

January 11, 2013

Colleen Carol Casey
Materials Licensing Branch
US Nuclear Regulatory Commission, Region III
2443 Warrenville Road, Suite 210
Lisle, IL 60532-4352

Re: Additional Information for Control Number 579340

Dear Ms. Casey:

This refers to your letter dated November 16, 2012, which requests closing the Lakeview Diagnostic facility in Port Huron under license no. 21-32444-01.

All sources were removed from Lakeview Diagnostic Pharmacy in Port Huron, MI on 10-11-2012.

Enclosed you will find the following information:

- A. Diagram of the facility with exposure rate survey and wipe test results keyed to specific locations. The facility is separated into two floors.
 1. Main Floor –diagram plus wipes and survey reports. Labeled as A.1.
 2. Pharmacy –diagram plus wipes and survey reports. Labeled as A.2.
- B. Person performing the survey – Ben Fugate, Pharmacy Tech and validated by David Schmitt, R.Ph, RSO.
- C. The survey was dated 10/12/2012
- D. Instruments used to survey and wipe.
 1. Survey Meter Validation Report – GM Meter #B, Model 14-C, Serial# 192093. Labeled as D.1
 2. Wipe Meter Validation Report – CAPRAC Serial# 000572. Labeled as D.2
- E. Background reading and efficiency. Using Wipe Meter Efficiency Test sheet. Labeled as E.
- F. Survey Meter Certificate of Instrument Calibration. Labeled as F

RECEIVED JAN 16 2013

G. Action Levels Measurements are displayed under Trigger Limit on the Area Wipes and Area Survey Reports. Reference to (A.1) Main Floor or (A.2) Pharmacy.

1. Exposure Rate – 0.20 mR/hr
2. Wipe Test – 200 DPM

Areas referenced in (A.1) or (A.2) did not exceed these levels .
Correction actions taken – N/A

H. Final Copies of radioactive waste. Stericycle Medical Waste Tracking Form Number MDFL002ZJO. Final disposal of regulated medical waste was on 07/05/2011. Labeled as H.

I. NRC Form 314 – Certificate of Disposition of Materials. Labeled as I.

J. Sealed Source Leak Test-

1. Source Ba133, Serial# 33837. Labeled as J.1.
2. Source Cs137, Serial# 32618. Labeled as J.2.

K. Source list shipped from Lakeview Diagnostic Pharmacy in Port Huron, MI. Labeled as K.

L. Shipment Report of sources from Lakeview Diagnostic Pharmacy in Port Huron, MI to Lakeview Diagnostic Pharmacy in Harrison Township, Mi. Actual Shipment Date/Time – 10/11/2012 10:41. Labeled as L.

M. Source list received to Lakeview Diagnostic Pharmacy in Harrison Township, MI. Labeled as M.

N. No unsealed sources to dispose of or transfer.

If you have any questions please contact David Schmitt, R.Ph, RSO at (810) 650-7993 cell or (586) 466-6260 office. The fax number is (586) 466-6265.

Sincerely,

A handwritten signature in black ink, appearing to read 'David Schmitt RSO', written in a cursive style.

