

ABC CARDIOLOGY CONSULTANTS, P.C.

Herman C. Gist, M.D.

106 Irving St. NW, Suite 1500 North
Washington, D.C 20010-2954
Telephone: (202) 722-1305
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June 13, 2016

Q4

Licensing Assistance Team
Division of Nuclear Materials Safety
U.S. NRC, Region 1
2100 Renaissance Blvd.
King of Prussia, PA 19406

Re: Closeout Survey
License Number: US NRC 08-31328-01 / 1030-37813
ABC Cardiology Consultants, P.C.

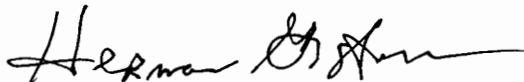
REC RG 1072016 0653

Dear License Reviewers:

We are requesting the release of the areas previously utilized as the camera/hot lab, treadmill room, hallway, and bathroom for unrestricted use at 106 Irving St., NW, Washington DC. In accordance with the guidelines established by the NRC, dated April 1993, "Guidelines for Decontamination of Facilities and Equipment Prior to Release for Unrestricted Use," we hereby submit the final survey of the Nuclear Medicine Department. Ms. Shelley Sturtz of Kruger-Gilbert Health Physics, Inc. performed a survey on April 27, 2016.

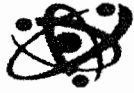
Any questions regarding this request may be directed to the undersigned or Ms. Shelley Sturtz of Kruger-Gilbert Health Physics, Inc. at (410) 692-9806.

Sincerely,



Herman C. Gist, MD
Manager

591473
NRC REGIONAL MATERIALS-002



Krueger-Gilbert Health Physics, Inc.

115 BALDWIN MILL ROAD
P.O. BOX 410
JARRETTSVILLE, MARYLAND 21084-0410
(410) 692-9806 FAX (410) 692-9807

April 27, 2016

ABC Cardiology Consultants, P.C.
106 Irving St. NW
Suite 1500 - North Tower
Washington DC 20010

RE: Closeout Survey

Attention: Dr. Herman Gist,

On April 27, 2016, the undersigned conducted a closeout survey of the Camera/Hot lab, Treadmill room, Hallway and Bathroom for unrestricted use at 106 Irving St. NW, Washington DC. In accordance with the guidelines established by the NRC, dated April 1993, "Guidelines for Decontamination of Facilities and Equipment Prior to Release for Unrestricted Use" we hereby submit the final survey of the Nuclear Medicine Department. Wipe testing and survey meter monitoring were performed as indicated on the enclosed diagrams. In addition, you will find a draft letter to the NRC requesting the release of this area for unrestricted use.

As the enclosures demonstrate, the surveyed areas were free of radioactive sources and contamination.

Please take the following action:

1. Have the enclosed draft letter (page 2) typed on facility letterhead, signed by Management. Forward the signed letter and copy of closeout survey report to the NRC at the address
2. indicated on the draft.
3. Retain one copy of the entire package in the facility's license file.

Upon receipt of the amendments, please forward a copy to the office of Krueger-Gilbert Health Physics, Inc. for our files.

Any questions regarding this report should be directed to the undersigned.

Sincerely,

Shelley Sturtz, CNMT
Health Physics Consultant
Krueger-Gilbert Health Physics, Inc.

SURVEY RESULTS

Wipe tests were conducted on 100 cm square areas using absorbent paper. Wipe test areas are indicated on the enclosed diagram. The wipes were counted at Krueger-Gilbert Health Physics.

Wipe test instrument used: Ludlum Scaler Ratemeter, Model 2200, SN: 232992
Last calibrated: February 16, 2016
Detector efficiency:

Cs-137 (662 keV)	12.5%
Ba-133 (356 keV)	18.2%
Co-57 (122 keV)	63.6%

The minimal detectable activity (MDA) was determined using a worst case efficiency of 32% and background plus 3 standard deviations.

MDA	3.3E-03
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All areas surveyed had exposure readings equal to the background reading of 0.02 mR/hour with the Ludlum 14C with 44-9 probe, SN 126794, last calibrated June 1, 2015.

