

NMSS

NRC FORM 314
(9-2007)
10 CFR 30.36(j)(1); 40.42(j)(1);
70.38(j)(1); and 72.54(k)(5)(1)(1)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0028

EXPIRES: 08/31/2010

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.

CERTIFICATE OF DISPOSITION OF MATERIALS

LICENSEE NAME AND ADDRESS
**ST. JAMES HOSPITAL
155 JEFFERSON STREET
NEWARK, NJ 07105-0000**

LICENSE NUMBER: **29-12997-01**
DOCKET NUMBER: **030-02566**
LICENSE EXPIRATION DATE: **MAY 31, 2011**

This license has expired. **A. LICENSE STATUS (Check the appropriate box)**
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:
 - a. Transfer of radioactive materials to the licensee listed below:
 - b. Disposal of radioactive materials:
 - 1. Directly by the licensee:
 - 2. By licensed disposal site:
 - 3. By waste contractor:
 - 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.

RECEIVED
REGION 1
2008 MAR 24 PM 12: 29

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); 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 BALAN KODERY	TITLE CONSULTANT PHYSICIST	TELEPHONE (Include Area Code) 203 852 2783	E-MAIL ADDRESS balankodery@yehoo.com
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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 WILL WARGO	SIGNATURE 	DATE 3/13/08
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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 A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.



State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION

JON S. CORZINE
Governor

LISA P. JACKSON
Commissioner

Division of Environmental Safety & Health
Radiation Protection & Release Prevention Element
Bureau of Environmental Radiation
Radioactive Materials Section
PO Box 415
Trenton, NJ 08625-0415
Phone (609)-984-5482
Fax (609)-633-2210

CERTIFICATE - DISPOSITION OF RADIOACTIVE MATERIAL

LICENSEE: (Institution, Firm, Hospital, Person, etc.)

New Jersey State License Number:

ST. JAMES HOSPITAL
155 JEFFERSON STREET
NEWARK, NJ 07105

NJSL 700034/01/025

Expiration Date: 11/30/2008

ADDRESS: (If same as above, write "Same")

Department(s):

SAME

NUCLEAR MEDICINE DEPT.

Individual Radioisotope User(s):

SURESH MODY, M.D.

CANDIDO QUINONES, M.D.

CERTIFICATION

The licensee and any individual executing this certification on behalf of the licensee certify that: (Check appropriate items below)

ALL RADIOACTIVE MATERIAL(S) PROCURED AND/OR POSSESSED BY THE LICENSEE UNDER RADIOACTIVE MATERIAL LICENSE NO. NJSL 70034/01/025 HAVE BEEN:

- (1) Transferred to (State name) _____
Which has New Jersey State Radioactive Material License No. NJSL _____
- (2) Disposed of by decay. (3) Disposed of in compliance with the New Jersey Radiation Protection Code.

Remarks: (If additional space is needed use reverse side.) _____

SIGNATURE OF CERTIFYING OFFICIAL:

DATE:

[Handwritten Signature]

3/13/08

Decommissioning Report on Nuclear Medicine Facilities

**Location: St. James Hospital
155 Jefferson Street
Newark, New Jersey 07108**

**NRC License #: 29-12997-01 Docket # 030-02566
State of New Jersey License#: NJSL-70034/01/025**

Date: March 13, 2008

Procedure:

A. Radioactive Sources:

All calibration sources and markers were located, identified with the inventory sheet, leak tested if necessary, and handed over to Nuclear Diagnostic products 101 Round hill Drive, Rockaway, NJ 07866, the vendor for disposal on March 11, 2008.

A receipt from the vendor listing all sources handed over for disposal is enclosed.

B. Radiation Close out survey and Wipe Test:

After all radioactive sources were removed from the facility the following steps were taken:

All areas where radioactive materials were stored and used were surveyed with a GM survey meter, capable of detecting low levels of radiation.

Wipe tests were taken at several locations and counted. Whereever necessary, decontamination processes will be carried out to reduce the removable contamination.

The limits used to release the facility for public use were 0.05 mR/hr for radiation survey and 2000 dpm for decontamination.

All wastes were monitored and ensured that background levels have reached and ready for disposal as regular trash.

All radiation signs and emblems posted on walls, containers, devices and waste cans were removed.

This facility never used liquid isotopes of long half-lives or Iodine 131 capsules or

liquids.

