

08/01/08

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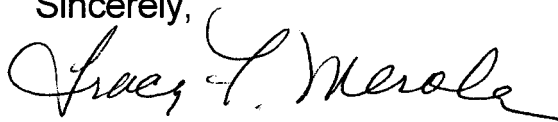
NRC
Nuclear Materials Safety Branch 1
Region 1
King of Prussia, PA 19406

Dear Sir or Madam:

03036245

I am writing to notify you that, as of July 31, 2008, we are terminating our radioactive materials, license number 06-30811-01, and decommissioning the lab. Enclosed you will find Form 314 as well as results from all Wipe tests and Area Surveys done in the lab after the last procedure was completed on July 28, 2008. Any further requirements or requests for additional information can be directed to Dr. Jonathan Brier at (203)773-3055 or me at red3971@comcast.net.

Sincerely,



Tracy F. Merola, CNMT, RT(N)
Chief Technologist, Technical Director

2008 AUG -4 AM 10: 11
RECEIVED
NRC/011

(Ref 142541)

142683
NMSS/RGMI MATER. ALS-002

On 7/31/08, the following radioactive materials were transferred to:

1. The Cardiology Group
60 Temple Street
New Haven, CT 06510

Radioactive Materials License #: 06-30162-01
Contact Person: Anne Marie Sigona
Telephone number: (203)773-3055

Radioactive materials transferred include:

- 1- **1.0uCi Cs-137 button source**
- 1- **0.5uCi Cs-137 button source**

2. Cardinal Health Nuclear Pharmacy Services
131 Hartland St
East Hartford, CT 06108
(860)291-9027

Radioactive materials transferred include:

- 1- **Co-57 sheet source (1.5mCi)**
They will send us documentation when the disposal is complete.

Wipe tests were performed on all sources before transfer. No contamination was found.



Tracy F. Mefola, CNMT, RT(N), Technical Director
Cardiology Consultants, P.C.

Area Surveys were performed using:

Ludlum portable Survey Meter 14C – serial #191412

Ludlum detector 44-7- serial # 198113

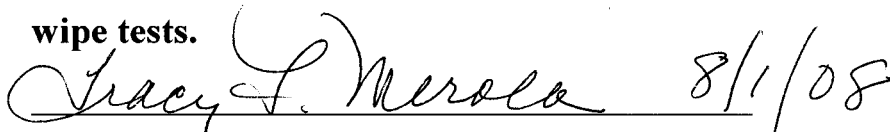
Wipe Tests were performed using:

Sun Nuclear SNC Wipe Test Counter serial # 3407215

Wipe test method using Sun Nuclear SNC Wipe Test counter:

1. Check the operation of the wipe test counter:
 - Place Cs-127 check source, label UP, into the sample holder.
 - Slide the tray into position under the display module.
 - Press the 'COUNT' key.
 - Display should read between 50 and 850 K dpm.
2. Use a 1/2" wipe pad still attached to the paper backing
3. Wipe test areas where radioactivity is stored and administered.
4. Place individual wipes in a shallow sample holder (wipe side UP).
5. Slide into counting position and press the 'COUNT' key.
6. At the end of the count cycle, the LED will display 'PASS' or 'FAIL'.
7. PASS indicates wipes within acceptable limits. There will be no numbers display. Enter 'P' on wipetest spreadsheet.
8. Fail means the threshold (trigger level) of 2000 dpm was exceeded. The actual K dpm will be displayed and should be documented on wipetest spreadsheet.

There was no source of contamination found anywhere within the Nuclear Lab, Injection Room, Treadmill Room and surrounding areas by either area surveys or wipe tests.

 8/1/08

Tracy F. Merola

Wipe Test and Survey Results

8/1/2008

Survey performed by Tracy Merola, CNMT, RT(N)

Hot Lab/imaging Area: (total 30 wipes)

Dose Storage area	pass	pass	pass	Telephone	pass	pass	pass
Dose Receiving area	pass	pass	pass	Chair	pass	pass	pass
Sink	pass	pass	pass	Computer Table	pass	pass	pass
Lead L block	pass	pass	pass	Door Knob	pass	pass	pass
Radioactive Trash	pass	pass	pass	Biohazardous Wast	pass	pass	pass
Imaging Table	pass	pass	pass	Processing area	pass	pass	pass

Injection Room: (total 25 wipes)

Injection Table	pass	pass	pass	Door Knob	pass	pass	pass
Carpet	pass	pass	pass	Exam table	pass	pass	pass
Chair	pass	pass	pass	Sink	pass	pass	pass
Phone	pass	pass	pass				
Blood pressure cuff	pass	pass	pass				

Treadmill Room: (total 30 wipes)

Treadmill	pass	pass	pass	B.P. cuff	pass	pass	pass
Computer	pass	pass	pass	step stool	pass	pass	pass
Defibrillator	pass	pass	pass	patient table	pass	pass	pass
I.V. Pole	pass	pass	pass	floor	pass	pass	pass
Auto B.P. cuff	pass	pass	pass	sink	pass	pass	pass