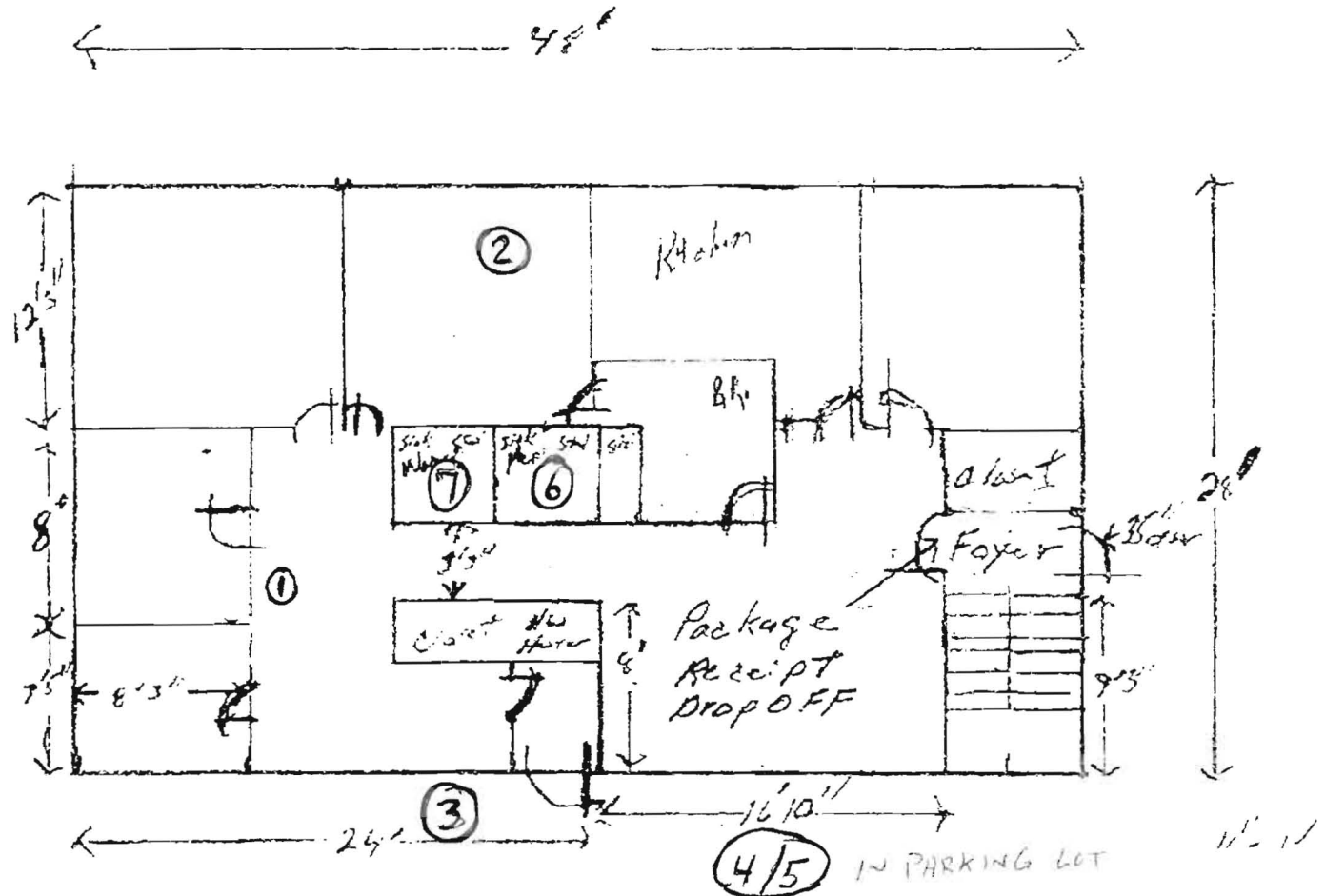
David Schmitt, R.Ph., RSO
Pharmacy Manager

AREA SURVEY AND WIPES

All 3' doorways

MAIN FLOOR

Lakeview Diagnostic
2001 Eleventh Avenue
Port Huron, MI 48060



A. 1

Area Wipe Report

Lakeview Diagnostic
2001 11th Avenue
Port Huron, MI 48060
21-32444-01 EXP 04/30/2013

Group: Group 2 Non-Pharmacy		Description:					Background	0 Count(s) =>	0 CPM
Date: 10/12/2012	Time: 08:07	Name: Benjamin Fugate - (BF)				Efficiency Date: 8/9/2012		Efficiency: 30.18 %	
Meter: CAPRAC B	Mfr: Capintec	Mdl: CAPRAC	S/N: 000572				Count Time: 1 min(s)	Pass/Fail	
Probe: CAPRAC Well Counter - B	Mfr: Capintec	Mdl: WELL COUNTER	S/N: 000572						
Item Name	Interval Count	Gross CPM Value	Net CPM Value	Net DPM Value	Trigger Limit DPM	Notes		Pass/Fail	
1 Barb's Desk	0	0	0	0	200.00			Pass	
2 Dave's Desk	0	0	0	0	200.00			Pass	
3 Front Porch Outside	0	0	0	0	200.00			Pass	
4 Honda CR-v (3)	0	0	0	0	200.00			Pass	
5 Honda Odyssey	0	0	0	0	200.00			Pass	
6 Men's Room	0	0	0	0	200.00			Pass	
7 Women's Room	0	0	0	0	200.00			Pass	

TEST COMMENTS:

Final Area Wipe Test- Non Pharmacy

PASSED

TEST DATA:

Performed by:

[Signature]
Benjamin Fugate
Tech

Licensee: Lakeview Diagnostic

Registration: 21-32444-01 EXP 04/30/2013

Area Survey Report

Lakeview Diagnostic
2001 11th Avenue
Port Huron, MI 48060
21-32444-01 EXP 04/30/2013

Group: Group 2 Non-Pharmacy

Description: Out of Pharmacy

Date: 10/12/2012 Time: 08:46

Name: Barbara Riedel - (BR)

Background 0.02 mR/hr

Meter: GM Meter #B

Mfr: Ludlum

Mdl: 14-C

S/N: 192093

Efficiency Date: 6/3/2012

Efficiency: 100

Probe: Pancake #2

Mfr: Ludlum

Mdl: 44-9

S/N: PR 198858

Item Name	Gross Value	Net Value	Corrected Value	Trigger Limit	Notes
1 Barb's Desk	0.02	0.00	0.00	0.20	Pass
2 Dave's Desk	0.02	0.00	0.00	0.20	Pass
3 Front Porch Outside	0.02	0.00	0.00	0.20	Pass
4 Honda CR-v (3)	0.02	0.00	0.00	0.20	Pass
5 Honda Odyssey	0.02	0.00	0.00	0.20	Pass
6 Men's Room	0.02	0.00	0.00	0.20	Pass
7 Women's Room	0.02	0.00	0.00	0.20	Pass

