFEST

16. Special Handling Instructions and Additional Information
24 Hour Emergency # 800 #s 127 / 162

17. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this compartment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: _____ Signature: _____ Date: _____
Month: _____ Day: _____ Year: _____

17. Transporter 1 Acknowledgment of Receipt of Materials
Printed/Typed Name: _____ Signature: _____ Date: _____
Month: _____ Day: _____ Year: _____

18. Transporter 2 Acknowledgment of Receipt of Materials
Printed/Typed Name: _____ Signature: _____ Date: _____
Month: _____ Day: _____ Year: _____

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted item 19.
Printed/Typed Name: _____ Signature: _____ Date: _____
Month: _____ Day: _____ Year: _____

EPA Form 376-22
Previous editions are obsolete
Date Form 11865 (R2 11-94)

In case of a spill call the Indiana Office of Environmental Response at 800-424-6802 or 202-426-2875.

NA 1182031

Waste Manifest No. 960321 for Covance - Evansville St. Mary's site: 17 Sep 1996



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7039
Indianapolis, IN 46207-7039

PLEASE PRINT OR TYPE

(Form designed for use on lifts (12 pitch typewriter))

Form approved OMB No. 2050-0050 - Expires 9/30/05

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No. C-E-S-O-G	Manifest Number 960321	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.
3. Generator's Name and Mailing Address GFI PHARMACEUTICALS 800 St. Marys Drive Evansville, In. 47714		4. Generator's Phone No. 812-474-6530	5. US EPA ID Number ILD047267364	A. State Manifest Number INA 1182031	B. State Generator's ID
6. Transporter 1 Company Name AIRCOM EXPRESS, Inc.		7. Transporter 1 Phone No.	8. US EPA ID Number	C. State Transporter's ID 0367	D. Transporter's Phone 206-429-3013
9. Designated Facility Name and Site Address Perma-Fix of Florida 1940 NW 67th Pl. Gainesville, Fl		10. US EPA ID Number FLD98D711071	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Waste, Flammable Liquid, H.O.S., (Chloroform & Methylene Chloride) UN 1993 PG II LTD. QTY.	E. State Transporter's ID 206-429-3013	F. Transporter's Phone
12. Containers		13. Total Quantity	14. Unit Wt/Avg	G. State Facility's ID	H. Facility's Phone 352-373-6066
No.		Type			
1		DM	40008	G	Waste No. 960321
15. Special Handling Instructions and Additional Information 24 Hour Emergency # (812) 474-6530		K. Handling Codes for Wastes Listed Above B-Ewing			
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.		17. Transporter 1 Acknowledgment of Receipt of Materials Printed/Typed Name: MATT J. BARTEK Signature: <i>Matt J. Bartek</i> Date: 8/17/96			
18. Transporter 2 Acknowledgment of Receipt of Materials Printed/Typed Name: Tracy W. Horn Signature: <i>Tracy W. Horn</i> Date: 8/17/96		19. Discrepancy Indication Space			
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted item 19. Printed/Typed Name: _____ Signature: _____ Date: _____		21. Facility's Phone			

If you or a spill call the Indiana Office of Environmental Response at 7241-4336 (day or night) and the National Response Center at 800-424-6802 or 202-426-2875.

EPA Form 6700-22
Previous editions are obsolete
State Form 1586 (02/1-96)

INA 1182031

Waste Manifest No. 960321 for Covance - Evansville St. Mary's site: 17 Sep 1996 (cont'd)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7036
Indianapolis, IN 46207-7036

If you are a spill call the Indiana Office of Environmental Response at 317-232-4143 (day or night) and the National Response Center at 800/424-6802 or 202/426-2671.

PLEASE PRINT OR TYPE (Form designed for use on only 12-point typewriter)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's Name and Mailing Address
GPI PHARMACEUTICALS
800 St. Mary's Drive
Evansville, In. 47714

2. Generator's Phone
812-474-8530

3. EPA ID Number
IL0047247364

4. Designated Facility Name and Site Address
Perma-Fix of Florida
1940 NW 67th Pl.
Gainesville, FL

5. US EPA ID Number
FLD980711071

6. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)
Waste, Flammable Liquid, N.O.S., (UN 1993 PG II LTD. QTY.

7. Containers
No. **3** Type **DR**

8. Total Quantity
200

9. Unit Wt/Vol
0

10. Waste No.
1001

11. Additional Descriptions for Materials (Use Double Sided for Additional Information)
A. SEE RADIOACTIVE WASTE MANIFEST

12. Special Handling Instructions and Additional Information
24 Hour Emergency # (712) 252-2222

13. GENERATOR'S CERTIFICATION
I hereby declare that the contents of this manifest are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway, air, rail, international and national governmental regulations.

14. Transporter 1 Acknowledgment of Receipt of Materials
Printed/Typed Name: **Matt J. Burtch** Signature: *[Signature]* Date: **09/17/96**

15. Transporter 2 Acknowledgment of Receipt of Materials
Printed/Typed Name: **Thomas A. Hainish** Signature: *[Signature]* Date: **09/17/96**

16. Discrepancy Indication Space

17. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted item 16.
Printed/Typed Name: **Thomas A. Hainish** Signature: *[Signature]* Date: **09/17/96**

18. State of Indiana
NA 1182031

EPA Form 3750-02
Previous editions are obsolete
State Form 11865 (02/1-94)

Historical Site Assessment (HSA): Use/Disposals at Covance – Evansville St. Mary’s site

- ⁵ Radioactive biological samples (blood and urine) from Study No. 479 shipped to: ATTN: Scott Womble; Department of Metabolism & Analytical Chemistry; Roche Bioscience; 3401 Hillview Avenue; Palo Alto, CA 94304-1307 – Agreement State (California) License No.: 0474-43).
- ⁶ Remaining ¹⁴C-drug returned to Study Sponsor (ATTN: Larry Gaines; Clinical Investigational Drug Management – D3.160; Bristol-Myers Squibb Pharmaceutical Research Institute; Route 206 & Province Line Road; Princeton, NJ 08540 – NRC License No. 29-00139-02).
- ⁷ Liquid scintillation counter (LSC) cocktail (Ultima Gold) disposed of via sanitary sewer per restrictions in 10 CFR 20.2005.
- ⁸ Radioactive biological samples (blood) from Study No. 503 shipped to: ATTN: Dr. Ken Santone; Metabolism and Pharmacokinetics; Bristol-Myers Squibb; 5 Research Parkway; Wallingford, CT 06492 – NRC License No. 29-00139-02).
NOTE: Total @ in shipment <0.1000 mCi; therefore, due to @ shipped, license for this BMS delivery address not required.
- ⁹ Remaining ¹⁴C-drug returned to Study Sponsor (ATTN: Jason Van Buren; Radiation Safety Officer; Wyeth-Ayerst Research; North Middleton Road; Building 205, Room 350; Pearl River, NY 10965 – NRC License No. 29-28210-02).
- ¹⁰ Radioactive biological samples (blood, urine, and feces) from Study No. 83256R shipped to: ATTN: Michelle Haines; ABC Laboratories; 7200 East ABC Lane; Columbia, MO 65202 – NRC License No. 24-13365-01).
- ¹¹ Radioactive biological samples (blood, urine, and feces) from Study No. 6411-312 shipped to: Nate Ensrud; C/O Dee Kaiser, RSO; Covance Laboratories Inc.; 3301 Kinsman Boulevard; Madison, WI 53704; Agreement State (Wisconsin) License No. 025-1076-01).

Waste Manifest No. 970314 for Covance - Evansville St. Mary's site: 25 Jun 1997 (cont'd)



Agreement,

Adco Services, Inc. reserves the right to open, inspect, and sample the contents of containers we accept for disposal, and if found to be other than stated on the Radioactive Shipment Manifest, we will charge for any repackaging, the difference in disposal costs, or return the material to the generator.

ADCO SERVICES, INC
Company

Tracy R. [Signature]
Name

Tech/Driver
Title

6-25-97
Date

GFI Pharmaceuticals
Generator

[Signature]
Name

Scientist/Radiation Safety
Title Officer

6/25/97
Date

Waste Manifest No. 970314 for Covance - Evansville St. Mary's site: 25 Jun 1997 (cont'd)



08-Jul-97

G F I PHARMACEUTICALS
PHILIP A DOWNING
ENVIRONMENTAL SAFETY
800 ST MARYS DR
EVANSVILLE IN 47714

REF: MANIFEST NUMBER: 70314
SHIPMENT NUMBER: ADC-45

CERTIFICATE OF RECYCLING/MATERIALS RE-USE

ON THE ABOVE DATE, YOUR WASTE MATERIAL WAS RECEIVED AT OUR FACILITY FOR THE PURPOSE OF RECYCLING AND OR FUEL BLENDING.

THIS MATERIAL WILL BE DISPOSED OF IN FULL BY RECLAMATION OR REUSE IN ACCORDANCE WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL LAWS AND REGULATIONS.

THIS ENTIRE PROCESS IS GENERALLY COMPLETED WITHIN A 30-DAY PERIOD FROM THE DATE OF THE SHIPMENT.

Waste Manifest No. 970314 for Covance - Evansville St. Mary's site: 25 Jun 1997 (cont'd)

PERMA-FIX

BARNWELL WASTE MANAGEMENT FACILITY

FORM 641

UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST

CONTAINER AND WASTE DESCRIPTION

Additional Nuclear Regulatory Commission (NRC) Requirements for Control, Transfer and Disposal of Radioactive Waste

NUMBER OF PACKAGING/DECEPTAL CONTAINERS	NET WASTE VOLUME	NET WASTE WEIGHT	SPECIAL NUCLEAR MATERIAL (oz/gm)			TOTAL	2. MANIFEST NUMBER
			U-233	U-235	Pu		
1	7.800	208.000	NP	NP	NP	6.00E+00	2. PAGE 1 OF 1 PAGE(S)
4. SHIPPER NAME GFI PHARMACEUTICALS SERVI							SHIPMENT ID NUMBER 970314
SOURCE							
ALL NUCLEIDES			Tritium	C-14	Y-90	I-129	
MBq	9785	NP	NP	NP	NP	NA	
mCi	0.25	NP	NP	NP	NP	NA	

A. CONTAINER IDENTIFICATION NUMBER/ S.C. TRANSPORT PERMIT NUMBER	B. CONTAINER DESCRIPTION (See Note 1 & Note 5A)	C. VOLUME (L)	D. WASTE AND CONTAINER WEIGHT (kg)	E. SURFACE RADIATION LEVEL (mSv/hr)	F. SURFACE CONTAMINATION (dpm/100 cm ²)		G. WASTE DESCRIPTION (See Note 2 & Note 3A)	H. APPROXIMATE WASTE VOLUMES IN CONTAINER (L)	I. SOLIDIFICATION OR STABILIZATION MEDIA (See Note 3 & Note 3A)	J. CHEMICAL FORM/ CHELATING AGENT (P<0.1%)	K. WEIGHT % CHELATING AGENT (P<0.1%)	L. INDIVIDUAL RADIONUCLIDES AND ACTIVITY (Bq) AND CONTAINER TOTAL/ OR CONTAINER TOTAL ACTIVITY AND RADIONUCLIDE PERCENT		M. WASTE CLASSIFICATION (See Note 4)	
					ALPHA	BETA-GAMMA						Radionuclide	Activity (Bq)		
970314-019A	4	0.2124	99.7100	0.02	0.0000E+00	0.0000E+00	28	0.2124	100	TOLUENE	0.00	C-14	0.395E-01	2.895E-02	AM
		7.8000	208.0000	0.02	0.0000E+00	0.0000E+00		7.8000				Radionuclide	0.395E-01	2.895E-02	
												Total	0.395E-01	2.895E-02	
Shipment Total		0.2124	99.7100										0.395E-01	2.895E-02	
		7.8000	208.0000												

NOTE 1: Container Description Codes. For containers/waste receiving approval in approved structural envelopes the numerical code must be followed by "OP."

1. Wooden Box or Crate	9. Drum/Canister
2. Metal Box	10. Gas Cylinder
3. Plastic Drum or Pail	11. Bulk, Unpackaged Waste
4. Metal Drum or Pail	12. Unpackaged Components
5. Metal Tank or Liner	13. High Intensity Container
6. Concrete Tank or Liner	18. Other, Describe in Item 6, or additional page.
7. Polyethylene Tank or Liner	
8. Fiberglass Tank or Liner	

Note 1A: Barnwell Specific Container Description Codes. (Choose one code as may be applicable.)

A. High Intensity Container - Poly
B. High Intensity Container - Poly with Steel Shell
C. High Intensity Drum Overpack - Poly
D. High Intensity Container - Stainless Steel
E. High Intensity Container - Fiberglass
F. Liner - Steel

NOTE 2: Waste Descriptor Codes. (Choose up to three which predominate by volume.)

20. Chemical	28. Demolition Rubble	36. Separated Solvents/Solutes/ Concentrates
21. Incinerator Ash	30. Carbon Ion-exchange Media	38. Compostable Trash
22. Soil	31. Anion Ion-exchange Media	40. Non-compostable Trash
23. Gas	32. Mixed Bed Ion-exchange Media	41. Animal Carcass
24. Oil	33. Contaminated Equipment	42. Biological Material (except animal carcass)
25. Aqueous Liquid	34. Organic Liquid (except oil)	43. Artificial Material
26. Filter Media	35. Sludge or Limestone	58. Other, Describe in Item 11, or additional page.
27. Mechanical Filter	36. Sealed Source/Device	
28. EPA or State	37. Paper or Plastic	
29. Hazardous		

Note 3A: Barnwell Specific Waste Descriptor Codes. (Choose all applicable codes.)

G. Depleted
H. Bulk
I. Comminuted
J. Non-comminuted
K. Air Filter/Filter
L. Asbestos

Note 3B: Barnwell Specific Waste Descriptor Codes. (Choose all applicable codes.)

39. Solidification	94. Vinyl Ester Resins
40. Cement	98. Other, Describe in Item 13, or additional page.
41. Concrete	100. None Required.
42. Silica	
43. Vinyl Chloride	

FORM 641 (10-86)

Waste Manifest No. 970314 for Covance - Evansville St. Mary's site: 25 Jun 1997 (cont'd)

PERMA-FIX

FORM 548 UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST SHIPPING PAPER		SHIPPER - NAME AND FACILITY OR PHARMACEUTICALS SERVICES		SHIPMENT I.D. NUMBER	7. FORM 548 AND 549A PAGE 1 OF 1 PAGES		8. MANIFEST NUMBER (See this number on all continuation pages)		
BARGWELL WASTE MANAGEMENT FACILITY UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST SHIPPING PAPER		818 ST. MARYS DRIVE EVANSVILLE IN		97014	COLLECTOR PROCESSOR		97014		
1. EMERGENCY TELEPHONE NUMBER (Include Area Code) 815-734-6284		S.C. TRANSPORT PERMIT NUMBER NA		SHIPMENT NUMBER 97014	GENERATOR TYPE (Specify)		9. CONSIGNEE - Name and Facility Address BPCS SERVICES, INC. 17550 BISHOP DRIVE TINLEY PARK, IL 60477		
ORGANIZATION SHIPPER		CONTACT PHILIP DOWNING		TELEPHONE NUMBER (Include Area Code) 815-734-6284		SIGNATURE <i>Philip Downing</i>		DATE 6/25/97	
2. IS THIS AN "EXCLUSIVE USE" SHIPMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		3. TOTAL NUMBER OF PACKAGES IDENTIFIED ON THIS MANIFEST 1		8. CARRIER - Name and Address AGORA EXPRESS, INC. 17850 DUFAY DRIVE TINLEY PARK IL 60477		EPA I.D. NUMBER IL04257594		10. CERTIFICATION This is to certify that the hazardous materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation. This also certifies that the materials are classified, packaged, marked, and labeled and are in proper condition for transportation and disposal or disposal in accordance with the requirements of 49 CFR Parts 26 and 27, or applicable state regulations.	
4. DOES EPA REGULATED WASTE REQUIRING A MANIFEST ACCOMPANY THIS SHIPMENT? If "Yes," provide Manifest Number		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IWA 1182035		CONTACT DONALD B. HORN, JR.		TELEPHONE NUMBER (Include Area Code) 815-428-3013			DATE 6/25/97
11. U.S. DEPARTMENT OF TRANSPORTATION DESCRIPTION (Including proper shipping name, hazard class, UN ID number, and any additional information)		12. DOT LABEL "RADIOACTIVE"		13. TRANSPORT INDEX		14. PHYSICAL AND CHEMICAL FORM		15. INDIVIDUAL RADIOACTIVITY	
WASTE, FLAMMABLE LIQUID, R.O.S., (TOLUENE) 3, UN 1803 PG II		N/A		N/A		LIQUID/TOLUENE		0-14	
								16. TOTAL PACKAGE ACTIVITY M2	
								17. LIQUID CLASS	
								18. TOTAL WEIGHT OR VOLUME (See appropriate units)	
								390 LB	
								19. IDENTIFICATION NUMBER OF PACKAGE	
								97014-01 NA	
FOR CONSIGNEE USE ONLY				20. *Certification is hereby made to the South Carolina Department of Health and Environmental Control that this shipment of low-level radioactive waste has been prepared in accordance with a radioactive waste management program which has been approved by the Nuclear Regulatory Commission or an Agreement State regulatory agency and has been included in accordance with the requirements of South Carolina Radioactive Material License No. 007 as amended, and the Nuclear Regulatory Commission's License No. 12-13530-01 as amended, and the effective Biennial Site Disposal Criteria within 48 hours prior to shipment, and further certification is made that the inspection revealed no items of non-compliance with all applicable laws, rules and regulations.					
				Date: 6/25/97 Signature: <i>Philip Downing</i>					
				Title and Organization: <i>Senior Project Manager</i>					
				Telephone No: (812) 474-6530					

FORM 548 (10-88)

Waste Manifest No. 970314 for Covance - Evansville St. Mary's site: 25 Jun 1997 (cont'd)



PERMA-FIX OF FLORIDA, INC.
CUSTOMER NOTIFICATION AND CERTIFICATION

PART I: WASTE DESCRIPTION AND GENERATOR INFORMATION

Generator Name/Location: GFI Pharmaceuticals / Evansville, IN
EPA ID Number: CE506 Manifest Number: 970314 Profile Number: _____
This waste is a Wastewater Non-Wastewater Is analytical available? Yes No (If yes, please attach copy)
EPA Waste Code Number(s): P003 P005

DIRECTIONS: Complete Parts I and II, then indicate the constituents in Parts III, IV, V, VI, and VII, where applicable.