Wipe test results are as follows:

Wipe Number	Wipe Area	Wipe Test Result
45-56	Camera/Hot Lab Room	Less than MDA
57-59	Hallway	Less than MDA
60-67	Treadmill Room	Less than MDA
68-71	Bathroom	Less than MDA

CAMERA ROOM					HALLWAY				
48		52		56			59		
47		51		55					
46		50		54			58		
				53					
45		49	DOOR						
							57		

TREADMILL ROOM					BATHROOM				
	63			67			70		
									71
	62			66					DOOR
						69			
	61			65					
						68			
				64					
	60	DOOR							

Standard of Practice Surgical/Procedural Scrub Attire

PURPOSE

The purpose of this standard practice is to define the policy to be followed by all WHC associates for the use and distribution of WHC scrub suits in surgical and procedural areas. The intent of this Standard Practice is to assist with infection prevention, comply with regulatory agencies, control the use, and insure adequate supply of these items.

DEFINITIONS

WHC scrub suits are defined as the "cotton blend" tops and pants laundered by hospital approved facility to be utilized by physicians, associates and other individuals defined within this Standard Practice that are worn to maintain infection prevention standards as well as to provide protection in the patient care area and environment.

Semi-restricted area – includes the peripheral support areas of the surgical suite. It has storage areas for clean and sterile supplies, scrub sink areas, work areas for storage and processing of instruments, and corridors leading to the restricted area of the surgical suite. Traffic in this area is limited to authorized personnel and patients. Personnel are required to wear surgical attire and cover all head and facial hair.

Restricted area – includes operating rooms, procedure rooms and clean core areas. Surgical attire and head/facial hair coverings are required. Masks are required where open sterile supplies or scrubbed persons are located. Scrub jackets buttoned all the way are required.

Unrestricted area – All areas of the hospital not considered Semi-restricted or Restricted areas, includes a central control point established to monitor the entrance of patients, personnel and materials. Street clothes are permitted in this area, and traffic is not limited to authorized personnel and patients.

RESPONSIBILITIES

All Staff, Managers, Department Heads and Public Safety Officers are responsible for enforcing this Standard Practice with support from Senior Management.

PROCEDURE

Appropriate scrub attire consists of the following:

- A. **Scrub suit**-should be worn in all restricted and semi-restricted areas. Supplied and laundered by MedStar Washington Hospital Center. A clean suit will be donned daily and changed whenever it becomes soiled. Scrub suits are not to be taken home and/or worn to and or from the hospital. Street clothes are not to be worn in restricted or semi-restricted area.
 - a. The scrub suit will consist of a two-piece matching pantsuit, with shirt tucked in or fit close to body.
 - b. Personal clothing may be worn underneath the scrub top provided it is contained within the scrub suit. When long sleeve shirts are worn underneath the scrub top, the shirt sleeve must not extend past the cuff of the scrub jacket sleeve and the jacket must be buttoned up completely. Any personnel scrubbing into a case are not permitted to wear long sleeve shirts. Religious head coverings may be covered with a disposable hood.
 - c. Non-scrubbed personnel will wear hospital laundered or disposable warm-up jackets. The warm-up jackets provided by the hospital should be buttoned or snapped closed when in the restricted area. The jackets are to be worn throughout the day unless it becomes soiled and should be changed. Sweaters and jackets that are not hospital laundered daily, are not permitted.
- B. **Head/Hair coverings**
 - a. All head and facial hair must be covered by a bouffant or hood cover when entering restricted and semi-restricted areas, including ears, scalp skin, side burns, and nape of neck.
 - b. Skull caps and cloth caps maybe worn only when covered by a bouffant cap covering all hair, ears, scalp skin, side burns, and nape of neck.
 - c. Beards must be covered by a beard cover provided by the hospital.
 - d. Bouffant head coverings should not be removed when leaving the surgical/procedural areas. Only remove when soiled, upon donning street clothes, or leaving the building.
- C. **Shoes**
 - a. Need to meet OSHA safety guidelines, and have closed toes, low heels, nonskid soles, without holes. It is preferred to have shoes dedicated to wear only in the OR or procedural area. If shoes are worn from outside, shoe covers are required when entering restricted and semi-restricted areas.
 - b. Must remove shoe covers when leaving the procedural areas.
- D. **Surgical Masks**
 - a. Surgical masks are worn in restricted areas, as described in definition, and should completely cover mouth and nose. They are to be tied as to prevent venting from the sides of the mask. Ear loop masks should not be worn due to side venting.
 - b. A new surgical mask should be donned before each procedure and discarded or changed when soiled or wet.
 - c. Masks should not be worn hanging around neck.