-2-

Detailed diagram of the facilities included in the close out survey and decontamination procedures are attached with survey results and are listed below:

- 1. Hot Lab: Radioactive materials are stored and handled.*
- 2. Scanning Room: Where patients were injected and scans were done*
- 3. Stress Lab:*
- 4. Hallway leading to scanning room from hot lab.*
- 5. Office*
- 6. Nearby hallways*
- 7. Nearby toilets, dressing area etc.*

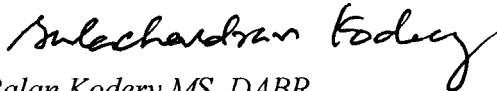
Results of the Survey/Decontamination:

The facility stopped doing clinical work since March 7, 2008. They were mostly using technetium products and no long lived isotopes. Obviously, we did not locate any higher levels or radiation or needs of decontamination in any area. All survey results were below the regulatory compliance limits as shown in the attached sheets.

The facility was released for public use on March 13, 2008 at 4PM.

En: 1) NRC Form 314

- 2) Receipt from vendor for all radioactive sources*
- 3) Radiation Area Survey & Wipe test forms*
- 5) Letter to radiation badge company*
- 6) NJDEP Disposal form*



*Balan Kodery, MS, DABR
Medical Physicist*



N
NUCLEAR
DIAGNOSTIC
PRODUCTS

*101 Roundhill Drive
 Rockaway, NJ 07866
 Ph. 973-664-9696
 Fax. 973-664-9699*

March 11, 2008

St. James Hospital
155 Jefferson Street
Newark, NJ 07105

This letter signifies that Nuclear Diagnostic Products, Inc. has received the following sources for disposal:

ISOTOPE	SERIAL NUMBER
Cs-137	3278MA
Cs-137	051-196
Cs-137	A4875
Cs-137	780-68-28
Co-57	935-61-8
Co-57	W05828-1-16
Co-57	CTR5210
Co-57	099-289-1
Co-57	099-289-4
Co-57	1036-34-4
Co-57	1140-59-9
Co-57	12442C

If you have any question or need additional information, please call me at the phone number above.

Thank you.

Regards,

Danielle Barat
 Danielle Barat
 Customer Service Supervisor

WEEKLY WIPE AND DEPARTMENT SURVEY AREA DESCRIPTION

A. AREA 1

1. CAMERA HEAD
2. SCANNING TABLE
3. COMPUTER KEY
4. FILM PROCESSOR
5. THYROID PROBE

B. AREA 2

1. BATH ROOM
2. SECRETARY'S ROOM
3. MANAGER'S ROOM
4. HALLWAY

C. AREA 3

1. REFRIGERATOR
2. HOT LAB
3. HOT LAB FLOOR

D. AREA 4

1. STRESS LAB

AREA RADIATION SURVEY AND WIPE TEST REPORT

Survey Meter used: Ludlum Model 14C S/N: 1000018

Probe S/N: 100759

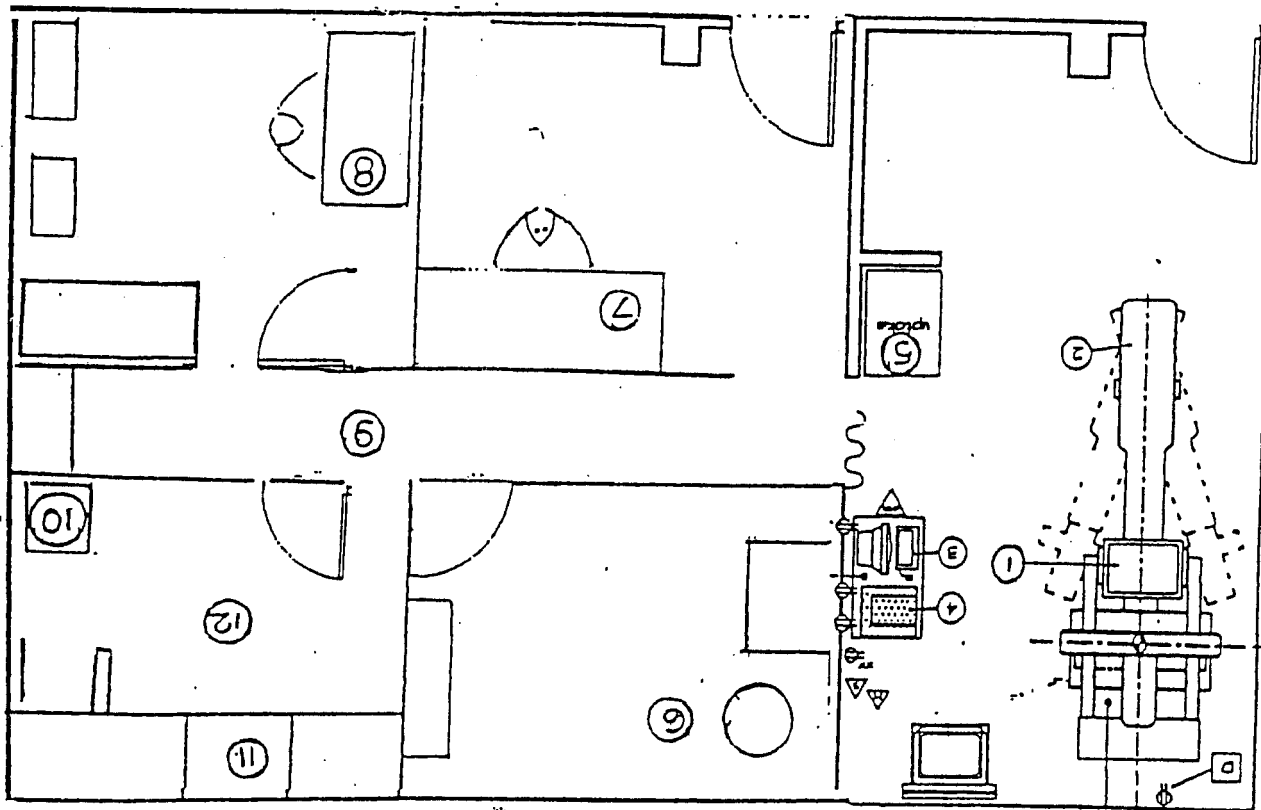
Wipe Test Counter Used: Biodex Medical System