PART II: WASTE CATEGORY
Check appropriate line(s).

Restricted Waste Notification

This waste does not meet the treatment standards specified in 40 CFR 268, Subpart D.

Restricted Waste Meeting Treatment Standard Certification

I certify under penalty of law that I have personally examined, and am familiar with, the waste through analysis and testing or through knowledge, the waste to support the certification that this waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D, and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA section 3004(d).

Restricted Waste Variance Notification

This waste is not prohibited from land disposal at this time due to a case-by-case extension, an exemption, or a nationwide capacity variance. This waste may be subject to landfill restriction after the date below.

Applicable Variance/Date _____

Waste Certification

I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and that, based on my inquiry of those individuals immediately responsible for obtaining this information, I believe that the treatment process has been operated and maintained properly so as to comply with the performance levels specified in 40 CFR 268, Subpart D, and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA Section 3004(d) without impermissible dilution of the prohibited waste.

I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and that, based on my inquiry of those individuals immediately responsible for obtaining this information, I believe that the non-wastewater organic constituents have been treated by incineration in units operated in accordance with 40 CFR Part 264, Subpart O or 40 CFR 265 Subpart O, or by combustion in fuel substitution units operated in accordance with applicable technical requirements, and I have been unable to detect the non-wastewater organic constituents despite having used best good faith efforts to analyze for such constituents.

I certify under penalty of law that the waste has been treated in accordance with the requirements of 40 CFR 268.42.

I believe that the information I submitted is true, accurate, and complete. I am also aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment.

SIGNATURE: Philip A. Downing DATE: 6/25/97

PRINTED NAME: Philip A. Downing TITLE: Scientist/Radiation Safety Officer

ONLY STATEMENTS WITH ORIGINAL SIGNATURES WILL BE ACCEPTED

Waste Manifest No. 970314 for Covance – Evansville St. Mary’s site: 25 Jun 1997 (cont’d)



Indicate the applicable EPA waste codes and constituents by checking the appropriate box(es) in Parts III, IV, V and VI. Also, for wastes indicated in Parts III, IV or V, indicate underlying hazardous constituents in Part VII.

PART III: F LISTED WASTE

Check the constituents present in this waste stream.

F001 - F005 SPENT SOLVENT WASTES

- | | | |
|--|--|--|
| <input type="checkbox"/> Acetone | <input type="checkbox"/> Ethyl Acetate | <input type="checkbox"/> Pyridine |
| <input type="checkbox"/> Benzene | <input type="checkbox"/> Ethyl Benzene | <input type="checkbox"/> Tetrachloroethylene |
| <input type="checkbox"/> n-Butyl Alcohol | <input type="checkbox"/> Ethyl Ether | <input checked="" type="checkbox"/> Toluene |
| <input type="checkbox"/> Carbon Disulfide | <input type="checkbox"/> Isobutanol | <input type="checkbox"/> 1,1,1-Trichloroethane |
| <input type="checkbox"/> Carbon Tetrachloride | <input type="checkbox"/> Methanol | <input type="checkbox"/> 1,1,2-Trichloroethane |
| <input type="checkbox"/> Chlorobenzene | <input type="checkbox"/> Methylene Chloride | <input type="checkbox"/> 1,1,2-Trichloro-1,2,2-Trifluoroethane |
| <input type="checkbox"/> Cresol (m- and p-isomers) | <input type="checkbox"/> Methylene Chloride (Pharmaceutical) | <input type="checkbox"/> 1,2,2-Trifluoroethane |
| <input type="checkbox"/> o-Cresol | <input type="checkbox"/> Methyl Ethyl Ketone | <input type="checkbox"/> Trichloroethylene |
| <input type="checkbox"/> Cyclohexanone | <input type="checkbox"/> Methyl Isobutyl Ketone | <input type="checkbox"/> Trichlorofluoromethane |
| <input type="checkbox"/> 1,2-Dichlorobenzene | <input type="checkbox"/> Nitrobenzene | <input checked="" type="checkbox"/> Xylene (Total) |
| <input type="checkbox"/> 2-Ethoxyethanol | <input type="checkbox"/> 2-Nitropropane | |

NOTE: Indicate in Part VII all underlying hazardous constituents which are likely to be present in this waste.

PART IV: "D" CHARACTERISTIC CODES

Check the constituents present in this waste stream.

EPA CODES	CONSTITUENT OF CONCERN	EPA CODES	CONSTITUENT OF CONCERN
-----------	------------------------	-----------	------------------------

(Mark all that apply)

- | | |
|--|--|
| <input type="checkbox"/> D001 Ignitable Liquids, >10% TOC | <input type="checkbox"/> D020 Chlordane |
| <input type="checkbox"/> D001 Ignitable Wastewaters | <input type="checkbox"/> D021 Chlorobenzene |
| <input type="checkbox"/> D001 Ignitable Liquids, <10% TOC | <input type="checkbox"/> D022 Chloroform |
| <input type="checkbox"/> D001 Ignitable Compressed Gas | <input type="checkbox"/> D023 o-Cresol |
| <input type="checkbox"/> D004 Arsenic | <input type="checkbox"/> D024 m-Cresol |
| <input type="checkbox"/> D005 Barium | <input type="checkbox"/> D025 p-Cresol |
| <input type="checkbox"/> D006 Cadmium | <input type="checkbox"/> D026 Cresol |
| <input type="checkbox"/> D006 Cadmium Batteries | <input type="checkbox"/> D027 1,4-Dichlorobenzene |
| <input type="checkbox"/> D007 Chromium | <input type="checkbox"/> D028 1,2-Dichloroethane |
| <input type="checkbox"/> D008 Lead | <input type="checkbox"/> D029 1,1-Dichloroethylene |
| <input type="checkbox"/> D008 Lead Acid Batteries | <input type="checkbox"/> D030 2,4-Dinitrotoluene |
| <input type="checkbox"/> D009 Low Mercury Subcat. (<260mg/kg) | <input type="checkbox"/> D031 Heptachlor (and its epoxide) |
| <input type="checkbox"/> D009 High Mercury Subcat. ≥ 260 mg/kg) with Organics | <input type="checkbox"/> D032 Hexachlorobenzene |
| <input type="checkbox"/> D009 High Mercury Subcat. ≥ 260 mg/kg) with Inorganics | <input type="checkbox"/> D033 Hexachlorobutadiene |
| <input type="checkbox"/> D010 Selenium | <input type="checkbox"/> D034 Hexachlorocyclopentadiene |
| <input type="checkbox"/> D011 Silver | <input type="checkbox"/> D035 Methyl Ethyl Ketone |
| <input type="checkbox"/> D012 Endrin | <input type="checkbox"/> D036 Nitrobenzene |
| <input type="checkbox"/> D013 Lindane | <input type="checkbox"/> D037 Pentachlorophenol |
| <input type="checkbox"/> D014 Methoxychlor | <input type="checkbox"/> D038 Pyridine |
| <input type="checkbox"/> D015 Toxaphene | <input type="checkbox"/> D039 Tetrachloroethylene |
| <input type="checkbox"/> D016 2,4-D | <input type="checkbox"/> D040 Trichloroethylene |
| <input type="checkbox"/> D017 2,4,5-TP (Silvex) | <input type="checkbox"/> D041 2,4,5-Trichlorophenol |
| <input type="checkbox"/> D018 Benzene | <input type="checkbox"/> D042 2,4,6-Trichlorophenol |
| <input type="checkbox"/> D019 Carbon Tetrachloride | <input type="checkbox"/> D043 Vinyl Chloride |

NOTE: Indicate in Part VII all underlying hazardous constituents which are likely to be present in this waste if you have checked D001 or D012-D043.

Final Status Survey Report (FSSR) for Covance – Evansville St. Mary’s site:

NOTE: Following pages contain the FSSR, organized as follows:

- Summary of Restricted Area-HOT LABS in Covance – Evansville St. Mary’s site – Page 58 of this application.
- Reference maps of basement and first, second, third, and fourth floors of Covance – Evansville St. Mary’s site (including room #s for reference to evaluate LSC survey results and survey meter results – Pages 59-74 of this application.
- LSC survey results in FSSR for all Restricted Area-HOT LABS at Covance – Evansville St. Mary’s site – Pages 75-84 of this application.
- Survey meter results in FSSR for all Restricted Area-HOT LABS at Covance – Evansville St. Mary’s site – Pages 85-86 of this application.

Summary of Covance – Evansville St. Mary’s Site Restricted Area-HOT LABS

Attachment 9.1: Restricted Area HOT LAB Areas and Uses—Covance GFI Research Site

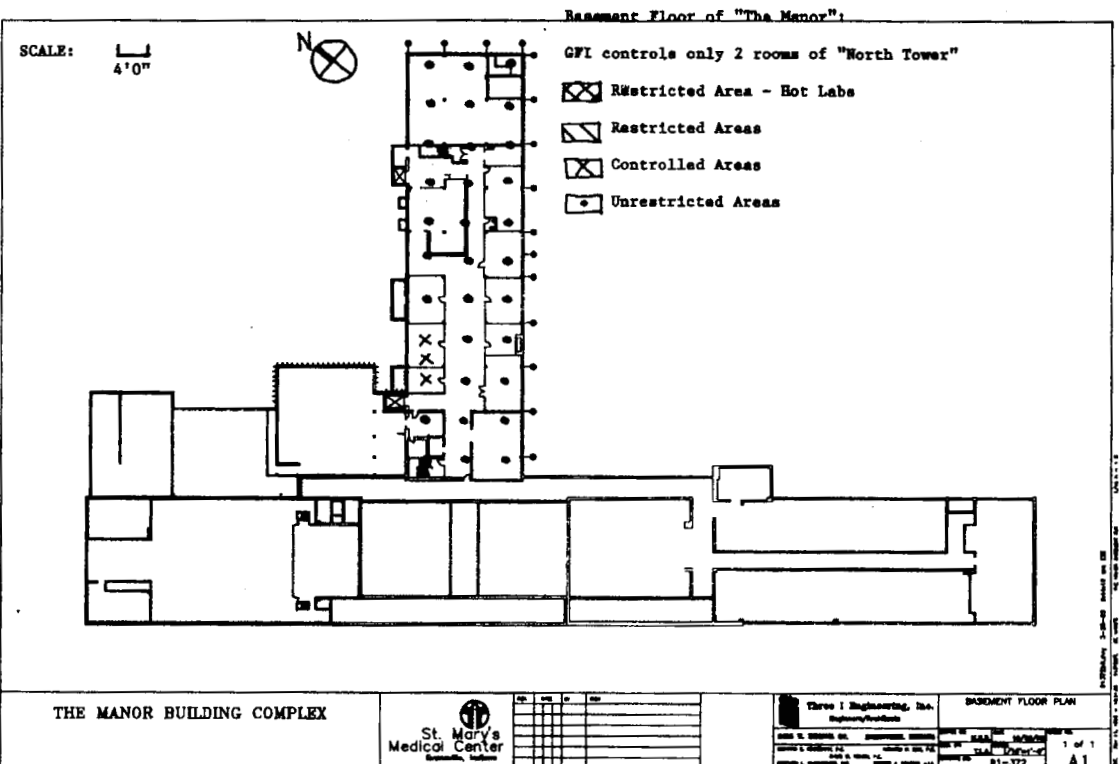
Type of Material	Type of Use	Room/Area on Map	Map(s)
Byproduct material	Receipt	2 nd floor Reception Desk	A2, B2 & C2
	Shipment	2 nd floor Reception Desk	A2, B2 & C2
	Storage (at -70°C or -20°C)	4 th floor Lab Accession Area or Room 400 or 401	A4, B4 & D3
	Storage (at 5°C or 25°C)	Room 303 or 4 th floor Drug Storage Room	A3, B3 & C3; A4, B4 & E4
	Preparation of unit doses	Pharmacy Room 303 or Room 403 or 411	A3, B3, C3; A4, B4, C4 & D4
Unit doses of radiolabeled drug	Storage (at -70°C or -20°C)	4 th floor Lab Accession Area or Room 400 or 401	A4, B4 & C4
	Storage (at 5°C or 25°C)	Pharmacy Room 303 or 4 th floor Drug Storage Room	A3, B3 & C3; A4, B4 & E4
	Unit dose verification	Room 403	A4, B4 & C4
	Administration to subjects	Room 101 or 102; Room 303, 305, 307-316, 318, or 320-330; or Room 403 or 411	A1, B1 & C1; A3, B3 & D3; A4, B4, C4 & D4;
Radioactive biological samples	Collection (blood samples)	Room 102; Room 301, 305, 307-316, 318, or 320-330; or Room 411	A1, B1 & C1 A3, B3 & D3; A4, B4 & D4;
	Collection (urine samples)	Toilet in Room 102; Toilet in Room 305, 307-316, 318, or 320-330	A1, B1 & C1; A3, B3 & D3
	Collection (feces samples)	Toilet in Room 102; Toilet in Room 305, 307-316, 318, or 320-330	A1, B1 & C1; A3, B3 & D3
	Processing (all samples)	4 th floor Lab Accession Area or Lab 400 or 401	A4, B4 & C4
	Storage (all samples)	4 th floor Lab Accession Area or Lab 400 or 401	A4, B4 & C4
	Packaging Shipments	4 th floor Lab Accession Area or Lab 400 or 401	A4, B4 & C4
	Survey Equipment	Ambient Radiation	Room 403 (Survey meter)
Removable Surface Contamination		Room 403 (LSC [and applicable supplies])	A4, B4 & C4

Reference Maps to Evaluate FSSR results at Covance – Evansville St. Mary's Site:



Resubmission of License Renewal per NUREG-1556, Vol. 9
For Covance GFI Research: NRC License No. 13-26640-01
Dated 11 January 2006 Page 24 of 50

Item 9: Facility Diagram (Map A0: Basement Floor of The Manor)

