

Midwest Medical Center
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Dearborn, Michigan 48126

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To:	Sara Forester	From:	Midwest
Fax:	630-829-9892	Pages:	Including cover
Phone:	630 515-1078	Date:	5/26/11
Re:		CC:	

- Urgent
 For Review
 Please Comment
 Please Reply

Message:

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May 25 11 07:20p

Joel Kimelman

248-683-3558

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Sealed Source Leak Test

Licensee: Midwest Health Center

Date: 03/18/11

Performed by: Sharon Updike

Nuclide	Type	Calibration Activity	Calibration Date	Location	M/N	S/N
Cs-137	Vial	266.5 uCi	08/01/81	C. board	CDC.VI	3197MA
Current Activity: 133.84uCi						
Ba-133	Vial	276 uCi	10/26/90	C. board	EGA650	145/139
Current Activity: 73.976uCi						
Co-57	Flood	10 mCi	08/01/07	C.board	PF24R05710M	1253-022
Current Activity: 0.337mCi						

Comment: The sources listed above were leak tested using a dry wipe technique and were found to have less than 0.005 uCi removable activity. The following Minimum Detectable Activities are based upon a background at the indicated value. Background was at or below these levels when the above tests were completed.

Well Counter: Caplus 3000 .

Nuclide	MDA	Background
Cs-137	2.0×10^{-6} uCi	145 counts/1 min
Ba-133	8.8×10^{-5} uCi	204 counts/1 min
Co-57	1.7×10^{-5} uCi	53 counts/1 min

RADIATION SAFETY OFFICER

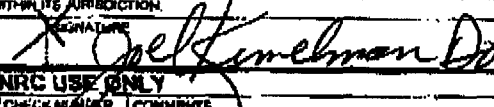
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May 25 11 07:21p

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NRC FORM 313 (3-2008) 10 CFR 30.32, 33, 34, 35, 38, 39, and 40		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3160-0120		EXPIRES: 3/31/2013	
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: OFFICE OF FEDERAL & STATE MATERIALS AND ENVIRONMENTAL MANAGEMENT PROGRAMS DIVISION OF MATERIALS SAFETY AND STATE AGREEMENTS U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20545-0801				IF YOU ARE LOCATED IN: ALABAMA, 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 60532-4322			
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				IF YOU ARE LOCATED IN: ALABAMA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MISSISSIPPI, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING, SEND APPLICATIONS TO: NUCLEAR MATERIALS LICENSING BRANCH U.S. NUCLEAR REGULATORY COMMISSION, REGION IV 842 E LAMAR BOULEVARD, SUITE 400 ARLINGTON, TX 76011-4123			
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 box) <input type="checkbox"/> A. NEW LICENSE <input type="checkbox"/> B. AMENDMENT TO LICENSE NUMBER <input checked="" type="checkbox"/> C. RENEWAL OF LICENSE NUMBER <u>21-26168-01</u>				2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code) Midwest Health Center 4700 Schaefer Dearborn, MI 48126			
3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED 4700 Schaefer Dearborn, MI 48126				4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION TELEPHONE NUMBER			
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. Chemical and mass number; b. Chemical and/or physical form; and c. Maximum amount which will be possessed at any one time.				6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.			
7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE.				8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.			
9. FACILITIES AND EQUIPMENT				10. RADIATION SAFETY PROGRAM.			
11. WASTE MANAGEMENT.				12. LICENSE FEES (See 10 CFR 170 and Section 170.37) FEE CATEGORY: _____ AMOUNT ENCLOSED: <u>0.00</u>			
13. CERTIFICATION. (Must be completed by applicant. THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING 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 CONFORMITY WITH TITLE 10 CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 34, 35, 38, 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, 1949 OR 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 - TYPE PRINTED NAME AND TITLE				SIGNATURE 		DATE 5/24/11	
FOR NRC USE ONLY							
TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS		
APPROVED BY					DATE		