Atomlab 930

Trigger Level :

Survey: 0.05 mR/hr

Wipe : 2000 dpm



<i>AREA</i>	<i>mR/hr</i>	<i>dpm</i>	<i>In compliance</i>
<i>sink</i>	<i>0.01</i>	<i>65</i>	<i>yes</i>
<i>L block</i>	<i>0.02</i>	<i>86</i>	<i>yes</i>
<i>Lead Bricks</i>	<i>0.02</i>	<i>103</i>	<i>yes</i>
<i>Syringe shield1</i>	<i>0.01</i>	<i>78</i>	<i>yes</i>
<i>Syringe shield</i>	<i>0.02</i>	<i>86</i>	<i>yes</i>
<i>Dose Calibrator1</i>	<i>0.02</i>	<i>84</i>	<i>yes</i>
<i>Dose Calibrator2</i>	<i>0.02</i>	<i>55</i>	<i>yes</i>
<i>Work bench</i>	<i>0.01</i>	<i>22</i>	<i>yes</i>
<i>Shelf1</i>	<i>0.01</i>	<i>0</i>	<i>yes</i>
<i>Shelf 2</i>	<i>0.01</i>	<i>4</i>	<i>yes</i>
<i>Shelf 3</i>	<i>0.01</i>	<i>11</i>	<i>yes</i>
<i>Waste can1</i>	<i>0.02</i>	<i>51</i>	<i>yes</i>
<i>Waste can2</i>	<i>0.02</i>	<i>8</i>	<i>yes</i>
<i>Waste can 3</i>	<i>0.02</i>	<i>9</i>	<i>yes</i>
<i>Needle disposor1</i>	<i>0.01</i>	<i>6</i>	<i>yes</i>
<i>Needle disposor2</i>	<i>0.01</i>	<i>8</i>	<i>yes</i>
<i>Hot lab floor</i>	<i>0.01,0.01,0.02,0.03</i>	<i>44</i>	<i>yes</i>
<i>Fridge</i>	<i>0.01</i>	<i>11</i>	<i>yes</i>
<i>cabinet</i>	<i>0.02</i>	<i>8</i>	<i>yes</i>
<i>Waste holding area</i>	<i>0.02</i>	<i>22</i>	<i>yes</i>
<i>Lead container1</i>	<i>0.02</i>	<i>11</i>	<i>yes</i>
<i>Lead container2</i>	<i>0.02</i>	<i>8</i>	<i>yes</i>
<i>Lead box</i>	<i>0.01</i>	<i>7</i>	<i>yes</i>
<i>Cabinet</i>	<i>0.01</i>	<i>9</i>	<i>yes</i>
<i>Cabinet under sink</i>	<i>0.01</i>	<i>11</i>	<i>yes</i>
<i>AREA</i>	<i>mR/hr</i>	<i>dpm</i>	<i>In Compliance</i>
<i>Ceiling tiles</i>	<i>0.01,0.02,0.02,0.01</i>	<i>22</i>	<i>yes</i>
<i>Hot lab door</i>	<i>0.01</i>	<i>11</i>	<i>yes</i>
<i>Cabinet in hallway</i>	<i>0.01</i>	<i>9</i>	<i>yes</i>
<i>Hallway floor at several places</i>	<i>0.01,0.02,0.02,0.02</i>	<i>15</i>	<i>yes</i>
<i>Office at several places</i>	<i>0.02,0.01,0.02,0.03,0.02</i>	<i>8</i>	<i>yes</i>
<i>Computer</i>	<i>0.01,0.02,0.04</i>	<i>9</i>	<i>yes</i>
<i>Desk</i>	<i>0.01,0.02,0.01</i>	<i>8</i>	<i>yes</i>
<i>Chair</i>	<i>0.01,0.03</i>	<i>5</i>	<i>yes</i>
<i>Filing cabinet</i>	<i>0.01,0.02,0.03</i>	<i>0</i>	<i>yes</i>
<i>Receptionist Area</i>	<i>0.02,0.02,0.02,0.02</i>	<i>4</i>	<i>yes</i>
<i>Bath room</i>	<i>0.02,0.01,0.02</i>	<i>4</i>	<i>yes</i>
<i>Bath room sink</i>	<i>0.02,0.01,0.01</i>	<i>3</i>	<i>yes</i>

