YALE-NEW HAVEN HOSPITAL

**RADIATION SAFETY OFFICE** 

May 29, 2013

Br. 1

License No.: 06-00819-03 Docket No.: 030-01244 Scket No.: 030-01244  $(R_{c}+.)$  RLT  $(R_{c}+.)$  RLT

License No.: 06-28459-01 Docket No.: 030-31415 Control No.: 579153 (Ref.) RET

U.S. Nuclear Regulatory Commission, Region I 2100 Renaissance Blvd, Suite 100 King of Prussia, PA 19406-2713

SUBJECT: Yale-New Haven Hospital Requests an Amendment to its License to Incorporate the Facilities and Materials of NRC License 06-28459-01, Formerly Cardiology Associates of New Haven, P.C., into NRC License 06-00819-03.

Gentlemen and women of the NRC,

Yale-New Haven Hospital (YNHH) would like to amend NRC license 06-00819-03 to incorporate the licensed facilities and materials of Cardiology Associates of New Haven, P.C. (CANH), under NRC License 06-28459-01. We have attached a signed copy of NRC form 314, terminating NRC license 06-28459-01 and will transfer all facilities and materials covered under the previous license to YNHH.

All CANH Authorized Users (AU) currently listed on NRC License 06-28459-01, will be reviewed by the YNHH Radiation Safety Committee and their authorizations will be transferred to the AU list of the YNHH license.

Condition 10, in NRC License 06-00819-03 (YNHH) will need to be amended to add the facilities located at 2 Devine Street, Suite 1, North Haven, CT; and 1591 Boston Post Road, Guilford, CT to the authorized areas of use.

The Radiation Safety Officer for NRC License 06-00819-03 will continue to be Michael J. Bohan.

If you have any further questions, please feel free to contact the Radiation Safety Officer at the address or phone number above.

> 20 York Street New Haven, CT 06504





Sincerely, Michael J. Bohan

Radiation Safety Officer

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Arthur P. Lemay, M.S., R.Ph. Exec. Director, Smilow Cancer Hospital Network

cc: State of Connecticut - Dept. of Environmental Protection, Rad. Control Unit Marna P. Borgstrom, President, Chief Executive Officer

Attachment: NRC Form 314, Termination of CANH License: 06-28459-01

NRC FORM 314 (05-2012) 10 GFR 30.380(X1): 40.420(11): 70.380(X1): end 72.44(KX8)(1X1) CERT/FICATE OF DISPOSITION OF MATERIALS	APPROVED BY OMB: NO. 3150-0028 Estimated burden per response to comply with in This submittai is used by NRC as part of the refersed for unrestituted use. Send commends Sorvices Branch (1-5 FS). U.S. Nuclear Regulat or by internet e-mail to infocollects.Resource@	basis for its determination that the facility is egarding bunden estimate to the information ny Commission, Washington, DC 20555-0001, nrc.gov, and to the Desk Officer, Office of	
CERTIFICATE OF DIFFORMATINALERIALS	Information and Regulatory Affairs, NEOB-102 Budget, Washington, DC 20503. If a means use display a currently valid OMB control number, it person is not required to respond to, the informati	<ol> <li>(3150-0028). Office of Management and to Impose an information collection does not to NRC may not conduct or sponsor, and a</li> </ol>	
LICENSEE NAME AND ADDRESS	LICENSE NUMBER	DOCKET NUMBER	
Cardiology Associates of New Haven, P.C.	06-28459-01	030-31415	
2 Devine Street, Suite 1	LICENSE EXPIRATION DATE		
North Haven, CT 06473	May 31	2015	
A. LICENSE STATUS (Check the This license has expired. This license has not yet expired; please	•••••		
B. DISPOSAL OF RADIOACI (Check the appropriate boxes and complete as necessary. If a		(tachments)	
The licensee, or any individual executing this certificate on behalf of the licens		,	
1. No radipactive materials have ever been procured or possessed by	the licensee under this license.		
2. All activities authorized by this license have ceased, and all radioac under this license number cited above have been disposed of in the		sessed by the licensee	
✓ a. Transfer of radioactive materials to the licensee listed below:			
b. pisposal of radioactive materials:			
1. Directly by the licensee;			
P g. By licensed disposal site:			
$\beta$ . By waste contractor;			
c. All radioactive materials have been removed such that any remain Part 20, Subpart E, and is ALARA.	·	the limits of 10 CFR	
1. A radiation survey was conducted by the licensee. The survey confirm	ns:		
a. the absence of licensed radioactive materials			
b. that any remaining residual radioactivity is within the limits of 10 C	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:		
3. A radiation survey is not required as only sealed sources were ever po		Dale	
	b. No leaking sources have even	been identified.	
he person to be contacted regarding the information provided on this form:			
no polocitid on polyado logarang no montanon provided en monorma			
IAME TITLE		oohan@ynhh.org	
IAME Aichael J. Bohan VNHH Radiation Safety Officer Initial all fultive correspondence regarding this license to:	(203) 688-2950 mike.		
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AMME TITLE Michael J. Bohan YNHH Radiation Safety Officer Aleit all Julure correspondence regarding this license to: Michael J. Bohan, RSO, Yale-New Haven Hospital, Rad. Physics, 20 York St W C. CERTIFYING OFFI I CERTIFY UNDER PENALTY OF PERJURY THAT THE I SIGNATURE SIGNATURE SIGNATURE VARNING: FALSE STATEMENTS IN THIS CERTIFICATE MAY BE BUBJECT YO GIVIL AND/OR OF VILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF VILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF	(203) 688-2950 mike. VWW 229, New Haven, CT 06510 CIAL FOREGOING IS TRUE AND CORRES CRIMINAL PENALTIES, NRC REGULATI	$\frac{DATE}{4/9/13}$	
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NAME Michael J. Bohan Ville at future correspondence regarding this license to: Michael J. Bohan, RSO, Yale-New Haven Hospital, Rad. Physics, 20 York St V C. CERTIFYING OFFI I CERTIFY UNDER PENALTY OF PERJURY THAT THE I PRINTED NAME AND THE SIGNATURE	(203) 688-2950 mike. VWW 229, New Haven, CT 06510 CIAL FOREGOING IS TRUE AND CORRES CRIMINAL PENALTIES, NRC REGULATI	$\frac{DATE}{4/9/13}$	

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This is to acknowledge the receipt of you letter/application dated
5/29/13, and to inform you that the initial processing which includes an administrative review has been performed.
Ament (06-00819-03) 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** 58035. When calling to inquire about this action, please refer to this control number. You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (RI) (6-96) Sincerely, Licensing Assistance Team Leader

This is to acknowledge the receipt of your letter application dated
52913, and to inform you that the initial processing which includes an administrative review has been performed.
Term NG HOW ( $06-28459-01$ ) 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.  $f = \frac{1}{21} + \frac{1}{21}$ 

Your action has been assigned **Mail Control Number** 581036. When calling to inquire about this action, please refer to this control number. You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (RI) (6-96)

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Sincerely, Licensing Assistance Team Leader

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