

December 23, 2016

USNRC Region I DNMS
2100 Renaissance Blvd
King of Prussia, PA 19406

Br. 1

License # 52-25283-01
Docket # 030-33425
Control # 136436 (Reference - REL)

RE: Relocation of the Nuclear Medicine Department/Closeout survey

Dear Mr. Sir or Madam:

This letter is to notify you that the Nuclear Medicine Department from the first floor of the hospital to the basement has been completed. The closeout survey is attached for your review. The area will not be release until you have finished your review of the attached documentation. Please notify David Rhoe when this process has been completed.

If you need any further information, please contact David Rhoe at (787) 245-7248.

Sincerely,


David Rhoe

592684

RADIATION SAFETY CLOSE OUT SURVEY

Date: December 22, 2016Surveyor: David RhoeFacility: Centro CardiovascularIsotopes: Isotopes used in a Nuclear Medicine Laboratory - Tc-99m, Tl-201, Ga-67, Cs-137, Ba-133, Co-57, etcRoom: Hot Lab, Camera room, Bathroom, and waiting area

See attached drawing

Determination of external radiation levels

Make: ludlum Model: 2401-P Serial No.: 256374

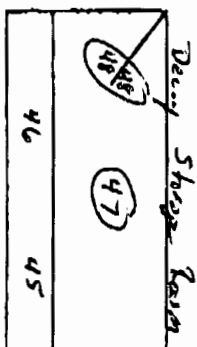
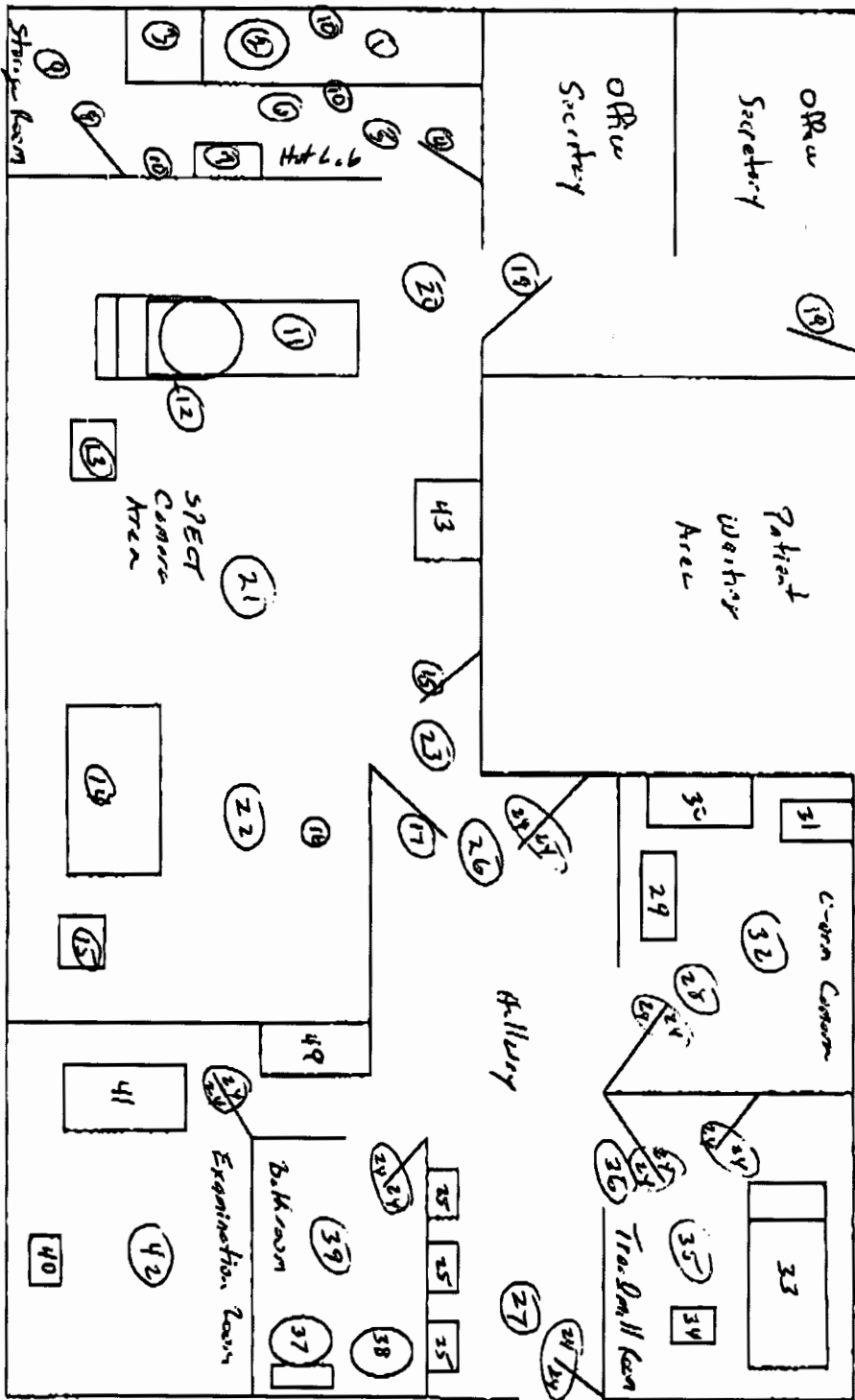
<u> X </u>	Gm	<u> X </u>	Background
<u> </u>	NaI	<u> </u>	As Indicated
<u> </u>	Other		