<i>Gamma Camera</i>	<i>0.01,0.02</i>	<i>2</i>	<i>yes</i>
<i>Scanning room Floor at several places</i>	<i>0.03,0.03,0.4,0.3,0.4</i>	<i>76</i>	<i>yes</i>
<i>Scanning Room Desk/Chair</i>	<i>0.02,0.02,0.03</i>	<i>24</i>	<i>yes</i>
<i>Stress lab treadmill</i>	<i>0.01,0.02,0.2</i>	<i>86</i>	<i>yes</i>
<i>Stress lab sink</i>	<i>0.02</i>	<i>65</i>	<i>yes</i>
<i>Desk/chair</i>	<i>0.01,0.01,0.02,0.02</i>	<i>32</i>	<i>yes</i>
<i>Shelf</i>	<i>0.02,0.1,0.2,0.3</i>	<i>22</i>	<i>yes</i>
<i>Crash cart</i>	<i>0.02</i>	<i>6</i>	<i>yes</i>
<i>Waiting room chairs</i>	<i>0.02,0.02,0.3</i>	<i>8</i>	<i>yes</i>
<i>Dressing Room</i>	<i>0.02,0.03</i>	<i>4</i>	<i>yes</i>
<i>Lockers</i>	<i>0.02,0.02,0.02</i>	<i>0</i>	<i>yes</i>
<i>Stress lab ceiling tiles</i>	<i>0.02,0.01,0.03</i>	<i>0</i>	<i>yes</i>
<i>Location</i>	<i>mR/hr</i>	<i>dpm</i>	<i>In compliance</i>
<i>Collimator Cart</i>	<i>0.02</i>	<i>4</i>	<i>yes</i>
<i>Well Counter</i>	<i>0.02,0.03,0.02</i>	<i>22</i>	<i>yes</i>
<i>Copier</i>	<i>0.02</i>	<i>0</i>	<i>yes</i>
<i>Injection stand</i>	<i>0.02</i>	<i>6</i>	<i>yes</i>

Balchendra Koley



Saint James
HOSPITAL

AFFILIATED WITH CATHEDRAL HEALTHCARE SYSTEM

155 Jefferson Street
Newark, New Jersey 07105
(973) 589-1300

Global Dosimetry Solution, Inc.
2656 McGaw Ave, Irvine,
CA 92614

Xavier K. Joseph
Manager, dept of Nuclear Medicine
St. James Hospital
155 Jefferson Street
Newark, New Jersey 07105

Sub: Closing of St James hospital Reg.
Ref: ACC# 73994 Location Nuc.

Dear Sir,

St. James Hospital, 155 Jefferson Street, Newark, NJ 07105 is under the process of closing. This will be completed on March 15, 2008. Please close the above account and send the final reports (individual report is preferred). Thank you for your wonderful service.

Sincerely


Xavier Joseph

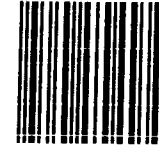
**St. James Hospital
155 Jefferson Street
Newark, NJ 07105**



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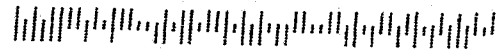


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United States Nuclear Regulatory Commission
Medical Branch,
Division of Nuclear Materials Safety
Region 1
475 Allendale Road
King of Prussia, PA 19406-1415



142209

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

3/13/2008, and to inform you that the initial processing which includes an administrative review has been performed.

TERMINATION 28-12997-04
There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

Please provide to this office within 30 days of your receipt of this card

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 142209.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.