TEST COMMENTS: Final Area Survey- Non Pharmacy; Action level is anything greater than background

Final Area Survey- Non Pharmacy; Action level is anything greater than background

PASSED

TEST DATA:

Performed by:

Benjamin Fugate
Benjamin Fugate
Tech

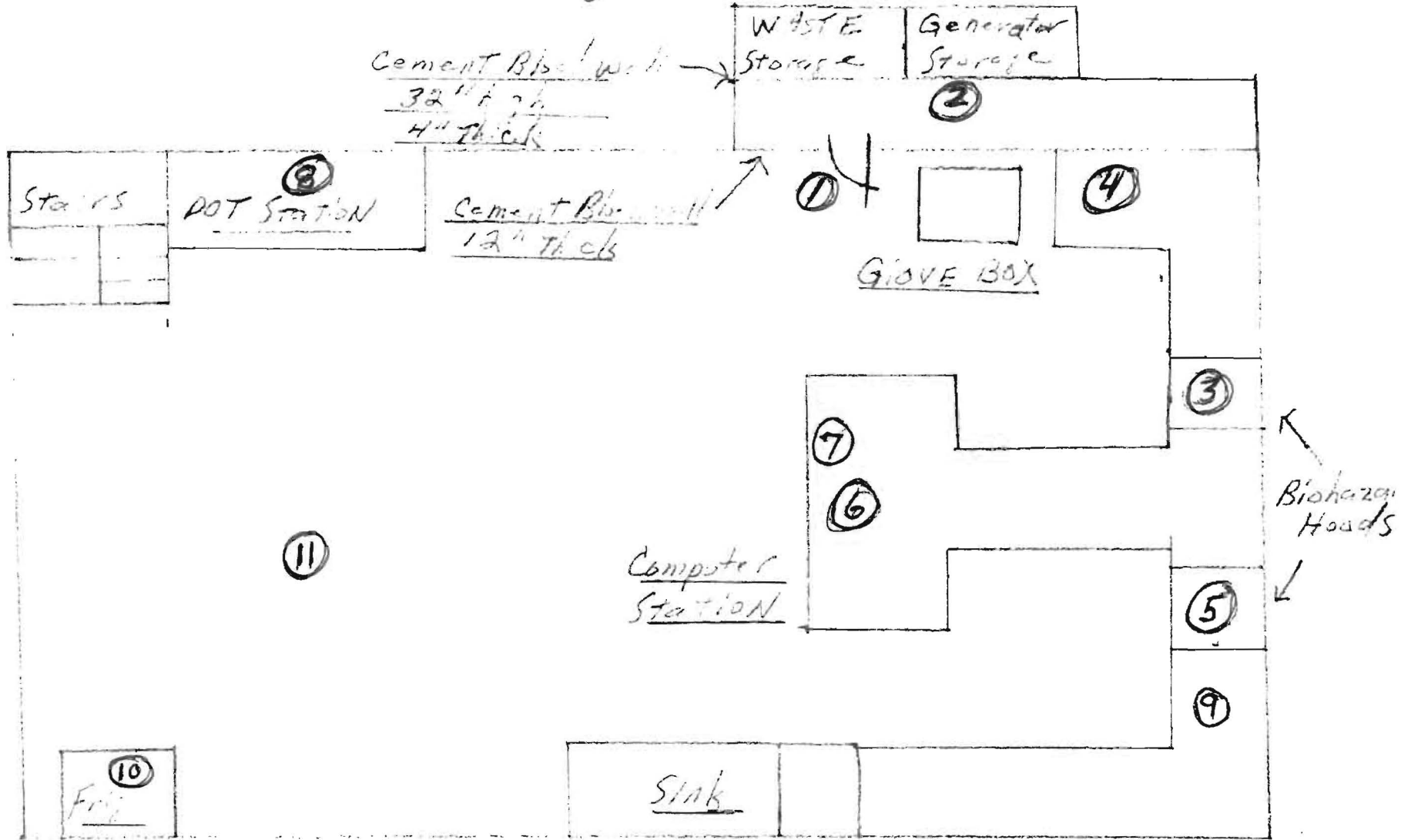
Licensee: Lakeview Diagnostic

Registration: 21-32444-01 EXP 04/30/2013

Lakeview Diagnostic
2001 11th Avenue
Port Huron, MI 48060

AREA SURVEY AND WIPES

Pharmacy Area



Area Wipe Report

Lakeview Diagnostic
2001 11th Avenue
Port Huron, MI 48060
21-32444-01 EXP 04/30/2013

Group: Group 1 Pharmacy Description:

Date: 10/12/2012 Time: 08:08 Name: Benjamin Fugate - (BF) Background 0 Count(s) => 0 CPM
Meter: CAPRAC B Mfr: Capintec Mdl: CAPRAC S/N: 000572 Efficiency Date: 8/9/2012 Efficiency: 30.18 %
Probe: CAPRAC Well Counter - B Mfr: Capintec Mdl: WELL COUNTER S/N: 000572 Count Time: 1 min(s)

