J.9

Medical Imaging–CAMC

47-15473-01
03009164

Fax

To:	Tara Weidner	From:	Kim Lowe
Fax:	610-337-5269	Pages:	8
Phone:	610-337-5272	Date:	10/23/09
Re:	Mail Control # 144061	CC:	

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

[redacted]

If you have received this communication in error, please immediately notify us by telephone (304-388-5474 or 304-388-5455). Return the original message to (Medical Imaging Department), (3200 MacCorkle Avenue, SE, Charleston, WV 25304) via the Postal Service or shred the information. Any questions or concerns should be addressed to (Medical Imaging Department, Memorial Hospital, (304) 388-5455). Thank you."

Return Fax Number: (304) 388-8922

Voice Number: (304) 388-~~5474~~ 9295

Comments:

144061

(Copy)

STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Joe Manchin III
Governor

March 16, 2005

SUBHASH DANAK
CAMC MEMORIAL
3200 MACCORKLE AVE. SE
CHARLESTON, WV 25304
mail to:

RE: REGISTRATION No. 200305

ATTN: Radiation Safety Officer,

The registration for the use of radioactive materials at the address above or at temporary job sites in West Virginia has been reviewed based on information which you have provided on the agency application for registration or renewal of the registration. The use of radioactive material in accordance with the provisions of the Radiological Health Rules is governed by Title 64, Code of State Rules, Series 23. The term of the registration is three (3) years. The registration expiration date is 3/17/2008. The activities must be conducted by authorized users concurrent with the conditions of your Agreement State license or U.S. NRC license [47-15473-01] taking note of the materials license expiration date and/or general license provisions.

You are reminded to report any changes in the conditions of the registration by notifying the agency in writing within 10 days of the change. This includes amendments or termination of your license. If you need additional information please contact the Radiological Health Program at the address below, or go to the internet web page: http://www.wvdhhr.org/rtia/radiological_health.asp .

Sincerely,

Dan Hill, Chief
Radiological Health Program

Enclosure: Radioactive Materials Registration

BUREAU FOR PUBLIC HEALTH
OFFICE OF ENVIRONMENTAL HEALTH SERVICES
Capitol and Washington Streets
1 Davis Square, Suite 200
Charleston, West Virginia 25301-1798
Telephone: (304) 558-2981 FAX: (304) 558-0524

[* office use only]

Reg. Number: 200305

Date Rec'd: 3/17/05

APPLICATION FOR RADIOACTIVE MATERIALS REGISTRATION

(Rev. 01/2005) Form 2R

REGISTRANT INFORMATION

Facility Name: CAMC - MEMORIAL DIVISION

Address (# street name): 3200 MacCorkle AVE SE

City, State, Zip: Charleston WV 25302

Preferred Mailing Address: _____ [__] same as above

Telephone: 304-388-9491 Fax: 388-8922

RSO (print name): Sabash Danak for Sanz M.D. FID: 55-0526150

RADIOACTIVE MATERIAL INFORMATION

Isotope - # (name or symbol)	Quantity (mCi or MBq)	Purpose	Unsealed or Sealed Source?	Storage Location
Byproduct	As needed			Hot Lab
	per 10CFR35			
Tl-201	<500 mCi	Diagnostic	unsealed	
Co-57	<15 ea. source	calibration	sealed	
GA-67	<100 mCi	Diagnostic	unsealed	
I-123	<100 mCi	Uptake + Diag.		
Pd-103	1 Ci	Therapy		
In-111	<100 mCi	Diagnostic	unsealed	
Cs-137	3000 Ci	RBC irradiator	sealed	Blood Bank

(use additional pages if necessary) (see attached)

*Temporary Jobsites?(Y / N) *Facility Type JCAHO *County KANAWHA

I certify that the above information is correct. Changes will be reported in writing within 10 days to the address below.

Signature (required): [signature] Date: 3-17-05

U.S. NRC License No: 47-15473 Exp. Date: 8/31/2005

WV Department of Health and Human Resources
Bureau for Public Health
Office of Environmental Health Services
Capitol and Washington Streets
1 Davis Square, Suite 200
Charleston, WV 25301-1798

[* office use only]

Reg. Number: 200305

Date Rec'd: _____

INSTRUCTIONS FOR COMPLETION OF FORM 2R

APPLICATION FOR REGISTRATION OF RADIOACTIVE MATERIAL FACILITIES

1. Do not write in blanks designated office use only or (date rec'd) on Form 2R. Do not enter any information in the areas for facility type, specialty code or county. This will be completed by the agency upon receipt.