E. Eye Protection

- a. Must be worn whenever splashing, spatter, droplets of blood, body fluids, or other potentially infectious materials are expected.
- b. Eye protections can be combined with mask, re-usable eye protection can be worn and should be cleaned regularly with low level disinfectant.

F. Identification Badge

- a. Should be worn daily and be visible from the outside of scrubs/scrub jacket
- b. IDs on lanyards cannot be worn in restricted areas.
- c. ID badges should be cleaned regularly with low level disinfectant.

G. Jewelry

- a. Jewelry (i.e. watches, bracelets, necklaces) may be worn in restricted and semi-restricted areas only if they are covered by scrub attire.
- b. Wedding bands may be worn in restricted and semi-restricted areas. Wedding bands need to be removed prior to scrubbing into a procedure.
- c. Earrings may be worn in restricted and semi-restricted areas as long as they are covered by approved head cover, and should conform to MWHC dress code policy.

Non-OR Personnel

Everyone who enters a semi- and/or restricted areas of the operating room suite for a brief period of time an OR sterile zone without OR scrubs, must put on a disposable jump suit("bunny suit") before entering that area. This policy includes transporters, nursing staff, unit clerks or administrative staff, as well as any visitors or potential donors who are entering the procedural areas. The jump suit will be removed prior to leaving the semi- restricted/restricted area.

PATIENT USE

Patients are not authorized to wear WHC scrub suits for any clinical application. Patients in such areas as the Burn Unit, Dermatology, Rehabilitation Medicine and other units will be provided with the appropriate linen pajama tops and bottoms.

ASSOCIATE USE

Certain associates who are temporarily assigned to a clinical area may be authorized to use a WHC scrub suit. For example, Environmental Services associates and Facilities Management associates may, in the performance of certain tasks, be authorized to use WHC scrub suits during particular times. These WHC scrub suits are available through the distribution system.

OTHER SCRUB USE

Associates who are not authorized to wear Hospital scrubs as defined above may wear non-Hospital scrubs in accordance with established Hospital Policy; Reference HP 402 "Workplace Standards for Dress and Appearance," December 15, 1998.

Hospital issued scrubs must not leave the hospital campus. If the need arises to leave the hospital campus while still on duty then you must change out of the scrubs into your street clothes and change into a new pair of scrubs upon your return.

Backpacks, briefcases, and other personal items that are not made of material that can be cleaned with disinfectant wipes, cannot be taken into the semi- restricted or restricted areas. These items should be wiped clean prior to entering and upon leaving the semi-restricted and restricted areas. Additionally, these items may not be placed directly on the floor.



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee

ABC Cardiology Consultants, P.C.
ATTN: Herman C. Gist, M.D., Owner/President
106 Irving St., NW #1500 North
Washington, DC 20010

Date

July 21, 2016

License Number(s)

08-31328-01

Mail Control Number(s)

591473

Licensing and/or Technical Reviewer or Branch

Janice Nguyen

This is to acknowledge receipt of your: Letter and/or Application Dated: 06/13/2016

The initial processing, which included an administrative review, has been performed.

Amendment Termination New License Renewal

There were no administrative omissions identified during our initial review.

This is to acknowledge receipt of your application for renewal of the material(s) license identified above. Your application is deemed timely filed, and accordingly, the license will not expire until final action has been taken by this office.

Your application for a new NRC license did not include your taxpayer identification number. Please complete and submit NRC Form 531, Request for Taxpayer Identification Number, located at the following link: <http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>
Follow the instructions on the form for submission.

The following administrative omissions have been identified:

[Empty box for administrative omissions]

Your application has been assigned the above listed MAIL CONTROL NUMBER. When calling to inquire about this action, please refer to this control number. Your application has been forwarded to a technical reviewer. Please note that the technical review, which is normally completed within 180 days for a renewal application (90 days for all other requests), may identify additional omissions or require additional information. If you have any questions concerning the processing of your application, our contact information is listed below:

Region I
U. S. Nuclear Regulatory Commission
Division of Nuclear Materials Safety
2100 Renaissance Boulevard, Suite 100
King of Prussia, PA 19406-2713
(610) 337-5260, (610) 337-5313,
(610) 337-5398, or (610) 337-5239