Item Name	Interval Count	Gross CPM Value	Net CPM Value	Net DPM Value	Trigger Limit DPM	Notes	Pass/Fail
5 Biohazard Hood B	0	0	0	0	200.00		Pass
3 Biohazard Hood A	0	0	0	0	200.00		Pass
8 DOT Station	0	0	0	0	200.00		Pass
9 Drawing Station	0	0	0	0	200.00		Pass
2 Generator Counter	0	0	0	0	200.00		Pass
1 Hot Lab Door	0	0	0	0	200.00		Pass
6 Island Counter	0	0	0	0	200.00		Pass
7 Phone By Computer	0	0	0	0	200.00		Pass
4 Phone By Glove Box	0	0	0	0	200.00		Pass
10 Refrigerator	0	0	0	0	200.00		Pass
11 Utility Carts	0	0	0	0	200.00		Pass

TEST COMMENTS:

Final Area Wipe Test- Pharmacy

PASSED

TEST DATA:

Performed by:

Benjamin Fugate
10/12/2012

Benjamin Fugate
Tech

Licensee: Lakeview Diagnostic

Registration: 21-32444-01 EXP 04/30/2013

Area Survey Report

Lakeview Diagnostic
 2001 11th Avenue
 Port Huron, MI 48060
 21-32444-01 EXP 04/30/2013

Group: Group 1 Pharmacy

Description: Pharmacy

Date: 10/12/2012 Time: 08:47

Name: Barbara Riedel - (BR)

Background 0.02 mR/hr

Meter: GM Meter #B

Mfr: Ludlum

Mdl: 14-C

S/N: 192093

Efficiency Date: 6/3/2012

Efficiency: 100

Probe: Pancake #2

Mfr: Ludlum

Mdl: 44-9

S/N: PR 198858

Item Name	Gross Value	Net Value	Corrected Value	Trigger Limit	Notes
5 Biohazard Hood B	0.02	0.00	0.00	0.20	Pass
3 Biohazard Hood A	0.02	0.00	0.00	0.20	Pass
8 DOT Station	0.02	0.00	0.00	0.20	Pass
9 Drawing Station	0.02	0.00	0.00	0.20	Pass
2 Generator Counter	0.02	0.00	0.00	0.20	Pass
1 Hot Lab Door	0.02	0.00	0.00	0.20	Pass
6 Island Counter	0.02	0.00	0.00	0.20	Pass
7 Phone By Computer	0.02	0.00	0.00	0.20	Pass
4 Phone By Glove Box	0.02	0.00	0.00	0.20	Pass
10 Refrigerator	0.02	0.00	0.00	0.20	Pass
11 Utility Carts	0.02	0.00	0.00	0.20	Pass

TEST COMMENTS: Final Area Survey- Pharmacy; Action level is anything greater than background

Final Area Survey- Pharmacy; Action level is anything greater than background

PASSED

TEST DATA:

Performed by:

Benjamin Fugate
 Benjamin Fugate
 Tech

Licensee: Lakeview Diagnostic

Registration: 21-32444-01 EXP 04/30/2013

Survey Meter Validation Report

Lakeview Diagnostic

2001 11th Avenue

Port Huron, MI 48060

21-32444-01 EXP 04/30/2013

Date: from 10/12/2012 to 10/12/2012

Meter: GM Meter #B
Model: 14-C

Serial #: 192093
Description: GM Meter

Action Limit: 20.00%

Date	Time	Probe	Source	Bkgd	Net	Predicted	% Dev	Battery	Performed By	Notes
10/12/2012	08:22	Ludlum Measurements Inc 44-9	Spectrum Techniques Cs137 Check Source - Meter #B	0.02	12.98	12.36	5.02	PASS	Barbara Riedel	

The above report indicates all of the Meter Constancy test(s) have passed.

Technologist Signature: 
RSO Signature:  12/10/2012

Wipe Meter Validation Report

Lakeview Diagnostic

2001 11th Avenue

Port Huron, MI 48060

21-32444-01 EXP 04/30/2013

Date: from 10/12/2012 to 10/12/2012

Meter: CAPRAC B Serial #: 000572 Action Limit: 5.00%
Model: CAPRAC Description: CAPRAC Well Counter Single Channel

Date	Time	Probe	Source	Bkgd	Net	Predicted	% Dev	Battery	Performed By	Notes
10/12/2012	07:36	Capintec WELL COUNTER	North American Scientific Cs137 Rod Source - MED3400	0	63510	62969.2	0.86	PASS	Benjamin Fugate	

The above report indicates all of the Meter Constancy test(s) have passed.