2. Enter information in the Registrant Information section, including the address for the physical location of the radioactive materials. Please indicate if you have an alternate preferred mailing address for regulatory correspondence and billing. Indicate if materials are used at temporary job sites in the State of West Virginia (mobile nuclear medicine or industrial radiography, etc.) Enter the federal tax identification number (FID). Use the space below to identify the authorized users with adequate training for each isotope or radio-pharmaceutical used.

3. The form must be signed and dated by a responsible party such as the company president, a licensed practitioner of the healing arts, or the radiation safety officer (RSO). Enter the U.S. NRC license number, exp. date, or enter GL for a general license.

4. Mail the form to: Radiological Health Program, Capitol and Washington Sts. 1 Davis Square, Suite 200, Charleston, WV 25301-1798. Fax copies may be sent, however, the originals must be mailed to complete the registration process. If you have any questions, please call 304-558-6772.

AUTHORIZED USER NAME (Print)	ISOTOPE / QUANTITY	PURPOSE
DRS. Whitley -	10CFR35.100-400	Diag + Therapy
Harmon -	10CFR35.	Diag. + Therapy
Artz -		
(see attached)		

5. ATTACH PAYMENT OF REGISTRATION / RENEWAL FEE ($120)
Checks payable to: BPH [__ check enclosed?]

Please note the requirements of the Radiological Health Rules in 64-CSR-23:

The person possessing each registrable item shall renew such registration with the agency at a date to be specified by the agency not later than within six (6) months of the effective date of this rule and every three years thereafter. Except as provided in Subdivision 5.9.b. the registrant shall notify the agency in writing within ten (10) days after any change which renders the information on registration no longer accurate. In the case of disposition of radiation sources, such notification shall specify the recipient of these sources. The registrant is required to notify the agency of the use of radiation sources at a temporary location other than the designated storage location, and provide updated copies of U.S. NRC or Agreement State license documents. Please refer to the Radiological Health Rules, Parts 11 and 12 for additional requirements for the registration and use of radioactive material.

VEOLIA
ENVIRONMENTAL SERVICES
TECHNICAL SOLUTIONS
NORTH AMERICA

November 15, 2007

Dr. Kim Lowe
Charleston Area Medical Center
3200 MacCorkle Avenue, S.E.
Safety Office
Charleston, WV 25304

Dear Dr. Lowe:

Per the requirements of 10 CFR Part 20 Appendix G enclosed is a copy of the signed NRC Manifest Form 540 indicating receipt of the shipment of low-level radioactive waste shipped to Alaron Corporation on 10/30/07, Manifest #ZZ00077292 and ZZ00077293 via Dart Trucking Company Inc.

Please contact me at 973-448-4215 if there are questions or comments.

Sincerely,

Elizabeth M. Krass
Director, Radioactive Services

Enc.

Veolia ES Technical Solutions, L.L.C.
1 Eden Lane, Flanders, NJ 07836
tel: 973.347.7111 - fax: 973.691.3978
www.VeoliaES.com

VEOLIA ENVIRONMENTAL SERVICES

SHIPPING DOCUMENT	1. Generator ID Number WVD 0 8 2 6 9 9 0 3 5	2. Page 1 of 1	3. Emergency Response Phone (877) 818-0087	4. Shipping Document Tracking Number ZZ 00077292

5. Generator's Name and Mailing Address
CHARLESTON AREA MEDICAL CENTER
3200 MACCORKLE AVENUE, S.E.
SAFETY OFFICE
CHARLESTON, WV 25304
Generator's Phone: 304 388-6690

Generator's Site Address (if different than mailing address)
CHARLESTON AREA MEDICAL CENTER
MEMORIAL DIVISION HOSPITAL
3200 MACCORKLE AVENUE, S.E.
CHARLESTON, WV 25304-1200

6. Transporter 1 Company Name: DART TRUCKING COMPANY, INC. — U.S. EPA ID Number: O H D 0 0 9 8 6 5 8 2 5

7. Transporter 2 Company Name — U.S. EPA ID Number:

8. Designated Facility Name and Site Address: LARON CORPORATION, 2138 STATE ROUTE 18, WAMPUM, PA 16157 — U.S. EPA ID Number: P A D 0 8 7 4 0 0 1 5 7
Facility's Phone: 724 535-5777

9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.	13. Codes
X	RADIOACTIVE MATERIAL, EXCEPTED PACKAGE-ARTICLES, 7, UN2911	0 0 1	D M	0 0 0 1 0	P	NONE
X	RADIOACTIVE MATERIAL, TYPE A PACKAGE, 7, UN2915	0 0 3	D M	~~0 0 1 0 5~~ 00280	P	NONE
	3.					
	4.					