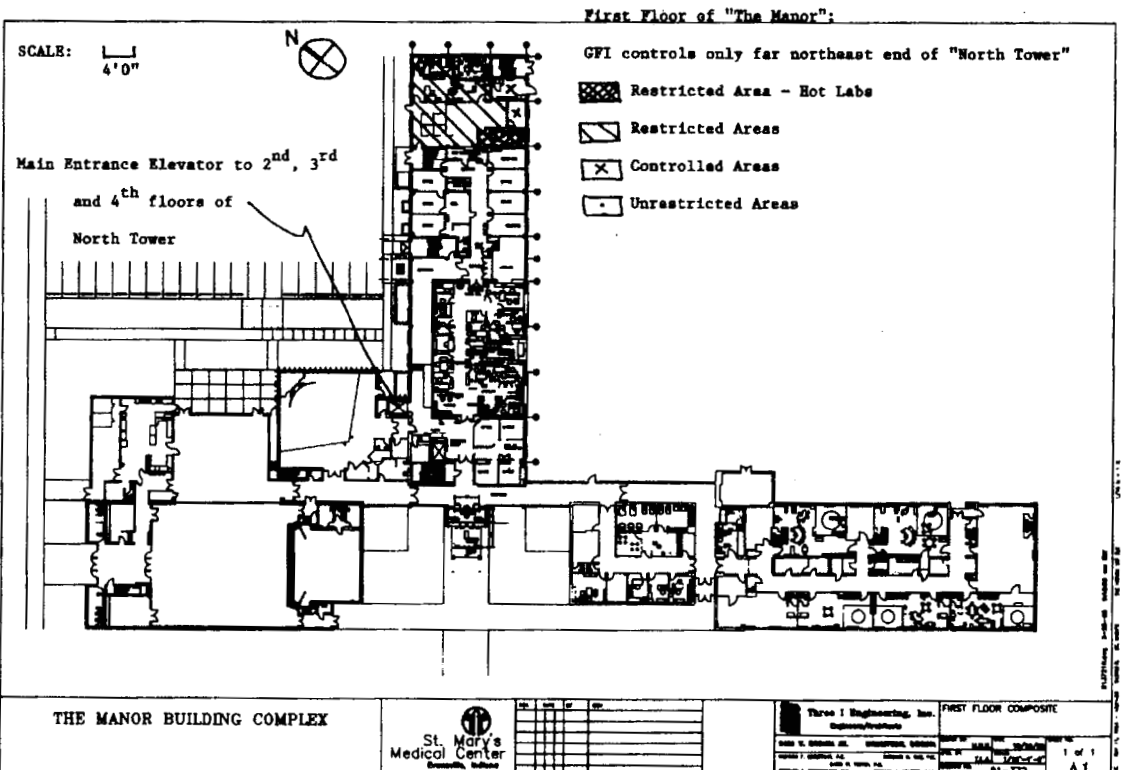


Reference Maps to Evaluate FSSR results at Covance – Evansville St. Mary's Site:



Resubmission of License Renewal per NUREG-1556, Vol. 9
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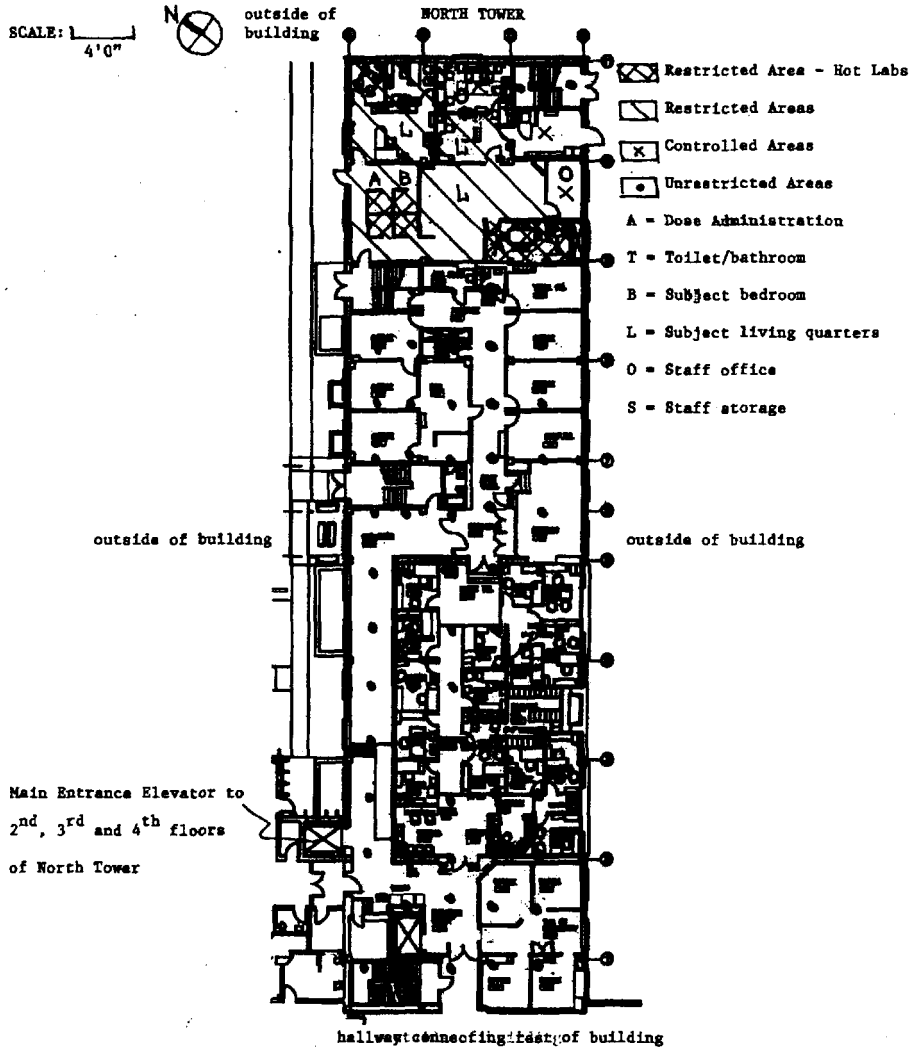
Item 9: Facility Diagram (Map A1: First Floor of The Manor)



Reference Maps to Evaluate FSSR results at Covance – Evansville St. Mary’s Site:

Item 9: Facility Diagram (Map B1: First Floor of The Manor-North Tower)





First Floor of "The Manor"; GFI controls only far northeast end of "North Tower"

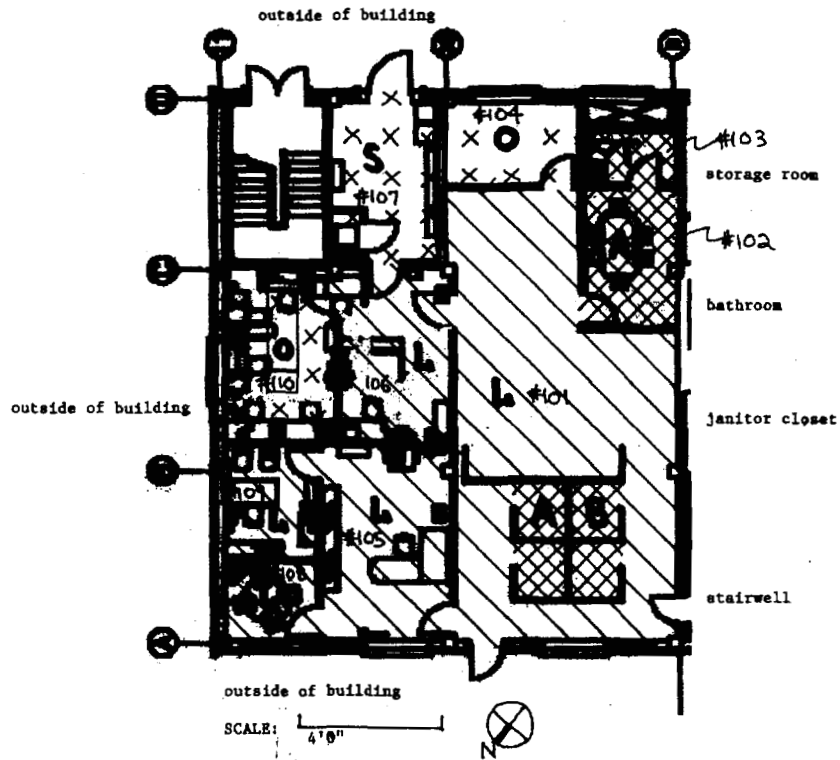


Reference Maps to Evaluate FSSR results at Covance – Evansville St. Mary’s Site:

Item 9: Facility Diagram (Map C1: First Floor of The Manor-Section of North Tower)

First Floor of "The Manor": GFI-controlled Northeast End of North Tower

- | | | |
|--|-----------------------------|-------------------|
|  Restricted Area - Hot Labs | A = Dose Administration | O = Staff office |
|  Restricted Areas | T = Toilet/bathroom | S = Staff storage |
|  Controlled Areas | B = Subject-bedroom | |
|  Unrestricted Areas | L = Subject living quarters | |

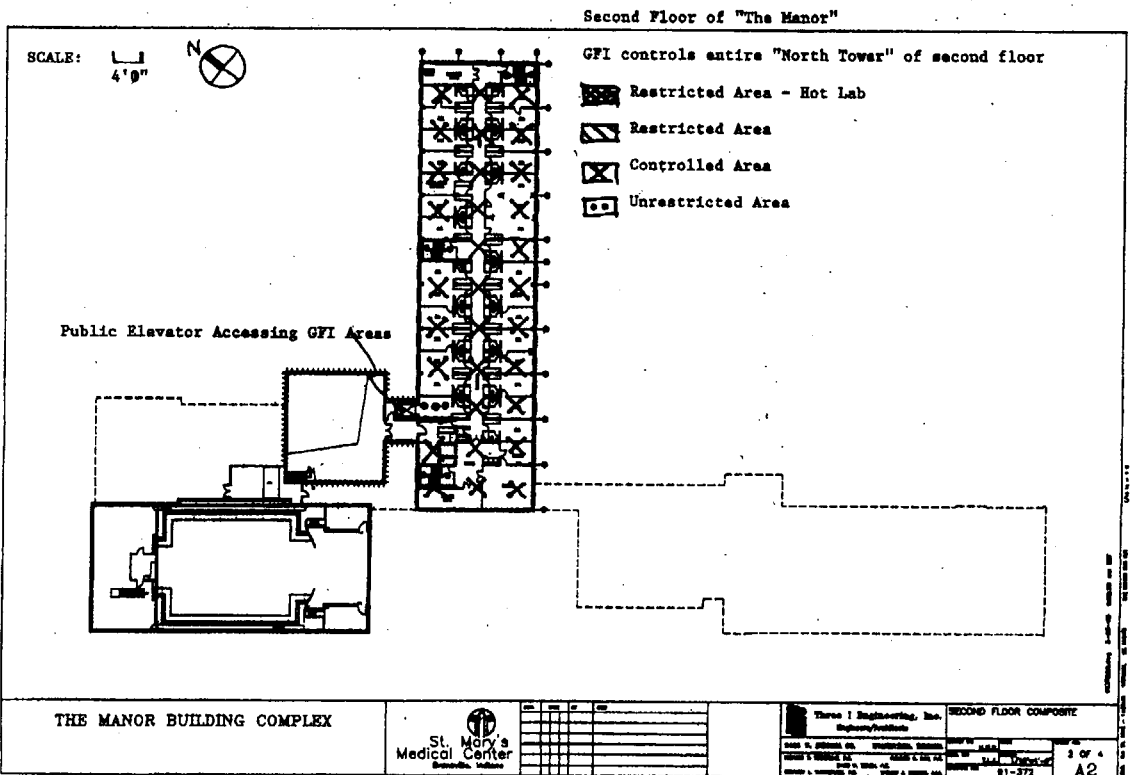


Reference Maps to Evaluate FSSR results at Covance – Evansville St. Mary's Site:



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Item 9: Facility Diagram (Map A2: Second Floor of The Manor)



Reference Maps to Evaluate FSSR results at Covance – Evansville St. Mary’s Site:

Item 9: Facility Diagram (Map B2: Second Floor of The Manor-North Tower)

GFI controls entire "North Tower" of second floor of "The Manor"

SCALE: 4'0"



outside of building

NORTH TOWER

outside of building



- Restricted Area - Hot Lab
- Restricted Area
- Controlled Area
- Unrestricted Area
- R - Reception Desk/Area
- E - Elevator - Public
- W - Stairwell - Public

outside of building

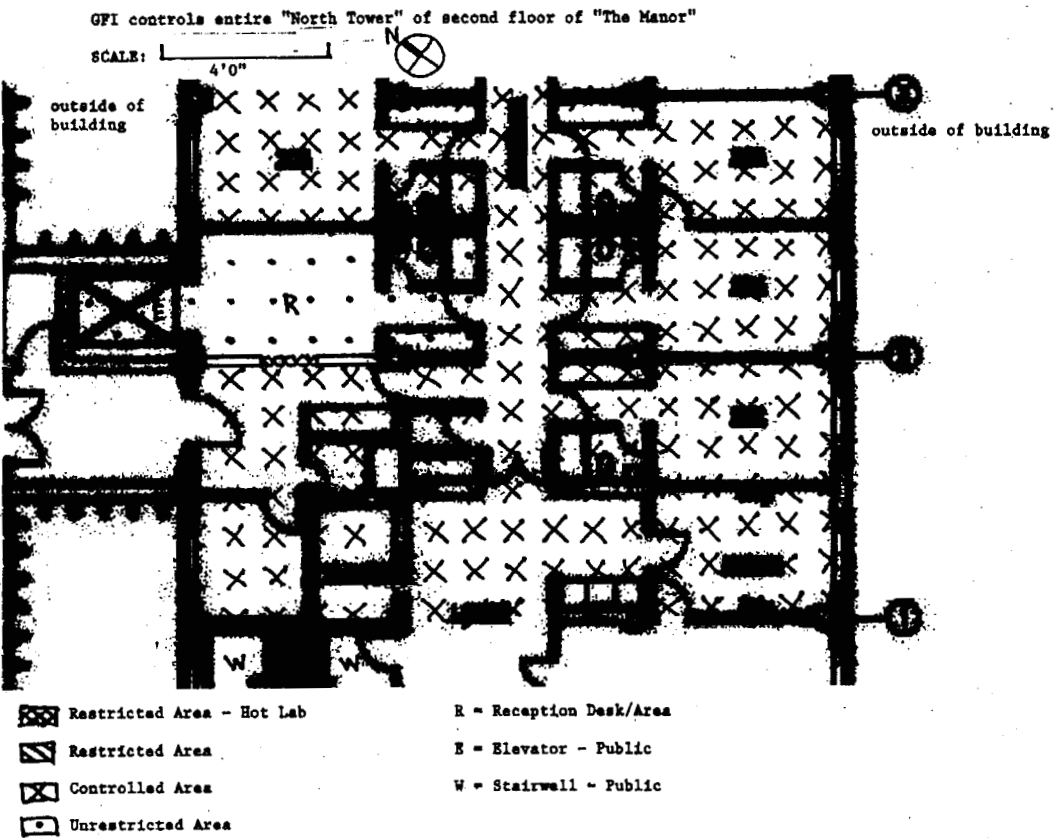
outside of building

Reference Maps to Evaluate FSSR results at Covance – Evansville St. Mary's Site:



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Item 9: Facility Diagram (Map C2:Second Floor of The Manor-
Bottom Section of North Tower)