Technologist Signature:  10/12/2012

RSO. Signature:

Printed: 1/11/2013 7:37:32 AM

Wipe Meter Efficiency Test

Lakeview Diagnostic

2001 11th Avenue
Port Huron, MI 48060
21-32444-01 EXP 04/30/2013

FACILITY NAME/ADDRESS:
Lakeview Diagnostic, LLC
2001 11th Avenue
Port Huron, Michigan 48060

DATE PERFORMED: 08/09/2012 06:58

NEXT DUE DATE: 08/17/2012

INSTRUMENT INFORMATION:

Model Number: CAPRAC HV Setting: 1100.00 volts
Manufacturer: Capintec Capintec Window: 0.0 keV to 0.0 keV
Serial Number: 000572 000572 Count Time: 1.00 mins

SOURCE INFORMATION:

Nuclide: Cs137 Serial Number: 33753
Source Type: Cs-137 Source Calibration Amt: 0.113 uCi
Manufacturer: North American Scientific Calibration D/T: 03/01/2003 00:00
Current Activity: 0.09082303 uCi / 201627 DPM

WIPE METER EFFICIENCY TEST DATA:

Measurement	Wipe (COUNTS)	Background (COUNTS)	NET (CPM)	Efficiency
1	61920	0	61920	30.71 %
2	60580	0	60580	30.046 %
3	61020	0	61020	30.264 %
Average	61173	0	61173	30.34 %

NOTES:

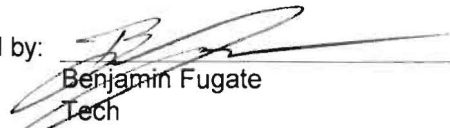
NET_CPM = (Wipe_CPM - Background_CPM) / Count_Time
Efficiency_Of_Meter = (NET_CPM / Current_DPM_Of_Known_Source) * 100
DPM_Per_uCi = 2.22 * 10^6
LLD = 4.65 * Sqrt(Background_Counts) + 3
MDA = LLD / (Efficiency_Of_Meter * DPM_Per_uCi)
If MDA is greater than 0.005 uCi, a longer count time is required

Minimum Detectable Activity (MDA)

Value	Results
LLD	3.00 CPM
MDA	0.000004 uCi

TEST COMMENTS:

TEST DATA:

Performed by: 
Benjamin Fugate
Tech
Licensee: Lakeview Diagnostic
Registration: 21-32444-01 EXP 04/30/2013

Prepared by: Benjamin Fugate

F

CERTIFICATE OF INSTRUMENT CALIBRATION

SURVEY
 METER
 B

Location: Lakeview Diagnostic LLC
 36211 Jefferson
 Harrison Twp, MI 48045

Instrument/Mfgr: Ludlum

Type: GM

Model Number: 14C

Serial Number: 192093

Probe Type: Pancake

Calibration Geometry: Parallel

Calibration Source

Nuclide	Exposure Rate	Calibration Accuracy
Cs-137	44.2 mR/hr @ 1 meter on 02/15/91. Traceable to N.I.S.T.	± 1.5%

NRC License: 21-26253-01

CALIBRATION DATA

Scale	Exposure (mR/hr)	Reading (mR/hr)	Exposure (mR/hr)	Reading (mR/hr)
x 1000	1600	1600	400	400
x 100	160	160	40	40
x 10	16	16	4	4
x 1	1.6	1.6	0.4	0.4
x 0.1	0.15	0.15	0.06	0.06

Battery Check: O.K. **Dedicated Source Check:** 13 mR/hr

Comments:

Calibrated By: Ray A. Carlson, M.S. *RAC* **Date:** June 3, 2012



IN CASE OF EMERGENCY CONTACT STERICYCLE 1-800-424-8300

MEDICAL WASTE TRACKING FORM NUMBER

Route # 502 - 13

CUSTOMER NO. 311932

MDF L0022J0

1. Generator's Name, Address and Telephone Number

ATTN: David Schmitt
Lakeview Diagnostic
2001 11th Ave
Port Huron, MI 48060



(810) 987-3317

7/5/2011

CUSTOMER NUMBER

2011767-001

GENERATOR'S REGISTRATION #

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI	BOX24 - Sharps Box (19 5/8" x 14 3/8" x 26 5/8" - 4.4 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI	TB01 - 30 Gal Reusable (18" x 18" x 24" - 4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI	TB04 - 26 Gal Reusable (22" x 22" x 23" - 3.7 cu ft)	5	18.5 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI	TB20 - 10 Gal Reusable (17 1/2" high x 16" diameter - 1.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI	WS19 - Small Box (11 5/8" x 11 5/8" x 23 3/8" - 1.9 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI	WS43 - Med. Box (17 5/8" x 17 5/8" x 23 3/8" - 4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI	SH24/SH15 - Large Sharps (19" x 16 1/2" x 12" - 2.1 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI	SH14/SH84 - 8 Gal Sharps (18" x 16 1/2" x 10" - 1.7 cu ft)		Cu Ft.
		TOTALS ▶	5 18.5 Cu Ft.