14. Special Handling Instructions and Additional Information
1) ERG:161, SMOKE DETECTORS, AM-241 2) ERG:163, SOURCES, BA-133, CO-57, CO-60, CS-137, GD-153 + ER Service Contracted by VESTS

15. GENERATOR S/OFFEROR S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

Generator's/Offeror's Printed/Typed Name: Kim Lowe, Pharm.D. — Signature: Kim Lowe, PhD — Month Day Year: 10 30 07

16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter signature (for exports only): Date leaving U.S.:

17. Transporter Acknowledgment of Receipt of Shipment
Transporter 1 Printed/Typed Name: Richard Perisutti — Signature: [signature] — Month Day Year: 10 30 07
Transporter 2 Printed/Typed Name — Signature — Month Day Year

18. Discrepancy
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Shipping Document Tracking Number:
18b. Alternate Facility (or Generator) — U.S. EPA ID Number
Facility's Phone:
18c. Signature of Alternate Facility (or Generator) — Month Day Year

19. Report Management Method Codes (i.e., codes for treatment, disposal, and recycling systems)
1. 2. 3. 4.

20. Designated Facility Owner or Operator: Certification of receipt of shipment except as noted in Item 18a
Printed/Typed Name: Jimmy Leese — Signature: Jimmy Leese — Month Day Year: 10 31 07

GENERATOR / INT'L / TRANSPORTER / DESIGNATED FACILITY

DESIGNATED FACILITY TO GENERATOR

APPROVED BY OMB: NO. 3150-0164
EXPIRES: 06/30/2007

Estimated burden per response to comply with this information collection request: 15 minutes. This uniform manifest is required by NRC to meet reporting requirements of Federal and State Agencies for the safe transportation and disposal of low-level waste. 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, (3150-0164), 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.

NRC FORM 540 (6-2004)

U.S. NUCLEAR REGULATORY COMMISSION

UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST

SHIPPING PAPER

1. EMERGENCY TELEPHONE NUMBER (Include Area Code): 1-877-818-0087

ORGANIZATION: Veolia ES Technical Solutions

2. IS THIS AN "EXCLUSIVE USE" SHIPMENT? ☐ YES ☑ NO

3. TOTAL NUMBER OF PACKAGES IDENTIFIED ON THIS MANIFEST ====> 4

4. DOES EPA REGULATED WASTE REQUIRING A MANIFEST ACCOMPANY THIS SHIPMENT? ☐ YES ☑ NO
If "Yes," provide Manifest Number ====>

EPA MANIFEST NUMBER

5. SHIPPER -- NAME AND FACILITY
CHARLESTON AREA MEDICAL CENTER
Memorial Division Hospital
3260 MacCorkle Avenue, S.E.
Charleston, WV 25304-1200

USER PERMIT NUMBER: N/A
SHIPMENT NUMBER: N/A

CONTACT: Kim Lowe

6. CARRIER -- Name and Address
DART TRUCKING COMPANY, INC.
41738 Esterly Drive
Columbiana, OH 44408

CONTACT: Dispatch

SIGNATURE: Authorized carrier acknowledging waste receipt

SHIPPER I.D. NUMBER: WV0912480035
☐ COLLECTOR
☐ PROCESSOR
☑ GENERATOR TYPE (Specify) M

TELEPHONE NUMBER (Include Area Code): 304-348-8696

EPA I.D. NUMBER: OHD069853825

SHIPPING DATE: 10/31/2007

TELEPHONE NUMBER (Include Area Code): 800-638-2616

DATE: 10-30-07

7. NRC FORM 540 AND 540A — PAGE 1 OF 1 PAGE(S)
NRC FORM 541 AND 541A — 2 PAGE(S)
NRC FORM 542 AND 542A — None PAGE(S)
ADDITIONAL INFORMATION — None PAGE(S)