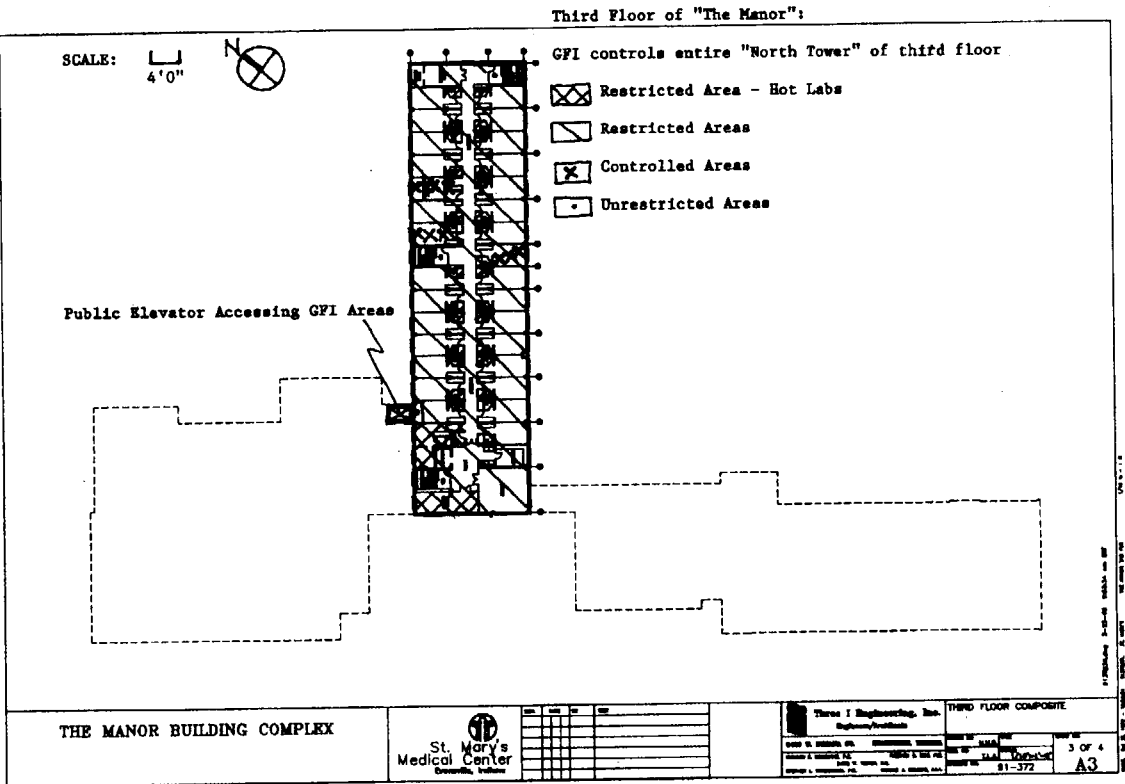


Reference Maps to Evaluate FSSR results at Covance – Evansville St. Mary's Site:



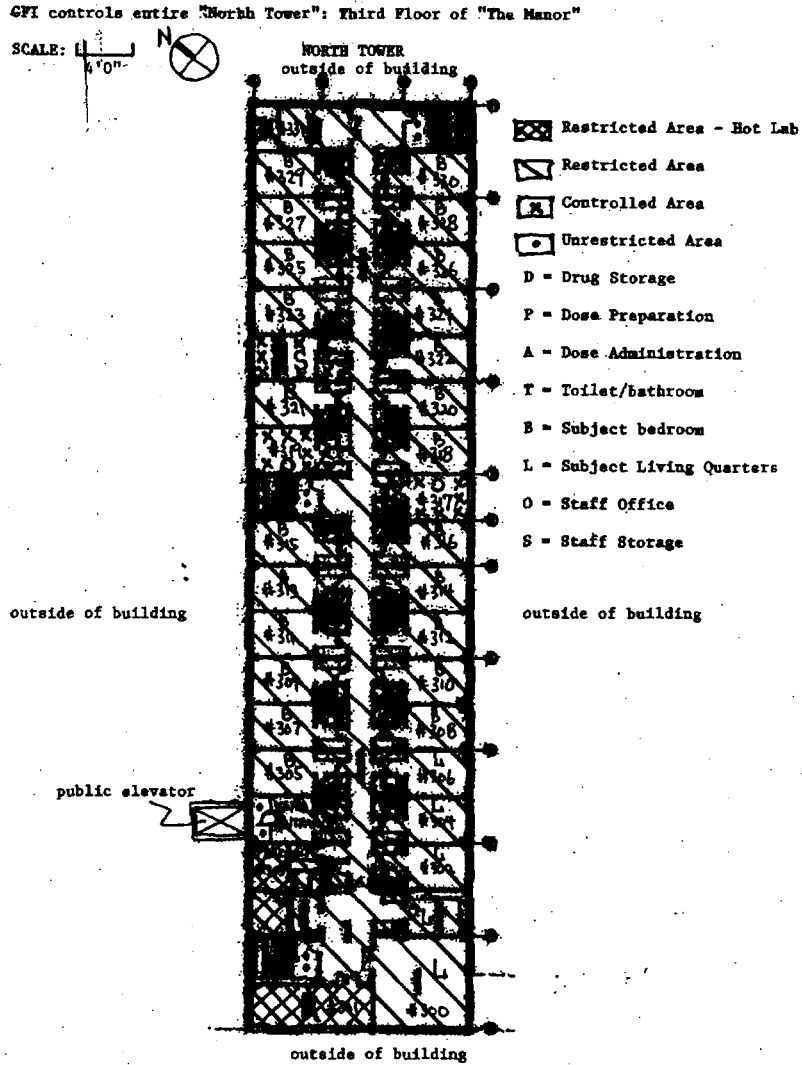
Resubmission of License Renewal per NUREG-1556, Vol. 9
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Item 9: Facility Diagram (Map A3: Third Floor of The Manor)



Reference Maps to Evaluate FSSR results at Covance – Evansville St. Mary’s Site:

Item 9: Facility Diagram (Map B3: Third Floor of The Manor-North Tower)

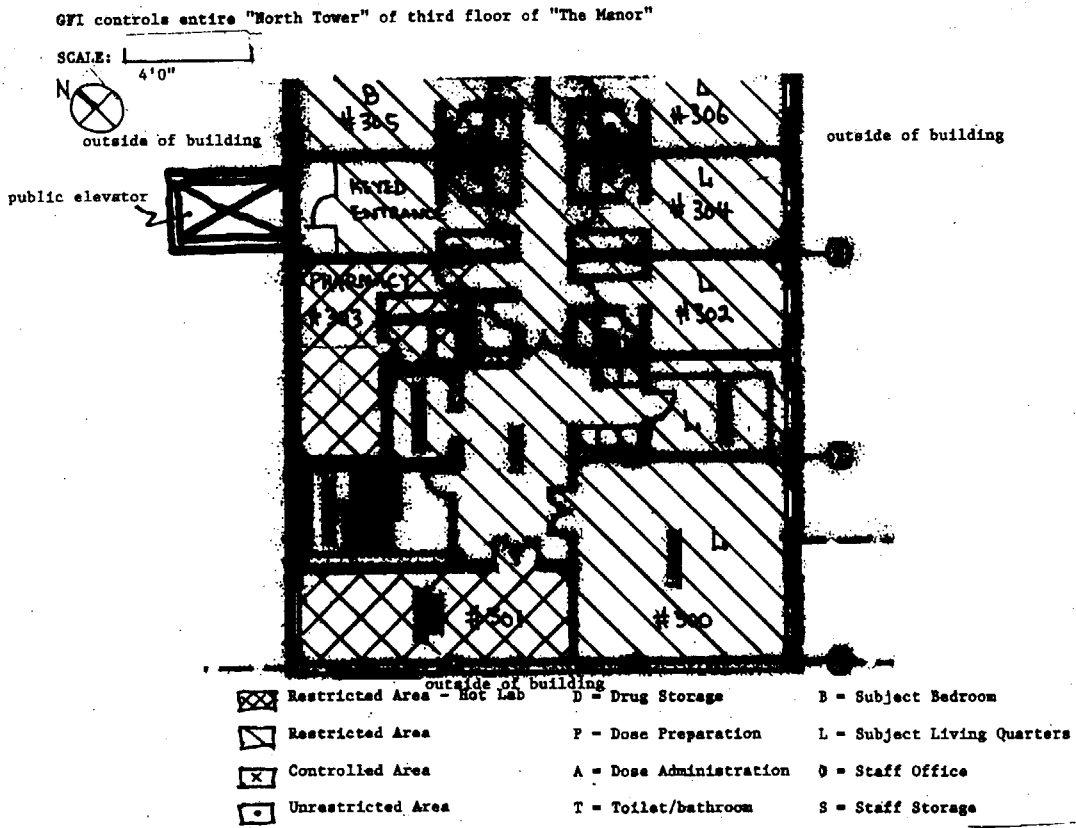


Reference Maps to Evaluate FSSR results at Covance – Evansville St. Mary’s Site:



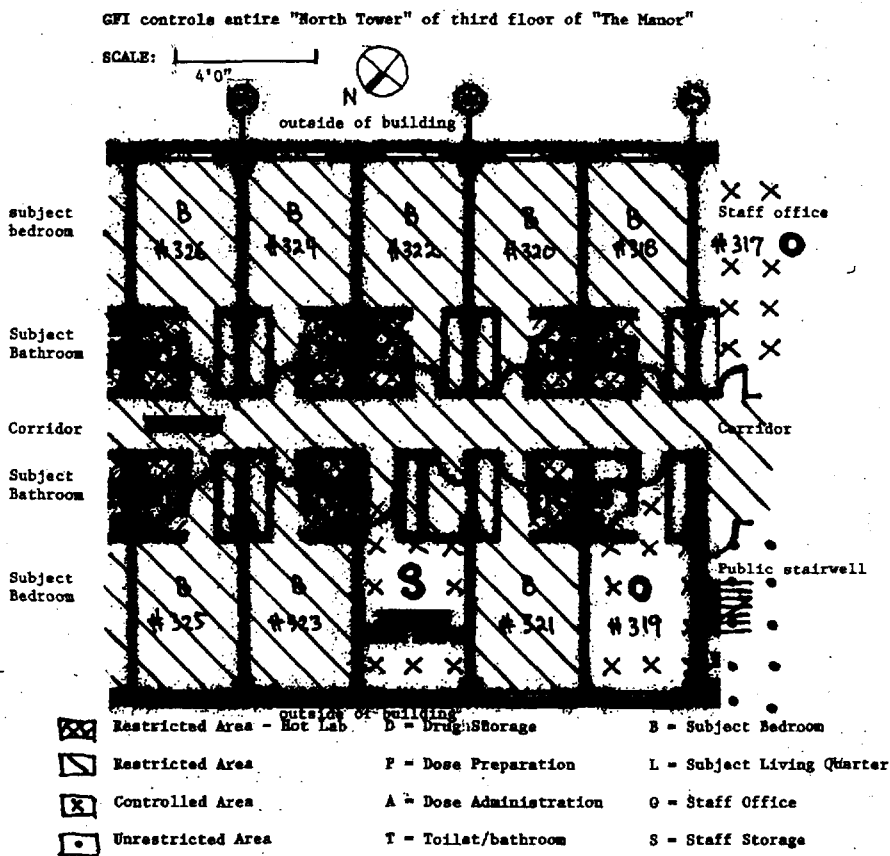
Resubmission of License Renewal per NUREG-1556, Vol. 9
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Item 9: Facility Diagram (Map C3: Third Floor of The Manor-
Bottom Section of North Tower)



Reference Maps to Evaluate FSSR results at Covance – Evansville St. Mary’s Site:

Item 9: Facility Diagram (Map D3: Third Floor of The Manor-
Top Section of North Tower)

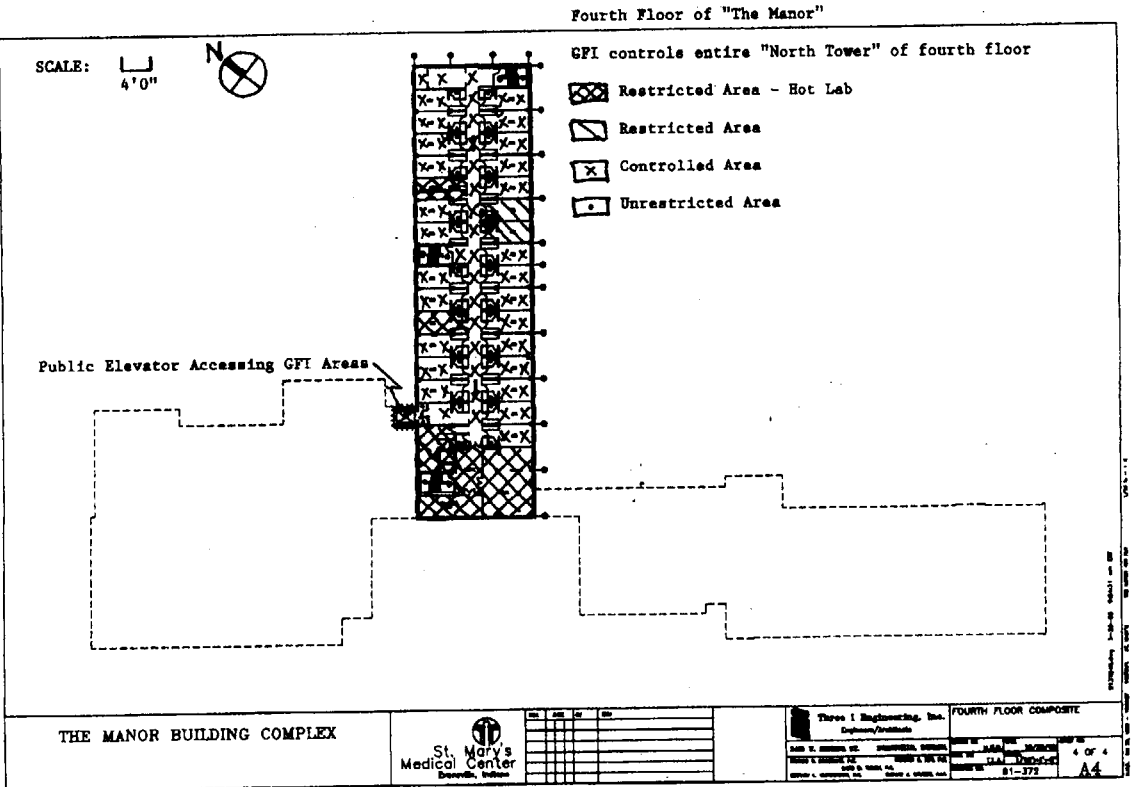


Reference Maps to Evaluate FSSR results at Covance – Evansville St. Mary’s Site:



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Item 9: Facility Diagram (Map A4: Fourth Floor of The Manor)

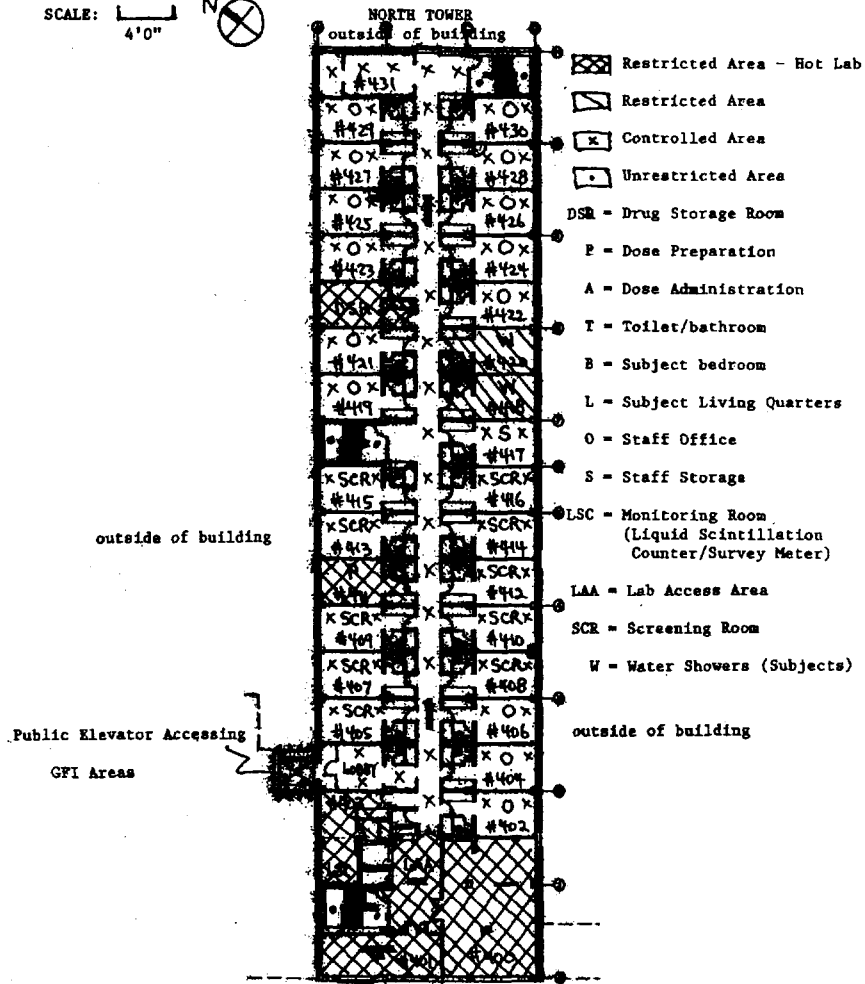


Reference Maps to Evaluate FSSR results at Covance – Evansville St. Mary’s Site:

Item 9: Facility Diagram (Map B4: Fourth Floor of The Manor-North Tower)

GFI controls entire "North Tower": Fourth Floor of "The Manor" (NOTE: Top floor)

SCALE: 4'0"

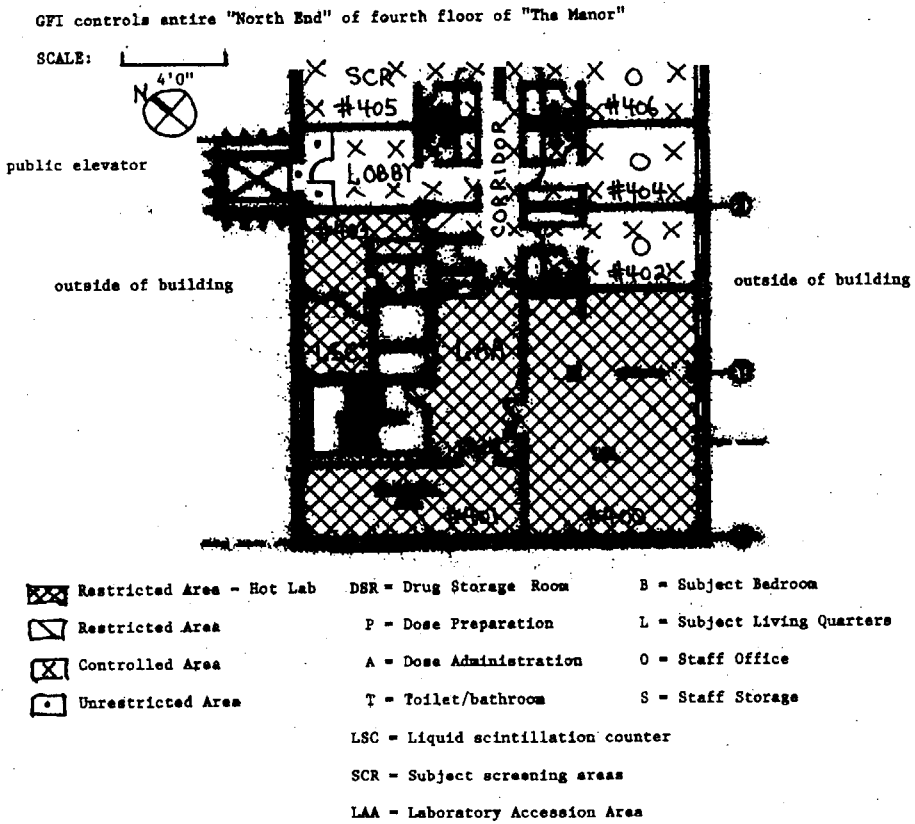


Reference Maps to Evaluate FSSR results at Covance – Evansville St. Mary's Site:



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Item 9: Facility Diagram (Map C4: Fourth Floor of The Manor - Bottom Section of North Tower)

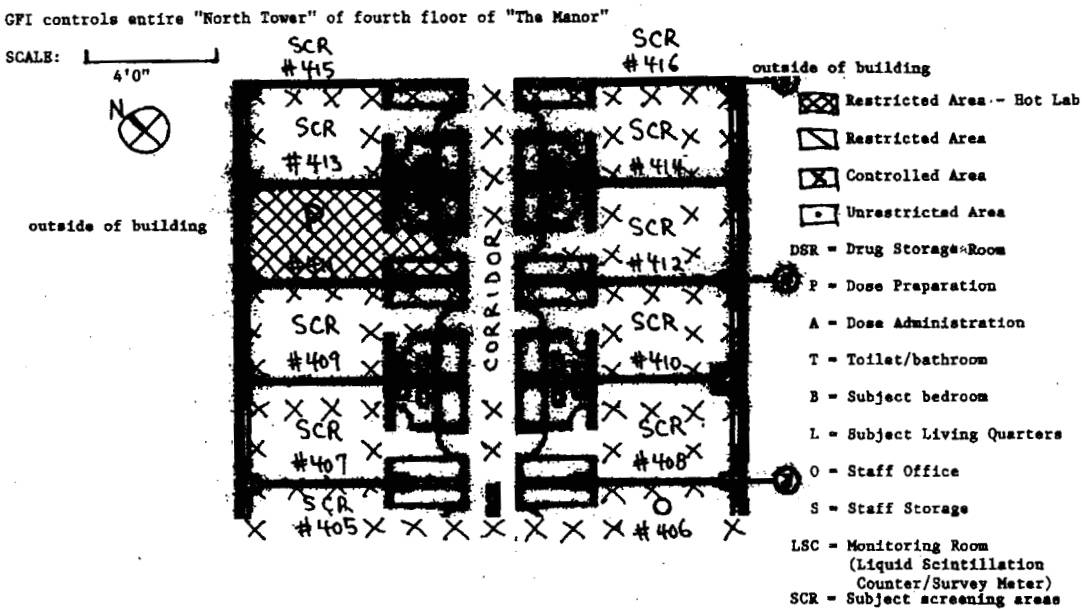


Reference Maps to Evaluate FSSR results at Covance – Evansville St. Mary’s Site:



Resubmission of License Renewal per NUREG-1556, Vol. 9
For Covance GFI Research: NRC License No. 13-26640-01
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Item 9: Facility Diagram (Map D4: Fourth Floor of The Manor - Middle Section of North Tower)

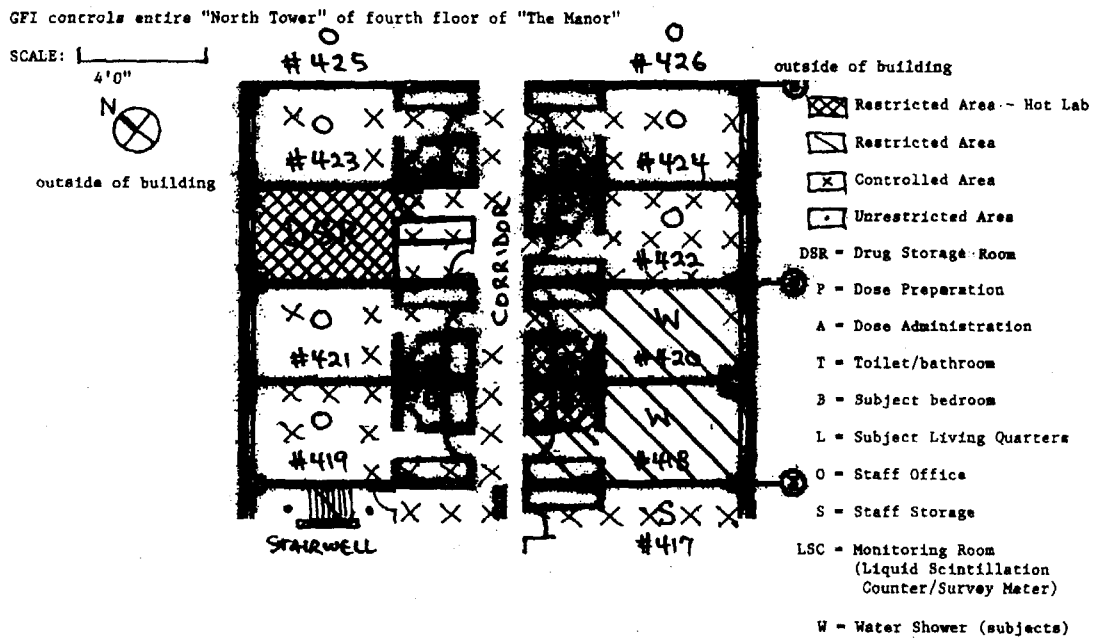


Reference Maps to Evaluate FSSR results at Covance - Evansville St. Mary's Site:



Resubmission of License Renewal per NUREG-1556, Vol. 9
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Item 9: Facility Diagram (Map E4: Fourth Floor of The Manor -
Top Section of North Tower)

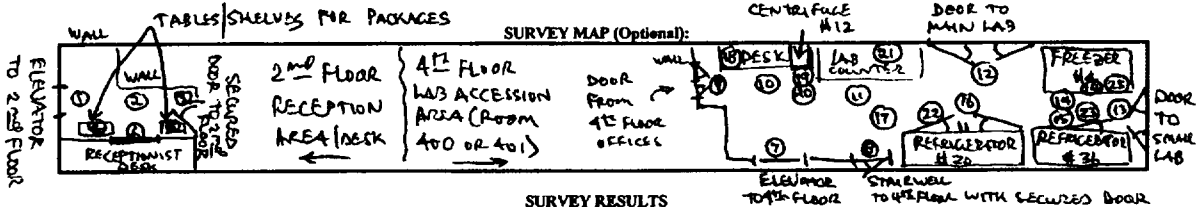


FSSR LSC Swipe Test Results at Covance – Evansville St. Mary’s Site:

OP-RS. 6.00
ATTACHMENT II
DATE: 05/24/06
REPLACES: 04/18/05

RADIATION WIPE TEST SURVEY FORM

CRU STUDY NO.: N/A ① - N/A ①
Check applicable LSC ID No.: 402452 at ECRU or 405424 at MCP LSC TOWER/PROGRAM NO.: # 1
TYPE OF SURVEY: Routine Surveys of Unit; or Other explain: ① DECOMMISSIONING SURVEYS
WIPE TEST PERFORMED BY (Initials)/DATE: Rak; 19/DEC/2007
VIALS PLACED INTO LSC BY (Initials)/DATE: Rak; 21/DEC/2007 Start time on LSC Printout 11:15 ON 21 DEC 2007



Map Area No.	Vial No.	LSC Slot No.	Description of Survey Item	dpm/100cm ² From LSC Printout*	TB/D	Initial Evaluation/Action		Subsequent Evaluation/Action	
						N or R/TL ^b	PB/D	N or R/TL ^b	PB/D
NA	BKG1	1	Background ("Clean" Alcohol Swab)	23.20	Rak 22 DEC 2007	NA	NA	NA	NA
1	117	37	RUG OUTSIDE OF ELEVATOR	2		N	Rak 22 DEC 2007		
2	118	38	RUG IN MIDDLE OF ENTRY WAY	0		N			
3	119	39	RUG BY SECURED DOOR	0		N			
4	120	40	TOP OF TABLE/SHELF - A	0		N			
5	121	41	TOP OF TABLE SHELF - B	0		N			
6	122	42	COUNTER BY RECEPTION WINDOW	0		N			
7	123	43	FLOOR OUTSIDE OF ELEVATOR	0		N			
8	124	44	FLOOR BY STAIRWELL DOOR	1		N			
9	125	45	FLOOR BY 4th FLOOR OFFICE DOOR	4		N			
10	126	46	FLOOR BY DESK	1		N			
11	127	47	FLOOR BY LAB COUNTER	0		N			
12	128	48	FLOOR BY ENTRANCE TO MAIN LAB	0		N			
13	129	49	FLOOR BY ENTRANCE TO SMALLE LAB	0		N			
14	130	50	FLOOR BY FREEZER #20	3		N			
15	131	51	FLOOR BY REFRIGERATOR #36	2		N			
16	132	52	FLOOR BY REFRIGERATOR #30	2		N			
17	133	53	FLOOR IN MIDDLE OF ACCESSION	0		N			
18	134	54	DESK SURFACE	5		N			
19	135	55	CENTRIFUGE #12 DIALS	0		N			
20	136	56	CENTRIFUGE #12 INSIDE WING	1		N			
21	137	57	LAB COUNTER TOP	0		N			
22	138	58	REFRIGERATOR #20 HANDLES	0		N			
23	139	59	REFRIGERATOR #36 HANDLES	0		N			
24	140	60	FREEZER #4 HANDLES	0		N			
25	141	61	FREEZER #4 - BOTTOM SHELF	0		N			

*For ³H and ¹⁴C, dpm are transcribed from LSC printout (NOTE: For transcribing results for BKG1, use CPMs from channel A instead).
^aActions are: N = If dpm < 200 dpm, return to normal use/disposal.
R/TL = If dpm > 200 dpm, TRIGGER LEVEL reached - Notify RSO (or designee) immediately to discuss and rewash/rewipe-test ASAP.
NOTE: If after repeated decontamination efforts, dpm > 200 dpm, object must be disposed of as Solid Radioactive Waste (contact RSO).

RSO (or designee) Review PB/D Rak 22 DEC 2007

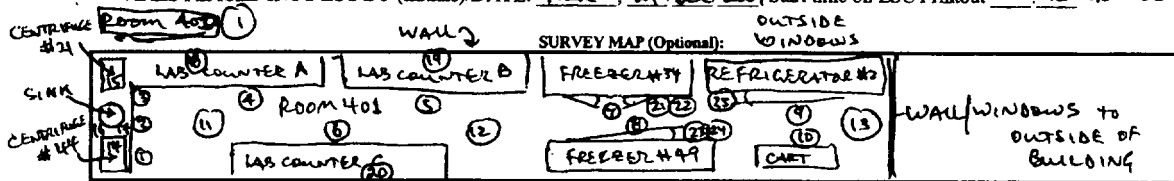
- ① DECOMMISSIONING SURVEYS AT COVANCE-EVANSVILLE (ST. MARY'S SITE).
Rak 19 DEC 2007.
- ② CORRECTION OF FREEZER #. Rak 19 DEC 2007.
- ③ CORRECTION OF REFRIGERATOR #. Rak 19 DEC 2007.

FSSR LSC Swipe Test Results at Covance – Evansville St. Mary’s Site:

OP-RS. 6.00
ATTACHMENT II
DATE: 05/24/06
REPLACES: 04/18/05

RADIATION WIPE TEST SURVEY FORM

CRU STUDY NO.: N/A (2) - N/A (2)
Check applicable LSC ID No.: 402452 at ECRU or 405424 at MCP LSC TOWER/PROGRAM NO.: #1
TYPE OF SURVEY: Routine Surveys of Unit; or Other, explain: DECOMMISSIONING SURVEYS (2)
WIPE TEST PERFORMED BY (Initials)/DATE: RGK; 19/DEC/2007
VIALS PLACED INTO LSC BY (Initials)/DATE: RGK; 21/DEC/2007 Start time on LSC Printout 11:15 ON 21 DEC 2007



Map Area No.	Vial No.	LSC Slot No.	Description of Survey Item	dpm/100cm ² From LSC Printout*	T/B/D	Initial Evaluation/Action		Subsequent Evaluation/Action	
						N or R/TL*	PB/D	N or R/TL*	PB/D
NA	BKG 1	1	Background ("Clean" Alcohol Swab)	13, 20	RGK 22 DEC 2007	NA	NA	NA	NA
1	142	62	FLOOR BY CENTRIFUGE # 44	5		N	RGK 22 DEC 2007		
2	143	63	FLOOR BY SINK (HANDLED MAT)	0		N			
3	144	64	FLOOR BY CENTRIFUGE # 21 ↓	0		N			
4	145	65	FLOOR BY LAB COUNTER A	0		N			
5	146	66	FLOOR BY LAB COUNTER B	0		N			
6	147	67	FLOOR BY LAB COUNTER C	0		N			
7	148	68	FLOOR BY FREEZER # 34	2		N			
8	149	69	FLOOR BY FREEZER # 49	0		N			
9	150	70	FLOOR BY REFRIGERATOR # 2	2		N			
10	151	71	FLOOR BY CART	0		N			
11	152	72	FLOOR - MIDDLE LEFT	3		N			
12	153	73	FLOOR - MIDDLE CENTER	0		N			
13	154	74	FLOOR - MIDDLE RIGHT	0		N			
14	155	75	HANDLES OF CENTRIFUGE # 44	0		N			
15	156	76	HANDLES OF CENTRIFUGE # 21	0		N			
16	157	77	SINK HANDLES	0		N			
17	158	78	SINK DRAIN	0		N			
18	159	79	LAB COUNTER TOP - A	0		N			
19	160	80	LAB COUNTER TOP - B	1		N			
20	161	81	LAB COUNTER TOP - C	0		N			
21	162	82	FREEZER # 34 HANDLES	3		N			
22	163	83	FREEZER # 34 BOTTOM SHELF	0		N			
23	164	84	FREEZER # 49 HANDLES	0		N			
24	165	85	FREEZER # 49 BOTTOM SHELF	0		N			
25	166	86	REFRIGERATOR # 2 HANDLES	0		N			

*For ³H and ¹⁴C, dpm are transcribed from LSC printout (NOTE: For transcribing results for BKG1, use CPMs from channel A instead).
Actions are: N = If dpm ≤ 200 dpm, return to normal use/disposal.
R/TL = If dpm* > 200 dpm, TRIGGER LEVEL reached – Notify RSO (or designee) immediately to discuss and rewash/rewipe-test ASAP.
NOTE: If after repeated decontamination efforts, dpm > 200 dpm, object must be disposed of as Solid Radioactive Waste (contact RSO).