3. Generator'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.

Printed/Typed Name Barbara Riedel

Signature Barbara Riedel

Date 7/5/11

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:

STERICYCLE INC
3400 Chief Drive
Bolly, MI 48442

This is a Through Shipment

Phone #: (810) 666-1992
Applicable Permit Numbers: IL 100-9009

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name Bob Smith

Signature Bob Smith

NY-IL-033 OH-00-T-00199
Decal # IL 100-9009
PA-00-0156 IL 100-9009
Date 7/5/11

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS

STERICYCLE, INC 28161 N KEITH DR LAKE FOREST, IL 60045

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____

Phone #: 800-633-9278
Applicable Permit Numbers: NY-IL-033 OH-00-T-00199
Decal # IL 100-9009
PA-00-0156 IL 100-9009

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

STERICYCLE, INC. 28161 N KEITH DR LAKE FOREST, IL 60045

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____

Phone #: (800) 643-2400
Applicable Permit Numbers: NY-IL-033 OH-00-T-00199
Decal # IL 100-9009
PA-00-0156 IL 100-9009

TREATMENT FACILITY

7. DISCREPANCY INDICATION

<input checked="" type="checkbox"/> A. Designated Facility: STERICYCLE, INC. 1301 E ALEXIS ROAD TOLEDO, OH 43612 (419) 729-8005 EPA# : AUTOCLAVE	<input type="checkbox"/> B. Alternate Facility: STERICYCLE, INC. 1901 PINE AVE. SE WARREN, OH 44483 (330) 393-0385 EPA# : 0278080636	<input type="checkbox"/> C. Alternate Facility: STERICYCLE, INC 3472 PROGRESS DR DUNKIRK, NY 14048 (716) 366-4444	<input type="checkbox"/> D. Alternate Facility: STERICYCLE, INC. 5815 WELDON SPRINGS CLINTON, IL 61727 (217) 935-4700
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TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name Becky McCoy

Signature Becky McCoy

Date 7/5/11

9. Ohio Treatment Certification: This is to certify that the Regulated Medical Wastes described above were treated in accordance with State and Federal guidelines.

Becky McCoy

Print/Type Name

Signature

Date

ORIGINAL

I

NRC FORM 314 (05-2012) 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: 10/31/2013 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 Information Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to Infocollects.Resource@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.
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CERTIFICATE OF DISPOSITION OF MATERIALS

LICENSEE NAME AND ADDRESS <i>Lakeview Diagnostic</i> <i>2001 Eleventh Avenue</i> <i>Port Huron, MI. 48060</i>	LICENSE NUMBER <i>21-32444-01MD</i>	DOCKET NUMBER <i>030-36222</i>
		LICENSE EXPIRATION DATE <i>4/30/2013</i>

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:
21-32817-01MD
 - 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 <i>David Schmitt</i>	TITLE <i>Pharmacy Manager</i>	TELEPHONE (Include Area Code) <i>810-650-7993</i>	E-MAIL ADDRESS <i>dschmitt@lakeviewdx.net</i>
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Mail all future correspondence regarding this license to:
Lakeview Diagnostic 36211 Jefferson Ave. Harrison Twp MI, 48045

C. CERTIFYING OFFICIAL

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

PRINTED NAME AND TITLE <i>David Schmitt Pharmacy Manager</i>	SIGNATURE <i>[Signature]</i>	DATE <i>12/10/2012</i>
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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.

Sealed Source Leak Test

Lakeview Diagnostic

2001 11th Avenue

Port Huron, MI 48060

21-32444-01 EXP 04/30/2013

FACILITY NAME/ADDRESS:
Lakeview Diagnostic, LLC
2001 11th Avenue
Port Huron, Michigan 48060

DATE PERFORMED: 10/11/2012 09:17

NEXT DUE DATE: 04/11/2013

INSTRUMENT INFORMATION:

Model Number: CAPRAC
Manufacturer: Capintec
Serial Number: 000572

Efficiency: 94.387 %
Action Limit: 0.005 uCi

SOURCE INFORMATION:

Nuclide: Ba133
Source Type: Ba-133 Source
Manufacturer: North American Scientific

Serial Number: 33837
Calibration Amt: 263.50 uCi
Calibration D/T: 03/01/2003 00:00

LEAK TEST DATA:

Measurement	Wipe (CPM)	Background (CPM)	NET (CPM)	NET (DPM)	NET (uCi)	PASS/FAIL
1	0	0	0	0	0.000000	PASS
2	0	0	0	0	0.000000	PASS
3	0	0	0	0	0.000000	PASS
Average	0	0	0	0	0.000000	PASS

NOTES:

NET (CPM) = Wipe (CPM) - Background (CPM)

NET (DPM) = NET (CPM) / Efficiency

NET (uCi) = NET (DPM) / 2.2 X 10⁶ DPM/uCi

If leak test results are greater than 0.005 uCi of removable contamination, the source is to be removed from use.