Surveys: bck=.02mR/hr

Dose Storage area	0.02
dose Receiving area	0.02
Sink	0.01
Lead L block	0.01
Radioactive Trash	0.02
Processing area	0.02
Imaging Table	0.02
Biohazardous Waste Area	0.02
Injection Room	0.01
Treadmill	0.01
Prep table	0.02
Patient table	0.01
Computer	0.01
Sink	0.02

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

Cardiology Consultants, P.C.
2416 Whitney Avenue
Hamden, CT 06518

LICENSE NUMBER

06-30811-01

DOCKET NUMBER

03036245

LICENSE EXPIRATION DATE

03/31/2013

- A. LICENSE STATUS (Check the appropriate box)**
- This license has expired. 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:
The Cardiology Group P.C., 60 Temple Street, New Haven, CT 06510 (see attached for further details)
- 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.

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
Jonathan Brier, M.D.	RSO	(203) 773-3055	

Mail all future correspondence regarding this license to:

Jonathan Brier, M.D., The Cardiology Group, 60 Temple St, New Haven, CT 06511

C. CERTIFYING OFFICIAL

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

PRINTED NAME AND TITLE	SIGNATURE	DATE
Alan Radoff, M.D., President Cardiology Consultants		7/21/08

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.

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Tracking
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Recipient's Copy

RECIPIENT: PEEL HERE

1 From This portion can be removed for Recipient's records.

Date 8/1/08 FedEx Tracking Number 824469055525
Sender's Name Dr. J. M. Rolka Phone 203 281-6636
Company CARDIOLOGY CONSULTANTS PC
Address 2416 WHITNEY AVE
City HAMDEN State CT ZIP 06518

2 Your Internal Billing Reference

3 To
Recipient's Name NRC Phone 610 337-5040
licensing sect. section Hospital I
Company
Address 475, Wellcote Rd
To "HOLD" at FedEx location, print FedEx address. We cannot deliver to P.O. boxes or P.O. ZIP codes.
City King of Prussia State PA ZIP 19406-1415



4a Express Package Service

FedEx Priority Overnight Next business morning
 FedEx Standard Overnight Next business afternoon
 FedEx First Overnight Earliest next business morning delivery to select locations
 FedEx 2Day* Second business day
 FedEx Express Saver* Third business day
*FedEx Envelope/Letter Rate not available. Minimum charge: One-pound rate.

4b Express Freight Service

FedEx 1Day Freight* Next business day
 FedEx 2Day Freight Second business day
 FedEx 3Day Freight Third business day
*Call for Confirmation.

5 Packaging

FedEx Envelope/Letter*
 FedEx Pak*
 Other Pkg. Includes FedEx Box, FedEx Tube, and customer pkg.
**Declared value limit \$500

6 Special Handling

SATURDAY Delivery Available only for FedEx Priority Overnight and FedEx 2Day to select ZIP codes
 SUNDAY Delivery Available only for FedEx Priority Overnight to select ZIP codes
 HOLD Weekday at FedEx Location Not available with FedEx First Overnight
 HOLD Saturday at FedEx Location Available only for FedEx Priority Overnight and FedEx 2Day to select locations
Include FedEx address in Section 3.

Does this shipment contain dangerous goods?
One box must be checked.

No
 Yes As per attached Shipper's Declaration
 Yes Shipper's Declaration not required
 Dry Ice Dry Ice, 9, UN 1845 x kg
Dangerous Goods cannot be shipped in FedEx packaging. Cargo Aircraft Only

7 Payment Bill to:

Enter FedEx Acct. No. or Credit Card No. below.
 Sender Acct. No. in Section 1 will be billed.
 Recipient
 Third Party
 Credit Card
 Cash/Check
 Obtain Recip. Acct. No.

Total Packages Total Weight Total Charges
Credit Card Auth.

8 Release Signature Sign to authorize delivery without obtaining signature

By signing you authorize us to deliver this shipment without obtaining a signature and agree to indemnify and hold us harmless from any resulting claims.
Questions? Visit our Web site at www.fedex.com
or call: 1-800-Go-FedEx® (800)463-3339.
SRS 800 Rev. Date: 7/03 Par: #1559125 © 2000 FedEx PRINTED IN U.S.A.

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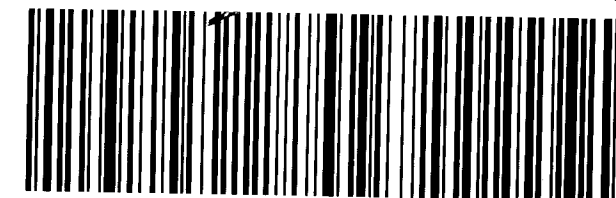
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SF KPDA

TUE - 05 AUG A2
** 2DAY **

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PHL



Emp# 671047 01AUG08 HV/NA

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

8/1/09, and to inform you that the initial processing which includes an administrative review has been performed.

Termination (06-30811-01)
There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

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

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

Your action has been assigned **Mail Control Number** 142683.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.