

J-9

From: Stuart R. Korchin [skorc007@yahoo.com]
Sent: Tuesday, May 03, 2011 12:00 PM
To: Weidner, Tara
Cc: Chris Delaney
Subject: Re: Health Center Imaging

06-31417-01
03038337

Tara --

Chris Delaney can send you the facility diagram.

Area survey was with Ludlum 3 (cal date 2/11/11), area wipes with Ludlum 2200 (calculated efficiency 29.1% on 4/8/11). All wipes were less than background, hence zero dpm/100 sq cm.

Please contact me if you need additional information.

Stu

--- On Tue, 5/3/11, Weidner, Tara <Tara.Weidner@nrc.gov> wrote:

From: Weidner, Tara <Tara.Weidner@nrc.gov>
Subject: Health Center Imaging
To: "Stuart R. Korchin" <skorc007@yahoo.com>
Date: Tuesday, May 3, 2011, 11:32 AM

Stu,

I received the survey results and the shipping papers for HCI. I need a few more details for the closeout survey. Please send me a diagram of the facility indicating where you took the measurements, make/model numbers of the instruments that you used for the survey, and convert the wipe results from cpm to dpm.

Fax the information to the office at 610-337-5393 and include the control no. 574597. I would appreciate it if you would let me know that you received this e-mail.