RSO (or designee) Review PB/D RGK 22 DEC 2007

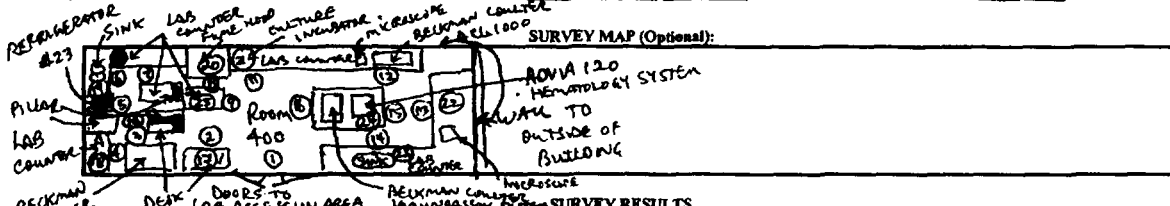
- ① Room is "401". RGK 19 DEC 2007.
- ② DECOMMISSIONING SURVEYS AT COVANCE - EVANSVILLE (ST. MARY'S SITE). RGK 19 DEC 2007.
- ③ WRITE-OVER: WORD IS "DECOMMISSIONING". RGK 19 DEC 2007.

FSSR LSC Swipe Test Results at Covance – Evansville St. Mary’s Site:

OP-RS 6.00
ATTACHMENT II
DATE: 05/24/06
REPLACES: 04/18/05

RADIATION WIPE TEST SURVEY FORM

CRU STUDY NO.: NA 0 - NA 0
Check applicable LSC ID No.: 402452 at ECRU or 405424 at MCP LSC TOWER/PROGRAM NO.: # 1
TYPE OF SURVEY: Routine Surveys of Unit; or Other explain: DECOMMISSIONING SURVEYS
WIPE TEST PERFORMED BY (Initials)/DATE: RGK; 19/DEC/2007
VIALS PLACED INTO LSC BY (Initials)/DATE: RGK; 21/DEC/2007 Start time on LSC Printout 11:15 ON 21 DEC 2007



Map Area No.	Vial No.	LSC Slot No.	Description of Survey Item	dpm/100cm² From LSC Printout*	TBD	Initial Evaluation/Action		Subsequent Evaluation/Action	
						N or R/TL*	PB/D	N or R/TL*	PB/D
NA	BKG 1	1	Background ("Clean" Alcohol Swab)	23, 20	RGK 22 DEC 2007	NA	NA	NA	NA
1	167	87	FLOOR BY ENTRANCE EXT - Room 400	0		N	RGK 22 DEC 2007		
2	168	88	FLOOR BY DECK	0		N			
3	169	89	FLOOR BY CYS PRO	0		N			
4	170	90	FLOOR BY LAB COUNTER	0		N			
5	171	91	FLOOR BY REFRIGERATOR # 23	3		N			
6	172	92	FLOOR BY DOUBLE SINKS	0		N			
7	173	93	FLOOR BY LAB COUNTER	1		N			
8	174	94	FLOOR BY FUME HOOD	3		N			
9	175	95	FLOOR BY LAB COUNTER	0		N			
10	176	96	FLOOR BY LAB COUNTER	0		N			
11	177	97	FLOOR BY INCUBATOR COUNTER	0		N			
12	178	98	FLOOR BY ACU 1000	1		N			
13	179	99	FLOOR BY LAB COUNTER	1		N			
14	180	100	FLOOR BY SINGLE SINK	0		N			
15	181	101	FLOOR BY HEMATOLOGY SYSTEM	2		N			
16	182	102	FLOOR BY IMMUNOASSAY SYSTEM	2		N			
17	183	103	LAB COUNTER SURFACE/DECK	3		N			
18	184	104	LAB COUNTER - A	1		N			
19	185	105	LAB COUNTER BY SINKS	1		N			
20	186	106	LAB COUNTER BY FUME HOOD	5		N			
21	187	107	LAB COUNTER BY INCUBATOR	0		N			
22	188	108	LAB COUNTER BY MICROSCOPE	0		N			
23	189	109	LAB COUNTER BY SINGLE SINK	1		N			
24	190	110	LAB COUNTER BY HEMAT. SYSTEM	1		N			
25	191	111	LAB COUNTER BY IMMUNOASSAY	0		N			

*For "H and "C, dpm are transcribed from LSC printout (NOTE: For transcribing results for BKG1, use CPMs from channel A instead).
*Actions are: N = If dpm < 200 dpm, return to normal use/disposal.
R/TL = If dpm > 200 dpm, TRIGGER LEVEL reached - Notify RSO (or designee) immediately to discuss and rewash/rewipe-test ASAP.
NOTE: If after repeated decontamination efforts, dpm > 200 dpm, object must be disposed of as Solid Radioactive Waste (contact RSO).

RSO (or designee) Review PB/D RGK 22 DEC 2007

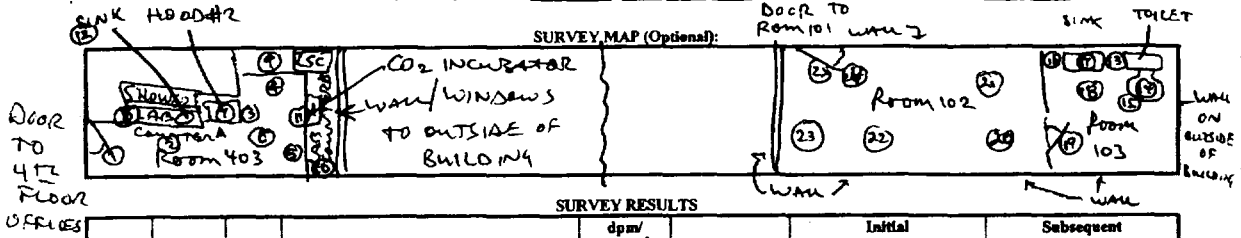
- ① DECOMMISSIONING SURVEYS AT COVANCE-EVANVILLE (ST. MARY'S SITE). RGK 19 DEC 2007.
- ② CHANGED TO DRAIN AT DOUBLE SINK. RGK 19 DEC 2007.
- ③ CHANGED TO DRAIN AT SINGLE SINK. RGK 19 DEC 2007.

FSSR LSC Swipe Test Results at Covance – Evansville St. Mary’s Site:

OP-RS 6.00
ATTACHMENT II
DATE: 05/24/06
REPLACES: 04/18/05

RADIATION WIPE TEST SURVEY FORM

CRU STUDY NO.: N/A O. N/A O
Check applicable LSC ID No.: 402452 at ECRU or 405424 at MCP LSC TOWER/PROGRAM NO.: #1
TYPE OF SURVEY: Routine Surveys of Unit; or Other, explain: DECOMMISSIONING SURVEYS
WIPE TEST PERFORMED BY (Initials)/DATE: Rak; 19/DEC/2007
VIALS PLACED INTO LSC BY (Initials)/DATE: Rak; 21/DEC/2007 Start time on LSC Printout 11:15 ON 21 DEC 2007



SURVEY RESULTS

Map Area No.	Vial No.	LSC Slot No.	Description of Survey Item	dpm/100cm ² From LSC Printout*	T/B/D	Initial Evaluation/Action		Subsequent Evaluation/Action	
						N or R/TL*	PB/D	N or R/TL*	PB/D
NA	BKG1	1	Background ("Clean" Alcohol Swab)	23, 20	Rak 22 DEC 2007	NA	NA	NA	NA
1	192	112	FLOOR BY ENTRANCE DOOR - RM 103	0		N	Rak 22 DEC 2007		
2	193	113	FLOOR BY LAB COUNTER A	1		N			
3	194	114	FLOOR BY HOOD #2	1		N			
4	195	115	FLOOR BY LSC	0		N			
5	196	116	FLOOR BY LAB COUNTER B	1		N			
6	197	117	FLOOR IN MIDDLE OF RM 103	0		N			
7	198	118	SURFACE/COUNTER IN HOOD #2	2		N			
8	199	119	LAB COUNTER A	2		N			
9	200	120	LAB COUNTER BY LSC	2		N			
10	201	121	LAB COUNTER B	0		N			
11	202	122	HANDLE OF CO2 INCUBATOR	0		N			
12	203	123	DRAIN OF SINK	0		N			
13	204	124	HANDLE ON TOILET - RM 103	0		N			
14	205	125	TOILET RIM	0		N			
15	206	126	FLOOR BY TOILET	0		N			
16	207	127	HANDLES ON SINK	0		N			
17	208	128	SINK DRAIN	0		N			
18	209	129	FLOOR BY SINK	0		N			
19	210	130	FLOOR BY DOOR	0		N			
20	211	131	FLOOR AREA A RM 102	0		N			
21	212	132	FLOOR AREA B	0		N			
22	213	133	FLOOR AREA C	0		N			
23	214	134	FLOOR AREA D	0		N			
24	215	135	HANDLES OF DOOR	0		N			
25	216	136	FLOOR BY DOOR	0		N			

*For ³H and ¹⁴C, dpm are transcribed from LSC printout (NOTE: For transcribing results for BKG1, use CPMs from channel A instead).
*Actions are: N = If dpm < 200 dpm, return to normal use/disposal.
R/TL = If dpm > 200 dpm, TRIGGER LEVEL reached – Notify RSO (or designee) immediately to discuss and rewash/rewipe-test ASAP.
NOTE: If after repeated decontamination efforts, dpm > 200 dpm, object must be disposed of as Solid Radioactive Waste (contact RSO).

RSO (or designee) Review PB/D Rak 22 DEC 2007

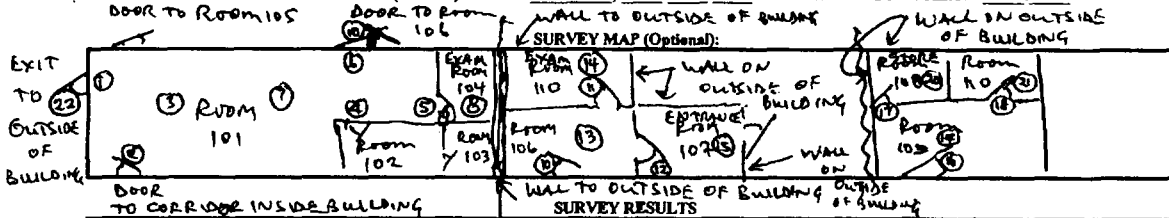
DECOMMISSIONING SURVEY FOR COVANCE - EVANSVILLE (ST. MARY'S SITE) Rak 19 DEC 2007.

FSSR LSC Swipe Test Results at Covance – Evansville St. Mary’s Site:

OP-RS 6.00
ATTACHMENT II
DATE: 05/24/06
REPLACES: 04/18/05

RADIATION WIPE TEST SURVEY FORM

CRU STUDY NO.: N/A - N/A
Check applicable LSC ID No.: 402452 at ECRU or 405424 at MCP LSC TOWER/PROGRAM NO.: 41
TYPE OF SURVEY: Routine Surveys of Unit; or Other, explain: DECOMMISSIONING SURVEYS
WIPE TEST PERFORMED BY (Initials)/DATE: RAK; 19/DEC/2007
VIALS PLACED INTO LSC BY (Initials)/DATE: RAK; 21/DEC/2007 Start time on LSC Printout 11:15 on 21DEC2007



Map Area No.	Vial No.	LSC Slot No.	Description of Survey Item	dpm/100cm ² From LSC Printout*	TB/D	Initial Evaluation/Action		Subsequent Evaluation/Action	
						N or R/TL [†]	PB/D	N or R/TL [†]	PB/D
NA	BKG1	1	Background ("Clean" Alcohol Swab)	23.20	RAK 23 DEC 2007	NA	NA	NA	NA
1	217	137	FLOOR BY ENTRANCE TO RM 101	0		N	RAK 23 DEC 2007		
2	218	138	FLOOR BY CORRIDOR DOOR	0		N			
3	219	139	FLOOR IN MIDDLE OF RM 101	1		N			
4	220	140	FLOOR BY ROOM 102 DOOR	0		N			
5	221	141	FLOOR BY ROOM 104 DOOR	0		N			
6	222	142	FLOOR BY ROOM 106 DOOR	0		N			
7	223	143	FLOOR BY MIDDLE AREA	0		N			
8	224	144	FLOOR IN ROOM 104	0		N			
9	225	145	DOOR HANDLE ENTERING RM 101	0		N			
10	226	146	DOOR HANDLE ENTERING RM 102	0		N			
11	227	147	DOOR HANDLE ENTERING RM 104	0		N			
12	228	148	DOOR HANDLE ENTERING RM 107	0		N			
13	229	149	FLOOR IN ROOM 106	1		N			
14	230	150	FLOOR IN ROOM 110	0		N			
15	231	151	FLOOR IN ROOM 107	0		N			
16	232	152	DOOR HANDLE ENTERING RM 105	0		N			
17	233	153	DOOR HANDLE ENTERING RM 108	0		N			
18	234	154	DOOR HANDLE ENTERING RM 109	0		N			
19	235	155	FLOOR IN MIDDLE OF ROOM 105	0		N			
20	236	156	FLOOR IN ROOM 108	0		N			
21	237	157	FLOOR IN ROOM 109	1		N			
22	238	158	DOOR HANDLE EXITING RM 101	0		N			
23									
24									
25									

*For ³H and ¹⁴C, dpm are transcribed from LSC printout (NOTE: For transcribing results for BKG1, use CPMs from channel A instead).
†Actions are: N = If dpm < 200 dpm, return to normal use/disposal.
R/TL = If dpm > 200 dpm, TRIGGER LEVEL reached – Notify RSO (or designee) immediately to discuss and rewash/rewipe-test ASAP.
NOTE: If after repeated decontamination efforts, dpm > 200 dpm, object must be disposed of as Solid Radioactive Waste (contact RSO).