Determination of removable surface contamination

 X Make: Beckman Model: Gamma 5500 Serial No.: 8044788 Make: LSC Model: 6500 Serial No.: 8081 prop tag

<u> X </u>	None Found (<2200 dpm/100 cm ²)
<u> </u>	As Indicated
<u> </u>	No Isotopes used during the past three months

Comments:



Contra C-Scan console
 Close out Survey
 12-22-16
 Lic # 52-25283-01

Standard Source: Am-241 Cs-137 NES-1306
 Standard Activity (uCi): 1.145 0.105
 Date of Standard: 15-Nov-88 9-Sep-88

Instrument: Beckman Gamma
 Instrument Model Number: 5500
 Instrument Serial Number: 8044788

Date of Leak Test: 22-Dec-16
 Leak Tested For: Centro Cardiovascular - MSC
 Background (cpm) 66
 Standard (cpm) 827963 35864

Decay Activity uCi (from decay chart): 1.11230 0.05483

Source ID and Serial Number	Wipe test	Wipe #
Counter top	83	1
Sink	83	2
Lead cave	75	3
Door knob	78	4
Floor	84	5
Floor	73	6
Injection chair	71	7
Door knob	95	8
Floor	72	9
Draws, cabinets, paper towel dispenser	97	10
Camera gantry	79	11
Camera controls	93	12
Camera PC	71	13
Desk	95	14
File Cabinet	71	15
IV pole	86	16
Door knob	96	17
Door knob	78	18
Door knob	87	19
Floor	75	20
Floor	78	21
Floor	71	22
Floor	69	23
Door knob	83	24
Chairs	73	25
Floor	89	26
Floor	85	27
Floor	111	28
File Cabinet	89	29
Shelves	86	30
File Cabinet	79	31
Floor	94	32
Treadmill	77	33
Treadmill PC	86	34
Floor	88	35
Floor	76	36
Toilet	84	37
Sink	80	38
Floor	83	39
Chair	79	40
Examination table	86	41
Floor	81	42
Collimators	90	43
All light switches	70	44
Shelves	74	45
Shelves	83	46
Floor	82	47
Door knob	90	48
File Cabinet	88	49

Am-241
 Wipe Test Sample Activity
 111 #REF!
 Eff #REF! %

Cs-137
 Wipe Test Sample Activity
 111 #REF!
 Eff #REF! %

Sealed Sources

Should the removable contamination exceed 0.005 microcuries, the source must be removed from use and necessary measures taken according to NRC regulations.


 David Rhoe Health/Medical Physicist



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee Lcdo. Carlos Cabrera Bonet, MHSA Executive Director Centro Cardiovascular de Puerto Rico y del Caribe P.O. Box 366528 San Juan, Puerto Rico 00936-6528	Date December 30, 2016
	License Number(s) 52-25283-01
	Mail Control Number(s) 592684
	Licensing and/or Technical Reviewer or Branch Medical Branch

This is to acknowledge receipt of your: Letter and/or Application Dated: _____

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:

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, (610) 337-5239