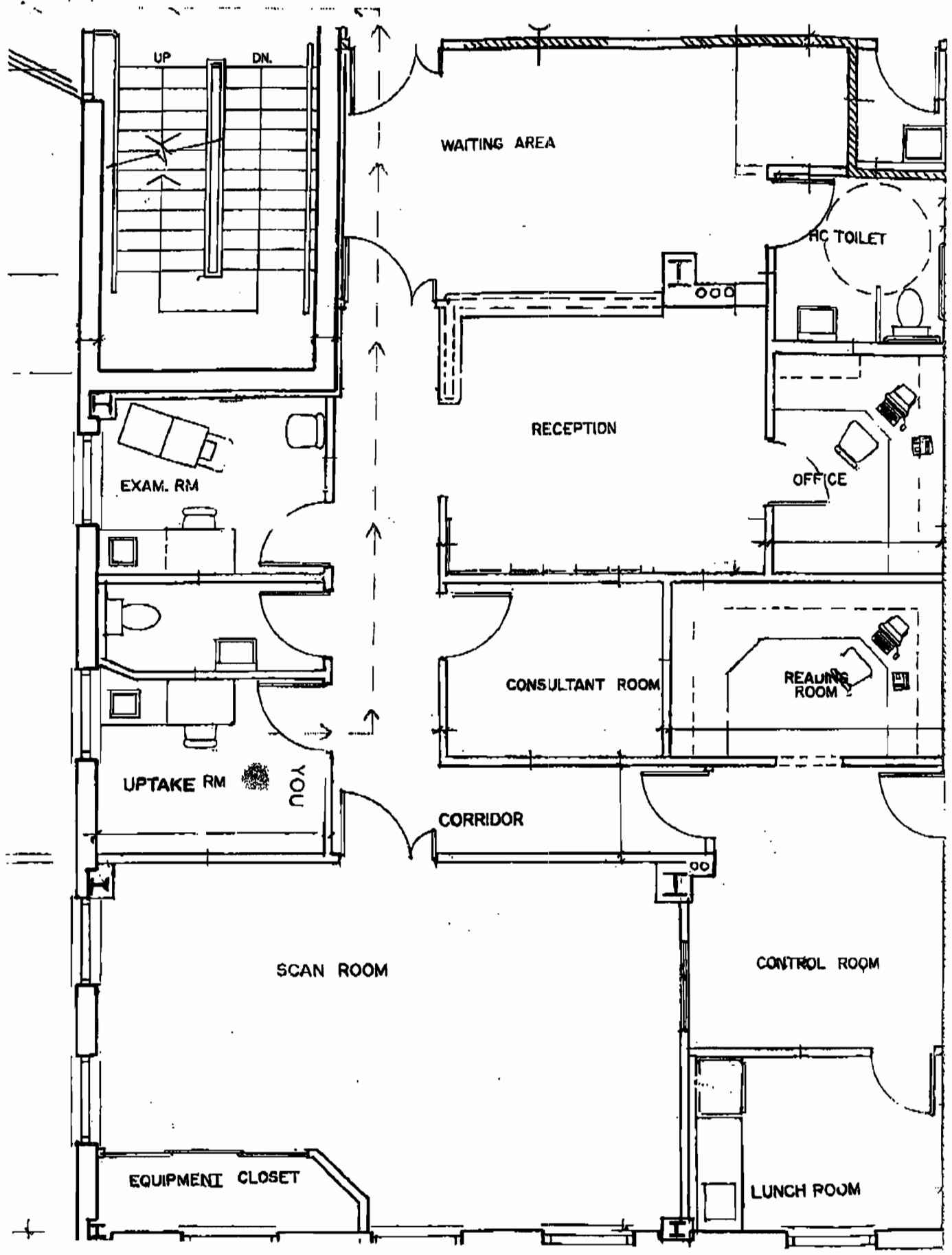
Tara L. Weidner

Health Physicist

US Nuclear Regulatory Commission

REC'D IN LAT MAY - 4 2011

574597



AREA WORK & SURVEY
CLOSE OUT
HEALTH CENTER EMERGENCY

06-31417-01
030-38337

	mc/hr	CPM
BKG	0.03	457
SCAN ROOM	0.03	395
CONTROL ROOM	0.03	395
LUNCH ROOM	0.03	395
COMPTON	0.03	395
UPTAKE ROOM	0.03	395
EXAM ROOM	0.03	395
CONSULTANT ROOM	0.03	424
NEEDLE ROOM	0.03	424
RECEPTION	0.03	424
OFFICE	0.03	424
TOILET	0.03	424
WAITING AREA	0.03	424

ALL AREAS FREE OF CONTAMINATION. AREAS ARE
RELEASABLE FOR GENERAL USE.

Steve A. [Signature] 4/8/11

TRAC # 8732 8603 3511

RETURN PACKING LIST

Sheet 2

All information must be provided to ensure proper handling of your return.

FROM:

Company Name HEALTHCENTER IMAGING

Address 999 SILVER LN STE 18


City THUNDERBOLT State CT Zip 06617

Contact Name STUART KORCHEN

Telephone 203 494 2852 Fax 203 271 2524

E-mail SKORC@CTI@y4hco.com

SEND TO:



Eckert & Ziegler
Isotope Products

1800 North Keystone Street
Burbank, CA 91504

Tel: 866-476-9767
Fax: 661-257-8303
Email: nucmedsa.es@ezag.com

RETURN #RA-157260

NOTE: This packing list must be affixed to the outside and a copy placed inside of the package.

Module	Activity	Reference Date	Serial No.	Capsule Description	Source Wipe Test SSND
Co-60	20.444	4/11/11	1000	Source Wipe Test	Yes
Co-60	10.146	4/11/11	1000	Source Wipe Test	Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>

If source is damaged, broken, or leaking, describe under "Capsule Description" section and submit a copy of last leak test. Keep a copy of this form for your records; it may be requested by your regulatory agency.

I acknowledge that the above information is true to the best of my knowledge.

Contact's Signature: [Signature]

For EZIP Use only

EZIP has received the radioactive sources listed above, except as noted below:

Receiver's Name: THUNDERBOLT LABORATORY

Receipt Date: 10 MAY 11

Sources not received: N/A

TRAIL # 8738 8603 3441

RETURN PACKING LIST


Sheet 2

All information must be provided to ensure proper handling of your return.

FROM:

Company Name HEALTHCENTER IMAGING
 Address 999 SILVER LN STE 1B
 City THUMBALL State CT Zip 06611
 Contact Name STUART KORCHEN
 Telephone: 203 494 2852 Fax: 203 271 2624
 E-mail: SKORC@7@yahoo.com

SEND TO:

 **Eckert & Ziegler**
 Isotope Products
 1800 North Keystone Street
 Burbank, CA 91504
 Tel 866-476-9767
 Fax 661-257-8303
 E-mail: nucmedsales@ezag.com

RETURN #RA-157230 STOP: This packing list must be affixed to the outside and a copy placed inside of the package.

Nuclide	S. Activity	Reference Date	Serial No.	Capsule Description	Source Wipe Test 55nci
1) <u>Co-57</u>	<u>38.8 uCi</u>	<u>4/8/11</u>	<u>1140-95-16</u>	<u>VAL 'E'</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<u>1.49 uCi</u>	<u>01 08 07</u>	<u>EG-27E</u>	<u>SANBROS MEDICAL</u>	
2) <u>Ge-68</u>	<u>28.4 uCi</u>	<u>4/8/11</u>	<u>EG-27H</u>	<u>ROD</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3) Co-57	1.49 uCi	01 08 07	EG-27E	SANBROS MEDICAL	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) _____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) _____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

If source is damaged, broken, or leaking, describe under "Capsule Description" section and submit a copy of the test report with a copy of this form for your records. It may be requested by your regulatory agency.
 I acknowledge that the above information is true to the best of my knowledge.
 Contact's Signature: Stuart Korchen

For EZIP Use only
 EZIP has received the radioactive sources listed above, except as noted below:

Receiver's Name Joselyn Landers
 Receipt Date 12 APR 11

Sources not received: _____ N/A