RSO (or designee) Review PB/D RAK 23 DEC 2007

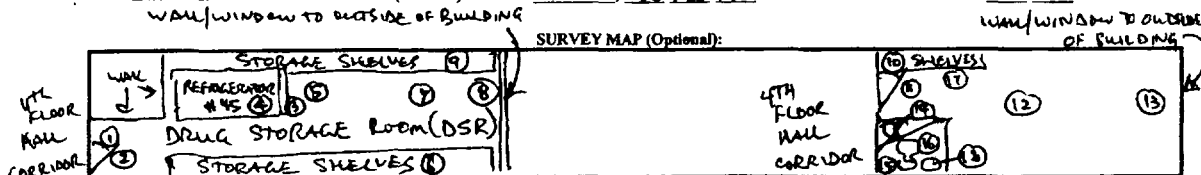
① DECOMMISSIONING SURVEY FOR COVANCE – EVANSVILLE (ST. MARY'S SITE).
RAK 19 DEC 2007

FSSR LSC Swipe Test Results at Covance – Evansville St. Mary’s Site:

OP-RS. 6.00
ATTACHMENT II
DATE: 05/24/06
REPLACES: 04/18/05

RADIATION WIPE TEST SURVEY FORM

CRU STUDY NO.: NAO - NAO
Check applicable LSC ID No.: 402452 at ECRU or 405424 at MCP LSC TOWER/PROGRAM NO.: #1
TYPE OF SURVEY: Routine Surveys of Unit; or Other explain: DECOMMISSIONING SURVEYS
WIPE TEST PERFORMED BY (Initials)/DATE: RWK: 19/DEC/2007
VIALS PLACED INTO LSC BY (Initials)/DATE: RWK: 32/DEC/2007 Start time on LSC Printout 11:15 ON 21 DEC 2007
WALL/WINDOW TO OUTSIDE OF BUILDING



SURVEY RESULTS

Map Area No.	Vial No.	LSC Slot No.	Description of Survey Item	dpm/100cm ² From LSC Printout*	T/B/D	Initial Evaluation/Action		Subsequent Evaluation/Action	
						N or R/TL*	PB/D	N or R/TL*	PB/D
NA	BKG 1	1	Background ("Clean" Alcohol Swab)	23.20	RWK 23 DEC 2007	NA	NA	NA	NA
1	239	159	DOOR ENTERING DSR	1		N			
2	240	160	FLOOR BY DOOR IN DSR	0		N			
3	241	161	HANDLE OF REFRIGERATOR #45	3		N			
4	242	162	BOTTOM SHELF OF REFRIGERATOR #45	0		N			
5	243	163	FLOOR BY REFRIGERATOR #45	0		N			
6	244	164	RANDOM SHELF W DSR	0		N			
7	245	165	FLOOR IN MIDDLE OF DSR	0		N			
8	246	166	FLOOR BY WINDOW OF DSR	0		N			
9	247	167	RANDOM SHELF IN DSR	0		N			
10	248	168	DOOR ENTERING ROOM 411	0		N			
11	249	169	FLOOR BY DOOR IN ROOM 411	0		N			
12	250	170	FLOOR IN MIDDLE OF ROOM 411	0		N			
13	251	171	FLOOR BY WINDOW IN ROOM 411	0		N			
14	252	172	DOOR TO BATHROOM IN ROOM 411	0		N			
15	253	173	HANDLES OF TOILET IN ROOM 411	0		N			
16	254	174	FLOOR BY TOILET IN ROOM 411	0		N			
17	255	175	RANDOM SHELF IN ROOM 411	0		N			
18	256	176	BRAIN OF SINK IN BATHROOM	1		N			
19									
20									
21									
22									
23									
24									
25									

*For ²³⁵U and ¹³⁷Cs, dpm are transcribed from LSC printout (NOTE: For transcribing results for BKG1, use CPMs from channel A instead).
*Actions are: N = If dpm ≤ 200 dpm, return to normal use/disposal.
R/TL = If dpm > 200 dpm, TRIGGER LEVEL reached - Notify RSO (or designee) immediately to discuss and rewash/rewipe-test ASAP.
NOTE: If after repeated decontamination efforts, dpm > 200 dpm, object must be disposed of as Solid Radioactive Waste (contact RSO).

RSO (or designee) Review PB/D RWK 23 DEC 2007

① DECOMMISSIONING SURVEY FOR COVANCE - EVANSVILLE (ST. MARY'S SITE).
RWK 19 DEC 2007,

FSSR LSC Swipe Test Results at Covance – Evansville St. Mary’s Site:

OP-RS. 6.00
ATTACHMENT II
DATE: 05/24/06
REPLACES: 04/18/05

RADIATION WIPE TEST SURVEY FORM

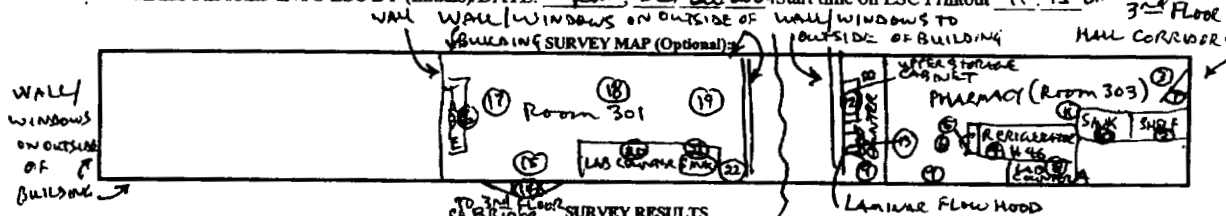
CRU STUDY NO.: N/A ① - N/A ②

Check applicable LSC ID No.: 402452 at ECRU or 405424 at MCP LSC TOWER/PROGRAM NO.: # 1

TYPE OF SURVEY: Routine Surveys of Unit; or Other explain: DECOMMISSIONING SURVEYS

WIPE TEST PERFORMED BY (Initials)/DATE: RLK; 20/DEC/2007

VIALS PLACED INTO LSC BY (Initials)/DATE: RLK; 22/DEC/2007 start time on LSC Printout 11:15 ON 21 DEC 2007



Map Area No.	Vial No.	LSC Slot No.	Description of Survey Item	dpm/100cm ² From LSC Printout*	TB/D	Initial Evaluation/Action		Subsequent Evaluation/Action	
						N or R/TL*	PB/D	N or R/TL*	PB/D
NA	BKG 1	1	Background ("Clean" Alcohol Swab)	23, 20	RLK 23 DEC 2007	NA	NA	NA	NA
1	253	172	DOOR HANDLE ENTERING Room 303	0		N	RLK 23 DEC 2007		
2	258	178	RANDOM SWAB ENTERING Room 303	0		N			
3	259	179	FLOOR BY DOOR IN Room 303	0		N			
4	260	180	BOTTOM SWAB OF REFRIGERATOR #46	0		N			
5	261	181	DOOR HANDLE OF REFRIGERATOR #46	1		N			
6	262	182	FLOOR BY REFRIGERATOR #46	0		N			
7	263	183	FLOOR AT END OF Room 303	0		N			
8	264	184	LAS COUNTER A IN Room 303	0		N			
9	265	185	LAS COUNTER B IN Room 303	0		N			
10	266	186	SINK HANDLES IN Room 303	0		N			
11	267	187	SINK DRAIN IN Room 303	0		N			
12	268	188	RANDOM UPPER CABINET SHELF	0		N			
13	269	189	WOOD SURFACE IN LAMINAR FLOW HOOD	1		N			
14	270	190	DOOR HANDLES ENTERING Room 301	0		N			
15	271	191	FLOOR BY DOORS IN Room 301	1		N			
16	272	192	TABLE SURFACE IN Room 301	1		N			
17	273	193	FLOOR BY TABLE IN Room 301	0		N			
18	274	194	FLOOR IN MIDDLE OF Room 301	0		N			
19	275	195	FLOOR BY WINDOWS IN Room 301	0		N			
20	276	196	LAS COUNTER SURFACE IN Room 301	0		N			
21	277	197	SINK DRAIN IN Room 301	0		N			
22	278	198	SINK HANDLES IN Room 301	1		N			
23	279	199	DOOR ENTERING Room 308	4		N			
24	280	200	FLOOR IN Room 308	0		N			
25	281	201	FLOOR BY TOILET IN Room 308	0		N			
26	282	202	FLOOR IN DINING ROOM 300	0		N			
27	283	203	RANDOM DINING TABLE TOP	0		N			
28	284	204	SERVING/PREP TABLE TOP	0		N			

RSO (or designee) Review PB/D RLK 23 DEC 2007

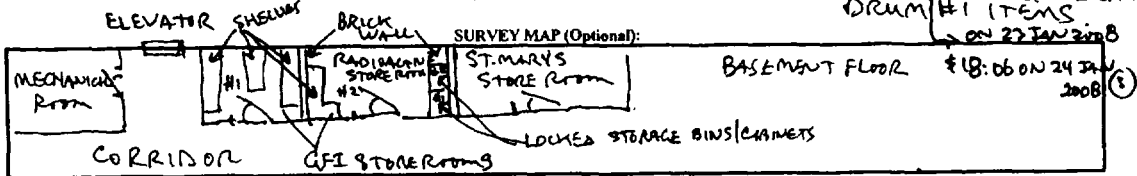
- ① DECOMMISSIONING SURVEYS AT COVANCE - EVANSVILLE (ST. MARY'S SITE), RLK 20 DEC 2007
- ② FORM CHANGE; 3 ROWS ADDED, RLK 20 DEC 2007.

FSSR LSC Swipe Test Results at Covance – Evansville St. Mary's Site:

OP-RS. 6.00
ATTACHMENT II
DATE: 05/24/06
REPLACES: 04/18/05

RADIATION WIPE TEST SURVEY FORM

CRU STUDY NO.: NA ① ② NA ①
Check applicable LSC ID No.; 402452 at ECRU or 405424 at MCP LSC TOWER/PROGRAM NO.: #1
TYPE OF SURVEY: Routine Surveys of Unit; or Other, explain: DECOMMISSIONING - FINAC SURVEYS
WIPE TEST PERFORMED BY (Initials)/DATE: RAK; 21 JAN 2008
VIALS PLACED INTO LSC BY (Initials)/DATE: RAK; 23 JAN 2008 Start time on LSC Printout: 12:09 & CHECK OF BASEMENT FLOOR/STORAGE ROOM #1 ITEMS ON 27 JAN 2008



SURVEY RESULTS

Map Area No.	Vial No.	LSC Slot No.	Description of Survey Item	dpm/100cm ² From LSC Printout ^③	TB/D	Initial Evaluation/Action		Subsequent Evaluation/Action	
						N or R/TL ^a	PB/D	N or R/TL ^a	PB/D
NA	BKG 1	1	Background ("Clean" Alcohol Swab)	20.60	RAK 24 JAN 2008	NA	NA	NA	NA
1	285	147	HANDLE OF DOOR - #1 STORAGE ROOM	2		N	RAK 25 JAN 2008		
2	286	148	FLOOR AT ENTRANCE	5		N			
3	287	149	RANDOM SHELF	3		N			
4	288	150	HANDLE OF DOOR - #2 STORAGE ROOM	2		N			
5	289	151	FLOOR AT ENTRANCE	3		N			
6	290	152	RANDOM SHELF	3		N			
7	291	153	HANDLE/LOCK OF BIN #1	4		N			
8	292	154	FLOOR BY DOOR	1		N			
9	293	155	FLOOR IN MIDDLE	2		N			
10	294	156	RIM OF DRUM #1	2		N			
11	295	157	HANDLE/LOCK OF BIN #2	0		N			
12	296	158	FLOOR BY DOOR	6		N			
13	297	3	FLOOR IN MIDDLE	9	RAK 25 JAN 2008	N	RAK 25 JAN 2008		
14	298	4	RIM OF DRUM #2	10		N			
15	299	5	HANDLE OF DRUM - IN STORAGE BIN	10		N			
16	300	6	BOTTOM INSIDE - DECAT-IN-FRANGE	7		N			
17	301	7	SHARPS BINNET #1 - RANDOM WASTE	3		N			
18	302	8	-	9		N			
19	303	9	-	7		N			
20	304	10	-	9		N			
21	305	4	-	5		N			
22	306	12	SHARPS BUCKET #2 - RANDOM WASTE	6		N			
23	307	13	-	5		N			
24	308	14	-	7		N			
25	309	15	-	3		N			

③

④ WRITE-OVER → FINAL REVIEW OF FORM OCCURRED ON 25 JAN 2008. RAK 25 JAN 2008.
^aFor "H and "C, dpm are transcribed from LSC printout (NOTE: For transcribing results for BKG1, use CPMs from channel A instead).

^bActions are: N = If dpm ≤ 200 dpm, return to normal use/disposal.
R/TL = If dpm > 200 dpm, TRIGGER LEVEL reached - Notify RSO (or designee) immediately to discuss and rewash/rewipe-test ASAP.
NOTE: If after repeated decontamination efforts, dpm > 200 dpm, object must be disposed of as Solid Radioactive Waste (contact RSO).

③ REMAINING VIALS COUNTED ON "SECOND RUN". RAK 25 JAN 2008

RSO (or designee) Review PB/D RAK 25 JAN 2008

① CONTINUATION OF DECOMMISSIONING SURVEYS AT COVANCE-EVANSVILLE (ST. MARY'S SITE). RAK 21 JAN 2008.

② DUE TO INOPERABLE LSC AT COVANCE-EVANSVILLE ST. MARY'S SITE, VIALS TRANSPORTED BY RSO TO COVANCE-MADISON SITE & COUNTED ON LSC THERE. RAK 24 JAN 2008

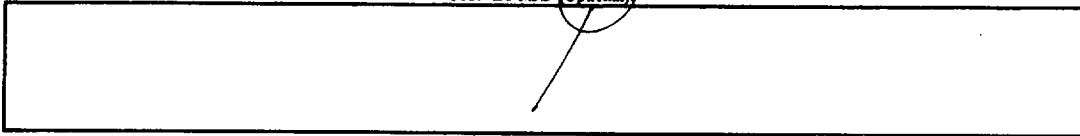
FSSR LSC Swipe Test Results at Covance – Evansville St. Mary’s Site:

OP-RS. 6.00
ATTACHMENT II
DATE: 05/24/06
REPLACES: 04/18/05

RADIATION WIPE TEST SURVEY FORM

CRU STUDY NO.: NA ① ② NA ①
Check applicable LSC ID No.: 402452 at ECRU or 405424 at MCP LSC TOWER/PROGRAM NO.: #1
TYPE OF SURVEY: Routine Surveys of Unit; or Other explain: CHECK OF DRUM #1 ITEMS
WIPE TEST PERFORMED BY (Initials)/DATE: RAK; 21 JAN/2008
VIALS PLACED INTO LSC BY (Initials)/DATE: RAK; 24 JAN/2008 Start time on LSC Printout 18:06 ON 24 JAN 2008

SURVEY MAP (Optional):



SURVEY RESULTS

Map Area No.	Vial No.	LSC Slot No.	Description of Survey Item	dpm/100cm ² From LSC Printout*	TB/D	Initial Evaluation/Action		Subsequent Evaluation/Action	
						N or R/TL ^b	PB/D	N or R/TL ^b	PB/D
NA	BKG 1	1	Background ("Clean" Alcohol Swab)	(B) 70	RAK 25 JAN 2008	NA	NA	NA	NA
1	310	16	SHARPS CONTAINER #2 - HEPWELL SET	5		N	RAK 25 JAN 2008		
2	311	17	SHARPS CONTAINER #3 - 10cc SYR.	8		N			
3	312	18	3cc SYR	4		N			
4	313	19	10cc SYR	5		N			
5	314	20	3cc SYR	6		N			
6	315	21	- HEPWELL SET	5		N			
7	316	22	SHARPS CONTAINER #4 - 10cc SYR.	7		N			
8	317	23	- 3cc SYR.	8		N			
9	318	24	- 10cc SYR.	7		N			
10	319	37	- 3cc SYR.	6		N			
11	320	38	- HEPWELL SET	5		N			
12	321	39	SHARPS CONTAINER #5 - 10cc SYR	7		N			
13	322	40	- 3cc SYR	5		N			
14	323	41	- 10cc SYR	4		N			
15	324	42	- 3cc SYR	7		N			
16	325	43	- HEPWELL SET	9		N			
17	326	44	SHARPS CONTAINER #6 - 10cc SYR	5		N			
18	327	45	- 3cc SYR	4		N			
19	328	46	- 10cc SYR	7		N			
20	329	47	- 3cc SYR	3		N			
21	330	48	- HEPWELL SET	4		N			
22	331	49	FECAL COLLECTION BUCKET 1 - 200ml	5		N			
23	332	50	2 - 200ml	14		N			
24	333	51	3 - 200ml	12		N			
25	334	52	4 - 200ml	13		N			

*For ³H and ¹⁴C, dpm are transcribed from LSC printout (NOTE: For transcribing results for BKG1, use CPMs from channel A instead).

^bActions are: N = If dpm^a ≤ 200 dpm, return to normal use/disposal.

R/TL = If dpm^a > 200 dpm, TRIGGER LEVEL reached – Notify RSO (or designee) immediately to discuss and rewash/rewipe-test ASAP.

NOTE: If after repeated decontamination efforts, dpm > 200 dpm, object must be disposed of as Solid Radioactive Waste (contact RSO).

RSO (or designee) Review PB/D | RAK 25 JAN 2008

- ① CONTINUATION OF DECOMMISSIONING SURVEYS AT COVANCE - EVANSVILLE ST. MARY'S SITE. RAK 21 JAN 2008.
- ② CORRECTION: LSC AT COVANCE - MADISON USED SINCE LSC AT COVANCE - EVANSVILLE ST. MARY'S SITE WAS INOPERABLE. RAK 25 JAN 2008.