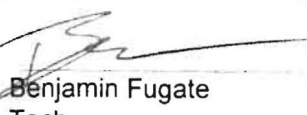
Used Caprac B, Background is always automatically subtracted

PASSED

TEST COMMENTS: PASSED

TEST DATA:

Performed by:


Benjamin Fugate
Tech

Licensee: Lakeview Diagnostic

Registration: 21-32444-01 EXP 04/30/2013

Prepared by: Barbara Riedel

Sealed Source Leak Test

Lakeview Diagnostic

2001 11th Avenue

Port Huron, MI 48060

21-32444-01 EXP 04/30/2013

FACILITY NAME/ADDRESS:
Lakeview Diagnostic, LLC
2001 11th Avenue
Port Huron, Michigan 48060

DATE PERFORMED: 10/11/2012 09:17

NEXT DUE DATE: 04/11/2013

INSTRUMENT INFORMATION:

Model Number: CAPRAC
Manufacturer: Capintec
Serial Number: 000572

Efficiency: 30.18 %
Action Limit: 0.005 uCi

SOURCE INFORMATION:

Nuclide: Cs137
Source Type: Cs-137 Source
Manufacturer: North American Scientific

Serial Number: 32618
Calibration Amt: 251.80 uCi
Calibration D/T: 02/01/2003 00:00

LEAK TEST DATA:

Measurement	Wipe (CPM)	Background (CPM)	NET (CPM)	NET (DPM)	NET (uCi)	PASS/FAIL
1	0	0	0	0	0.000000	PASS
2	0	0	0	0	0.000000	PASS
3	0	0	0	0	0.000000	PASS
Average	0	0	0	0	0.000000	PASS

NOTES:

NET (CPM) = Wipe (CPM) - Background (CPM)

NET (DPM) = NET (CPM) / Efficiency

NET (uCi) = NET (DPM) / 2.2 X 10⁶ DPM/uCi

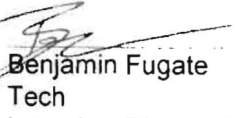
If leak test results are greater than 0.005 uCi of removable contamination, the source is to be removed from use.
Used Caprac B, Background is always automatically subtracted

PASSED

TEST COMMENTS: PASSED

TEST DATA:

Performed by:


Benjamin Fugate
Tech

Licensee: Lakeview Diagnostic

Registration: 21-32444-01 EXP 04/30/2013

Inventory of Sealed Sources

Lakeview Diagnostic

2001 11th Avenue

Port Huron, MI 48060

21-32444-01 EXP 04/30/2013

Location: Lakeview Diagnostic, LLC
2001 11th Avenue
Port Huron, Michigan 48060

Performed By: Benjamin Fugate
Date: 08/09/2012
Time: 06:57

Sealed Source	Activity	Accounted For
1 Manufacturer: Eckert & Ziegler Isotope Products Product: Co-57 Source Serial Number: 1333-13-2	0.102 uCi On: 11/01/2008 Location Stored: Generator Room	Accounted For
2 Manufacturer: North American Scientific Product: Cs-137 Source Serial Number: 33753	0.113 uCi On: 03/01/2003 Location Stored: Generator Room	Accounted For
3 Manufacturer: North American Scientific Product: Ba-133 Source Serial Number: 32422	0.116 uCi On: 01/01/2003 Location Stored: Generator Room	Accounted For
4 Manufacturer: North American Scientific Product: Ba-133 Source Serial Number: 33837	263.500 uCi On: 03/01/2003 Location Stored: Generator Room	Accounted For
5 Manufacturer: North American Scientific Product: Cs-137 Source Serial Number: 32618	251.800 uCi On: 02/01/2003 Location Stored: Generator Room	Accounted For

TEST COMMENTS:

PASSED

TEST DATA:

Performed by: Benjamin Fugate
Tech
Licensee: Lakeview Diagnostic
Registration: 21-32444-01 EXP 04/30/2013





**Lakeview Diagnostic
Shipment Report**

CustomerID: 00029 **Delivery Date/Time:** 12/10/2012 09:15 **Container:** 000

Actual Shipment Date/Time: 10/11/2012 10:41

Sender:

Lakeview Diagnostic
2001 11th Avenue
Port Huron, MI 48060
810-987-3317

Receiver:

Lakeview Diagnostic, LLC- Harrison Tnshp
36211 Jefferson Ave
Harrison Township, MI 48045
(586) 466-6260
License: 21-32817-01MD exp: 05/31/2021

BILL OF LADING

RADIOACTIVE MATERIAL, TYPE-A PACKAGE, 7, UN 2915

Serial #	Product	Cal. Date/Time	Total Amount	Quantity	Activity at Time of Shipment	Isotope	Form
32618	Cs-137 Source	02/01/200 00:00	251.80 uCi	1	0.01 GBq (0.20 mCi)	Cs137	solid
33753	Cs-137 Source	03/01/200 00:00	0.113 uCi	1	0.00 GBq (0.00 mCi)	Cs137	solid
33837	Ba-133 Source	03/01/200 00:00	263.50 uCi	1	0.01 GBq (0.14 mCi)	Ba133	solid
1333-13-2	Co-57 Source	11/01/200 00:00	0.102 uCi	1	0.00 GBq (0.00 mCi)	Co57	solid
32422	Ba-133 Source	01/01/200 00:00	0.116 uCi	1	0.00 GBq (0.00 mCi)	Ba133	solid

DOT Label: NONE

Total Activity at Shipping: 0.013 GBq (0.341 mCi)

Trans. Index at 1 Meter: N/A

This is to certify that the above-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 (DOT).

