

Gryglak, Magdalena

From: Gryglak, Magdalena
Sent: Tuesday, July 23, 2019 11:31 AM
To: Wroblewski, Edward
Subject: Request to remove locations of use, NRC license no. 13-00133-02, St. Vincent Hospital & Health Care Center

Good morning Mr. Wroblewski,

I have reviewed your request dated 6/18/19 to remove locations of use. I will remove locations of use identified as nos. 1 and 2 based on the information provided.

Regarding location of use no. 4, please confirm that no other sealed sources were used (for calibration etc.).

Regarding location of use no. 3 (St. Vincent Seton Specialty Hospital), I need additional information:

- 1) Please describe the unsealed radioactive material used onsite (list radioisotopes) and the date when the material was last used.
- 2) Please provide a list/inventory of sealed sources used at your facility including serial numbers, quantities etc.
- 3) Please provide the most recent leak test results (before the sources were transferred) for each of the sealed sources, if required.
- 4) Please describe the location where the sealed sources were transferred. Please provide documentation acknowledging that all sealed sources (list of the sealed sources included) were received by an authorized recipient (another licensee, waste disposal facility). Please provide a copy of the recipient's license (if not an NRC licensee).
- 5) A final status radiation survey and contamination survey for all areas where radioactive material was used:
 - a. A survey map providing contamination (in cpm and dpm) and radiation readings (mR/hr) keyed to specific locations within each room where radioactive material was used and stored (a diagram of the facility with cpm/dpm and mR/hr readings/points shown on the diagram with description of the reading/point such as floor, countertop etc.);
 - b. Background contamination and radiation readings;
 - c. Guidance/action levels for contamination and radiation readings;
 - d. Instrumentation used to conduct the surveys including the manufacturer's names and model numbers;
 - e. Calibration dates for survey meters
 - f. Efficiency/correction factors for well counters;
 - g. Date and name/s of individuals performing the status survey
- 6) Confirmation that all radioactive waste has been decayed to background or disposed of to an authorized recipient.
- 7) Confirmation that no radioactive material is present at the facility.

Please provide the information in a signed and dated letter. You may email the letter directly to me.

Thank you

Magdalena R. Gryglak
US. NRC Region III
630-829-9875