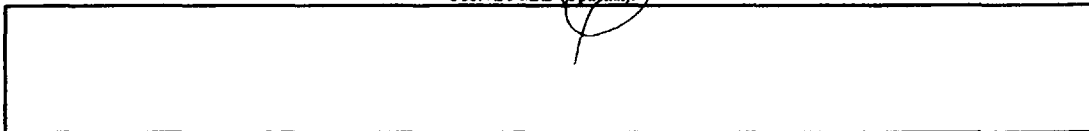
FSSR LSC Swipe Test Results at Covance – Evansville St. Mary’s Site:

OP-RS 6.00
ATTACHMENT II
DATE: 05/24/06
REPLACES: 04/18/05

RADIATION WIPE TEST SURVEY FORM

CRU STUDY NO.: NA-① ② NA-①
Check applicable LSC ID No.: 402452 at ECRU or 405424 at MCP LSC TOWER/PROGRAM NO.: #1
TYPE OF SURVEY: Routine Surveys of Unit; or Other explain: DECOMMISSIONING ACTIVITY:
WIPE TEST PERFORMED BY (Initials)/DATE: RAK; 21/DEC/2008 VERIFY LEVELS OF ITEMS IN DRUM #1
VIALS PLACED INTO LSC BY (Initials)/DATE: RAK; 24/DEC/2008 Start time on LSC Printout: (B: 06 on 24 Jan 2008)

SURVEY MAP (Optional):



SURVEY RESULTS

Map Area No.	Vial No.	LSC Slot No.	Description of Survey Item	dpm/100cm² From LSC Printout*	TB/D	Initial Evaluation/Action		Subsequent Evaluation/Action	
						N or R/TL ^b	PB/D	N or R/TL ^b	PB/D
NA	BKG 1	1	Background ("Clean" Alcohol Swab)	18.90	RAK 25 Jan 2008	NA	NA	NA	NA
1	335	S3	FECAL COLLECTION BUCKET-RANDOM	9	↓	N	RAK 25 Jan 2008		
2	336	S4	FLOOR BY BATHROOM - 1 st FLOOR	8	↓	N			
3	337	S5	FLOOR BY SINK - 1 st FLOOR	6	↓	N			
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*For ³H and ¹⁴C, dpm are transcribed from LSC printout (NOTE: For transcribing results for BKG1, use CPMs from channel A instead).
^bActions are: N = If dpm ≤ 200 dpm, return to normal use/disposal.
 R/TL = If dpm > 200 dpm, TRIGGER LEVEL reached - Notify RSO (or designee) immediately to discuss and rewash/rewipe-test ASAP.
 NOTE: If after repeated decontamination efforts, dpm > 200 dpm, object must be disposed of as Solid Radioactive Waste (contact RSO).

RSO (or designee) Review PB/D | RAK 25 JAN 2008
 ① CONTINUATION OF DECOMMISSIONING SURVEYS AT COVANCE - EVANSVILLE ST. MARY'S SITE. RAK 21 RAK 2008
 ② CORRECTION: LSC AT COVANCE - MADISON W/ES SWCE LSC AT COVANCE - EVANSVILLE ST. MARY'S SITE WAS INOPERABLE. RAK 25 JAN 2008.

FSSR Survey Meter Test Results at Covance – Evansville St. Mary’s Site:

OP-RS 6.00
ATTACHMENT IV
DATE: 05/24/06
REPLACES: 04/18/05

SURVEY FORM: SURVEY METER (AMBIENT RADIATION)

CRU STUDY NO.: NA - NA
Check applicable Survey Meter: Ludlum, Model 2401-P, Serial No.: 221424 at ECRU or 1159841 at MCP
TYPE OF SURVEY: Routine Survey of Unit; of Other, explain: FINAL SURVEY METER SURVEYS
SURVEY PERFORMED BY (Initials)/DATE: RK; 22/JAN 2008

BATTERY CHECK: PERFORMED BY (Initials)/DATE: RK; 22/JAN 2008
RESULT (circle OK/indicate otherwise): (OK) or explain: _____
CALIBRATION STICKER INDICATES SURVEY METER LAST CALIBRATED ON: 28/MAR 2007

SURVEY MAP (Optional):

REFER TO NRC APPLICATION DATES 11 JAN 2006 FOR DETAILED MAPS OF 3rd, 2nd & 1st FLOORS & BASEMENT FLOOR & FOR USES/LOCATIONS OF SPECIFIC ROOMS SURVEYED: Restricted Area - HOT LABS.

SURVEY RESULTS

Map Area or Item No.	Description of Survey Area/Surface/Object	Meter Reading: (mrem/hr)	Survey P/B/D	N or R/TL*	P/B/D
NA	CESIUM CHECK SOURCE: ¹³⁷ Cs #99-1266	S.A.S.6	22 JAN 2008	NA	NA
1	ENTIRE FLOOR (TILE) OF ROOM 301 (PHLEBOTOMY)	0.01-0.04	(2)	N	(2)
2	ALL COUNTERS/SINKS IN ROOM 301 (PHLEBOTOMY)	0.01-0.02	(2)	N	(2)
3	ENTIRE FLOOR (LINDOLEUM) OF ROOM 303 (PHARMACY)	0.01-0.02	(2)	N	(2)
4	ALL COUNTERS/SINKS IN ROOM 303 (PHARMACY)	0.01-0.03	(2)	N	(2)
5	ENTIRE FLOOR LINDOLEUM IN ROOM 316 (RANDOM SUBJECT BED ROOM)	0.01-0.02	(2)	N	(2)
6	BATHROOM SHOWERS IN ROOM 316	0.01-0.04	(2)	N	(2)
7	RECEPTION AREA ON SECOND FLOOR (PACKAGE RECEIPT)	0.01-0.02	(2)	N	(2)
8	RANDOM 6"x6" AREA OF FLOOR/RAMP IN ROOM 101 (SUBJECT STORAGE)	0.01-0.02	(2)	N	(2)
9	ENTIRE FLOOR LINDOLEUM OF ROOM 102 (PHLEBOTOMY)	0.01-0.04	(2)	N	(2)
10	ENTIRE FLOOR LINDOLEUM OF ROOM 103 (SUBJECT STORAGE)	0.01-0.03	(2)	N	(2)
11	SINK & TOILET IN ROOM 103 (SUBJECT BATHROOM)	0.01-0.04	(2)	N	(2)
12	DOOR HANDLE OF FIRST STORE ROOM (NEAREST ELEVATOR)	0.01-0.02	(2)	N	(2)
13	RANDOM 3"x3" AREA OF FLOOR CEMENT IN FIRST STORE ROOM	0.01-0.02	(2)	N	(2)
14	RANDOM SHELVING AREA IN FIRST STORE ROOM	0.01-0.02	(2)	N	(2)
15	DOOR HANDLE OF SECOND STORE ROOM (FURTHEST FROM ELEVATOR)	0.01-0.02	(2)	N	(2)
16	FLOOR CEMENT (2'x2') AT ENTRANCE OF 2 nd STORE ROOM	0.01-0.02	(2)	N	(2)
17	FLOOR CEMENT (2'x6') BY LOCKED DOORS IN 2 nd STORE ROOM	0.01-0.02	(2)	N	(2)
18	LOCKS/DOORS FOR 2 LOCKED DOOR AREAS IN 2 nd STORE ROOM	0.01-0.02	(2)	N	(2)
19	DECAY-IN STORAGE BOX (OUTSIDE) IN 2 nd STORE ROOM	0.01-0.02	(2)	N	(2)
20	DECAY-IN STORAGE BOX (INSIDE) IN 2 nd STORE ROOM	0.01-0.02	(2)	N	(2)
21	SEAM RIM OF 55 GAL DRUM ON LEFT SIDE IN 2 nd STORE ROOM	0.01-0.02	(2)	N	(2)
22	SEAM RIM OF 55 GAL DRUM ON RIGHT SIDE IN 2 nd STORE ROOM	0.01-0.02	(2)	N	(2)
23	RANDOM SHELF ON LEFT SIDE IN 2 nd STORE ROOM	0.01-0.02	(2)	N	(2)
24	RANDOM SHELF ON RIGHT SIDE IN 2 nd STORE ROOM	0.01-0.02	(2)	N	(2)
25					

* Read ¹³⁷Cs (=1 μCi) check source using x100 scale with label side of check source facing survey meter screen (should read ≈0.06 mR/hr X 100 or 6 mR/hr).
* Actions are: N = If ≤ 0.1 mrem/hr, return to normal use/disposal.
RTL = If > 0.1 mrem/hr, TRIGGER LEVEL reached—notify Covance CRU RSO immediately to discuss and perform wipe-test(s) ASAP.

Covance CRU RSO Review P/B/D RK 22 JAN 2008 (4) DECAY-IN STORAGE BOX

- (1) ECRU SURVEY METER NOT AVAILABLE. RK 22 JAN 2008
- (2) ALL PERFORMED BY RK. RK 22 JAN 2008.
- (3) "ENTIRE" AREA SURVEYED BY SLOWLY SWEEPING DESCRIBED AREA WITH SURVEY METER; RANGE GIVEN IS LOWEST & HIGHEST READING DURING SWEEP. RK 22 JAN 2008

EMPTY. RK 22 JAN 2008

FSSR Survey Meter Test Results at Covance – Evansville St. Mary’s Site:

OP.RS. 6.00
ATTACHMENT IV
DATE: 05/24/06
REPLACES: 04/18/05

SURVEY FORM: SURVEY METER (AMBIENT RADIATION)

CRU STUDY NO.: NA - NA
Check applicable Survey Meter: Ludlum, Model 2401-P, Serial No.: 221424 at ECRU or 159841 at MCP
TYPE OF SURVEY: Routine Survey of Unit; or Other explain: FINAL SURVEY METER SURVEYS
SURVEY PERFORMED BY (Initials)/DATE: RAK; 22/JAN/2008

BATTERY CHECK: PERFORMED BY (Initials)/DATE: RAK; 22/JAN/2008
RESULT (circle OK/indicate otherwise): OK (or explain: _____)
CALIBRATION STICKER INDICATES SURVEY METER LAST CALIBRATED ON: 28/MAR/2007

SURVEY MAP (Optional):

Refer to NRC Application 11 JAN 2006 for Maps of Fourth Floor & USES/LOCATIONS OF SPECIFIC ROOMS SURVEYED: Restricted Area - HOT LABS.

SURVEY RESULTS

Map Area or Item No.	Description of Survey Area/Surface/Object ^③	Meter Reading: (mrem/hr)	Survey P/B/D	Evaluation/Action	
				N or R/TL*	P/B/D
NA	CESIUM CHECK SOURCE: ¹³⁷ Cs #99-1266	5.4-5.6	RAK 22 JAN 2008	NA	NA
1	ENTIRE FLOOR/LINOLEUM IN Room 400 (LAB)	0.01-0.03	②	N	②
2	ALL SINKS & COUNTERTOPS IN Room 400 (LAB)	0.01-0.03	②	N	②
3	ENTIRE FLOOR/LINOLEUM IN Room 401 (LAB)	0.01-0.04	②	N	②
4	ALL SINKS & COUNTERTOPS IN Room 401 (LAB)	0.01-0.03	②	N	②
5	ENTIRE FLOOR/LINOLEUM IN LAB ACCESSION AREA	0.01-0.03	②	N	②
6	ENTIRE FLOOR/ENTRANCE LAB ACCESSION AREA	0.01-0.03	②	N	②
7	ENTIRE FLOOR/LINOLEUM IN Room 403 (LSC)	0.01-0.03	②	N	②
8	FUME HOOD IN Room 403 (LSC)	0.01-0.04	②	N	②
9	ENTIRE FLOOR/LINOLEUM IN Room 411 (DISE PREP)	0.01-0.02	②	N	②
10	SINKING IN Room 411 (DISE PREP)	0.01-0.02	②	N	②
11	BATHROOM SHOWER (TILE) IN Room 411 (DISE PREP)	0.01-0.04	②	N	②
12	ENTIRE FLOOR (RUG) IN Room 418 (EXAM ROOM)	0.01-0.03	②	N	②
13	BATHROOM SHOWER IN Room 418 (PE) - TILE	0.01-0.04	②	N	②
14	ENTIRE FLOOR (RUG) IN Room 420 (PE EXAM ROOM)	0.01-0.02	②	N	②
15	BATHROOM SHOWER IN Room 420 (PE) - TILE	0.01-0.04	②	N	②
16	ENTIRE FLOOR/LINOLEUM IN DSR (DRUG STORAGE ROOM)	0.01-0.03	②	N	②
17	ALL COUNTERTOP/SINKS IN DSR (DRUG STORAGE ROOM)	0.01-0.03	②	N	②
18					
19					
20					
21					
22					
23					
24					
25					

* Read ¹³⁷Cs (=1 µCi) check source using x100 scale with label side of check source facing survey meter screen (should read =0.06 mR/hr X 100 or 6 mR/hr).
* Actions are: N = If ≤ 0.1 mrem/hr, return to normal use/disposal.
R/TL = If > 0.1 mrem/hr, TRIGGER LEVEL reached—notify Covance CRU RSO immediately to discuss and perform wipe-test(s) ASAP.

Covance CRU RSO Review P/B/D RAK 22 JAN 2008

- ① ECRU SURVEY METER NOT AVAILABLE. RAK 22 JAN 2008
- ② ALL PERFORMED BY RAK. RAK 22 JAN 2008

③ 'ENTIRE' AREA SURVEYED BY SLOWLY SWEEPING THE DESCRIBED AREA. RANGE IS FOR 2 LOW + HIGH VALUES DETECTED. RAK

22 JAN 2008

NUREG-1757, Vol. 1, Rev. 2: Table 1.2 Principal Regulatory Features of Decommissioning Groups
Groups: Applicable Group for Covance – Evansville St. Mary's Site: Group 2

PURPOSE OF REPORT AND DOCUMENT ROADMAP

Table 1.2 Principal Regulatory Features of Decommissioning Groups

	GROUP 1	GROUP 2	GROUP 3	GROUP 4	GROUP 5	GROUP 6	GROUP 7
Description	Sealed source, screening criteria	Sealed source, screening criteria, no DP	Screening criteria, DP	Site specific, no ground water contamination	Site specific, ground water contamination	Restricted release	Alternate criteria
NEPA Compliance ^a	Categorical Exclusion	EA	EA	EA	EA	EIS	EIS
Licensee Requests Release for Restricted or Unrestricted Use	Unrestricted use	Unrestricted use	Unrestricted use	Unrestricted use	Unrestricted use	Restricted Use	Restricted use
Decommissioning Plan Required	No	No	Yes	Yes	Yes	Yes	Yes
Decommissioning Plan Review Documentation	N/A	N/A	Letter to the licensee or Safety Evaluation Report	Safety Evaluation Report	Safety Evaluation Report	Safety Evaluation Report	Safety Evaluation Report
Radioactive Material Disposition Documentation	NRC Form 314 or equivalent	NRC Form 314 or equivalent	NRC Form 314 or equivalent	NRC Form 314 or equivalent	NRC Form 314 or equivalent	NRC Form 314 or equivalent	NRC Form 314 or equivalent
Method for Demonstrating Site is Suitable for Release	Survey or demonstration	Survey or demonstration	Survey or demonstration	Site specific	Site specific	Site specific	Site specific
Confirmatory or Side-by Side Survey	Not Customary	Depends on licensee's survey and radioactive material use at facility	Depends on licensee's survey and radioactive material use at facility	Yes	Yes	Yes	Yes
Closeout Inspection	No	As appropriate	As appropriate	Yes	Yes	Yes	Yes
Federal Register Notices used to Inform the Public of Staff Actions	No	Yes--(1) announce FONSI	Yes--(1) announce DP receipt and NRC's intended actions ^a and (2) announce FONSI	Yes--(1) announce DP receipt and NRC's intended actions ^a and (2) announce FONSI	Yes--(1) announce DP receipt and NRC's intended actions ^a and (2) announce FONSI	Yes--(1) announce DP receipt and NRC's intended actions ^a and (2) announce EIS	Yes--(1) announce DP receipt and NRC's intended actions ^a and (2) announce EIS
Documentation Used to Support License Termination	License Amendment	License Amendment	License Amendment	License Amendment	License Amendment	License Amendment	License Amendment
Notes:							
This table generally describes the major regulatory features of the different decommissioning groups. It does not describe all of the requirements, NRC staff actions, and licensee actions for each group, nor should it be used to determine the applicable group. Licensees and NRC staff should refer to the detailed descriptions in each of the chapters of this NUREG report.							
a See NUREG-1748 for detailed guidance.							
b The Federal Register notice of license amendment or DP receipt provides opportunity for a hearing and opportunity for comment.							

1-7

NUREG - 1757, Vol. 1, Rev. 2