One Meter Reading (mR/hr): 0.00

RECEIPT SECTION

Type of Package Received: NONE WHITE I YELLOW II YELLOW III
 Survey Meter Serial #: _____ Wipe Test Instrument Serial #: _____
 Background (mR/hr): _____ Background (CPM): _____
 Surface Reading (mR/hr): _____ Surface (CPM): _____
 Trans. Index at 1 Meter: _____ Surface (DPM): _____
 Condition of Container: _____ Area (cm²): _____

Received By: _____ **Date:** _____ **Time:** _____

RETURN TO SENDER/DISPOSAL SECTION (to be performed by the customer - DOT Requirement)

Returned To: Lakeview Diagnostic

- No point on surface exceeds 0.5 mR/hr
- Removable Surface Contamination < 22 DPM/cm²
- Contents meet the activity requirements for "Limited Quantity" return

Returned By: _____ **Date:** _____ **Time:** _____

Picked Up By: _____ **Date:** _____ **Time:** _____

Shipping: **Shipped By:** Barbara Riedel **Date:** 10/11/2012 **Time:** 10:41
Emergency Phone Number: 810-987-3317



Inventory of Sealed Sources

Lakeview Diagnostic
36211 Jefferson Ave
Harrison Twp, MI 48045
21-32817-01MD EXP 05-31-2021

Location: Lakeview Diagnostic - Harrison Twp

Performed By: Barbara Riedel

Date: 10/15/2012

Time: 08:07

Sealed Source	Activity	Accounted For
Manufacturer: Eckert & Ziegler Product: Cs-137 Source Serial Number: 1461-27-4	198.800 uCi On: 02/01/2011 Location Stored: Clean Room	Accounted For
Manufacturer: Eckert & Ziegler Product: Co-57 Source Serial Number: 1485-26-3	0.106 uCi On: 02/01/2011 Location Stored: Clean Room	Accounted For
Manufacturer: Eckert & Ziegler Product: Ba-133 Source Serial Number: 1377-28-8	0.108 uCi On: 02/01/2011 Location Stored: Clean Room	Accounted For
Manufacturer: Eckert & Ziegler Product: Cs-137 Source Serial Number: 1438-28-8	0.104 uCi On: 01/01/2011 Location Stored: Clean Room	Accounted For
4 Manufacturer: North American Scientific Product: Ba-133 Source Serial Number: 33837 Notes: From Port Huron Lab	263.500 uCi On: 03/01/2003 Location Stored: Clean Air Room- Harrison Township	Accounted For
1 Manufacturer: Eckert & Ziegler Product: Co-57 Source Serial Number: 1333-13-2 Notes: From Port Huron Lab	0.102 uCi On: 11/01/2008 Location Stored: Clean Air Room	Accounted For
3 Manufacturer: Eckert & Ziegler Product: Ba-133 Source Serial Number: 32422 Notes: From Port Huron Lab	0.116 uCi On: 01/01/2003 Location Stored: Clean Air Room	Accounted For
2 Manufacturer: Eckert & Ziegler Product: Cs-137 Source Serial Number: 33753 Notes: From Port Huron Lab	0.113 uCi On: 03/01/2003 Location Stored: Clean Air Room	Accounted For
5 Manufacturer: North American Scientific Product: Cs-137 Source Serial Number: 32618 Notes: From Port Huron Lab	251.800 uCi On: 02/01/2003 Location Stored: Clean Air Room	Accounted For

TEST COMMENTS:

Added Sources shipped form Port Huron Lab

PASSED

TEST DATA:

Performed by: Benjamin Fugate
Tech
Licensee: Lakeview Diagnostic
Registration: 21-32817-01MD EXP 05-31-2021

LAKEVIEW DIAGNOSTIC, L.L.C.

36211 Jefferson Avenue
Harrison Township, MI 48045

CPU U.S. POSTAGE
PB 1P 000 \$ 6.00
3661154 MAILED JAN 11 2013
PRML 48036
0004



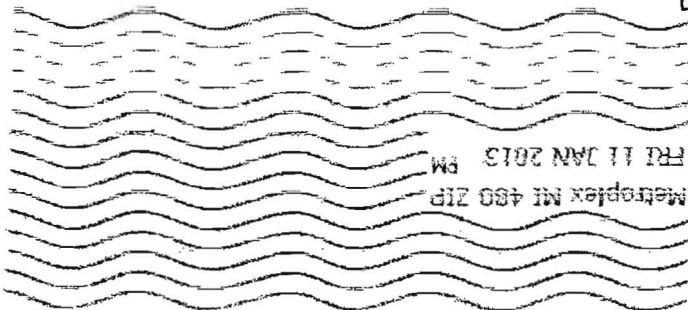
United States Postal Service®

DELIVERY CONFIRMATION™



0312 1430 0001 3988 9497

U.S. Nuclear Regulatory Commission, Region III
Materials Licensing Branch
Attn. Colleen Casey
2443 Warrenville Road, Suite 210
Lisle, Illinois. 60532-4352



Metroplex MI 480 ZIP
PM JAN 11 2013

Additional Infor for
Control # 579340