8. CONSIGNEE - Name and Facility Address
ALARON CORPORATION
2138 State Route 18
Wampum, PA 16157

SIGNATURE -- Authorized consignee acknowledging waste receipt

9. MANIFEST NUMBER (Use this number on all continuation pages): 2200077297

CONTACT: Bill King

TELEPHONE NUMBER (Include Area Code): 724-535-5777

DATE: 10-31-07

10. CERTIFICATION
This is to certify that the herein-named 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 as described in accordance with the applicable requirements of 10 CFR Parts 20 and 61, or equivalent state regulations.

AUTHORIZED SIGNATURE: [signature]
TITLE: Nuclear Pharmacist
DATE: 10/30/07

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 RADIONUCLIDES	16. TOTAL PACKAGE ACTIVITY (MBq)	17. LSA/SCO CLASS	18. TOTAL WEIGHT OR VOLUME (Use appropriate units)	19. IDENTIFICATION NUMBER OF PACKAGE
Radioactive material, Type A package, 7, UN2915	Yellow II	~~NA~~ 0.5	Solid Organic	Ba-133 Co-57 Co-60 Cs-137 Gd-153	~~4.1988E+04~~ 4.1034E+01	NA	20 LBS; 0.68 FT3	LK D860524000 #1
Radioactive material, Type A package, 7, UN2915	~~Yellow II~~ White I	NA	Solid Organic	Co-57	2.2158E+01	NA	~~75~~ 150 LBS; 7.5 FT3	LK D860524000 #3
Radioactive material, excepted package-articles, 7, UN2911	NA	NA	Solid Inorganic	Am-241	5.9200E+00	NA	10 LBS; 0.68 FT3	LK D860524000 #4
Radioactive material, Type A package, 7, UN2915	Yellow II	~~NA~~ 0.2	Solid Inorganic	Cs-137	1.8112E+03	NA	100 LBS; 4.09 FT3	LK D860524000 #5

FOR CONSIGNEE USE ONLY

RECEIVED
OCT 31 2007
ALARON CORPORATION

NRC FORM 540 (6-2004)

07-0443

PACKING SLIP

Combined Commons

DATE ACCUMULATED	DATE SHIPPED	GEN DRUM ID	CONTAINER #
10/30/2007	10/30/2007		LK 0860524000 005

GENERATOR - ADDRESS EPA #

CHARLESTON AREA MEDICAL CENTER
MEMORIAL DIVISION HOSPITAL 3200
MACCORKLE AVENUE, S.E.
CHARLESTON, WV 25304 1200
EPA # WVD982699035 GEN # 428597

DOT PROPER SHIPPING NAME

RADIOACTIVE MATERIAL, TYPE A PACKAGE, 7, UN2916

MANIFEST	PG / LINE	WASTE AREA	DISPOSAL CODE	W.I.P. #
ZZ00077292	1 2		ALA639572	639572

ADDITIONAL DESCRIPTION	COMMON DRUMS	EPA CODE	CONTAINER TYPE
S/- ERG:163 W:639572 A:ALA639572	01	- / NONE	30TYPA DM 4.09 cf

UNIT	CONTAINER SIZE	CONT TYPE	FULLNESS	CHEMICAL NAME	INNER CONTAINER ID	WASTE TYPE
1	30 GAL			RADIOACTIVE SEALED SOURCES [100%] AS DESCRIBED BELOW:		NONE
1	SOURCE			CS-137, 48.95 MCI (10/1/07) JL SHEPARD, CALIBRATION SOURCE SN-550 METAL, 15" X 8" X 8" ORIGINALLY 100 MCI ON 3/22/76 BASEMENT LOCKER #2		NONE
1				TOTALS: 1 SOURCE 48.95 MCI CS-137 TOTAL ACTIVITY=48.95 MCI		
				ALARON/CHASE REFERENCE = ATTACHMENT E		

CONTACT: 2.2 mR/hr
TI: 0.2
SEAL # 247 + 279

SIC	SOURCE	FORM	SYSTEM	PCB #	PCB DOS Date
8062	G15	W319	H141		

TOTAL WEIGHT 100 P

LIZA KRASS
TECHNICAL SUPERVISOR