

August 27, 1990

U. S. Nuclear Regulatory Commission
Region III
Materials Licensing Section
799 Roosevelt Road
Glen Ellyn, Illinois 60137

To Whom It May Concern:

We request that our License Number 34-07167-03 be amended as follows:

1. License Condition Number 11 - to name William E. Murray to replace James M. Smith, Ph.D., as Chairman of the Radiation Safety Committee and to include Walter E. Ruch, Ph.D., as a member to replace Carl Moline (See enclosed training and experience documents). These changes are necessary because Dr. Smith transferred to another worksite and Mr. Moline retired.
2. License Condition Number 22 - to exempt sources specified in Items 7.K through 7.Q from leak testing while in storage.
3. License Condition Number 25 - to permit us to have our survey meters calibrated annually instead of every six months (See Section V, G, 2, of the Radiation Safety Manual on file in your office).

Sincerely yours,

Frank W. Godbey
Radiation Safety Officer

Enclosure

jea:8/27/90
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REG3 LIC30
34-07167-03 PDC

Appendix L
RADIATION SURVEY REPORT

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL
LANTA, GEORGIA 30333

Authorized User No.			
Authorized Investigator <i>K Cheever</i>	Telephone No. <i>5193</i>	Organization <i>DBBS</i>	Date <i>7-26-90</i>
Surveyor <i>Frank W. Godbey</i>	Telephone No. <i>533-8299</i>	Building Room No. <i>T-449</i>	Radionuclides Used <i>¹⁴C</i>

COUNTING EQUIPMENT

LSC. EFF *80* %

GAMMA EFF _____ %

COMPLIANCE ITEMS

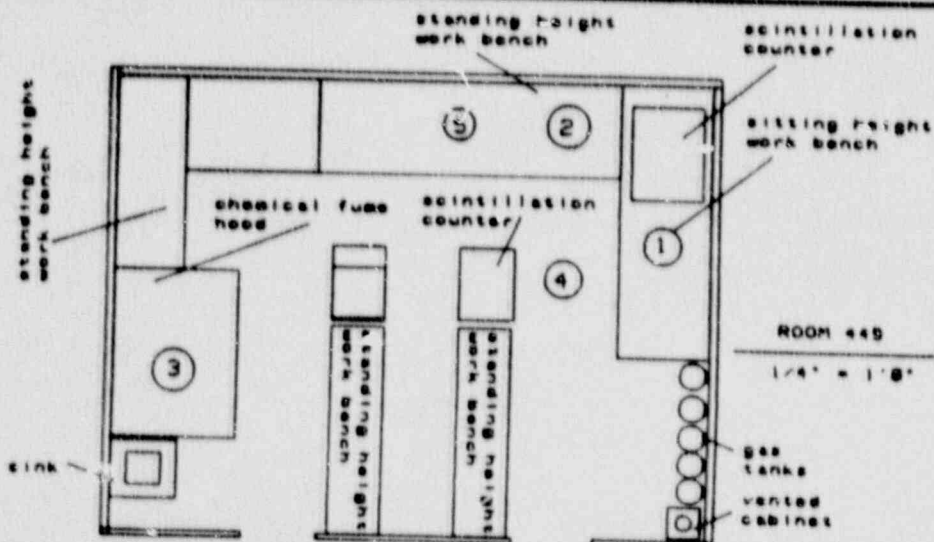
Room and Storage Posted <input checked="" type="checkbox"/>	Personnel Monitoring <input type="checkbox"/>
Inventory, Disposal Records Adequate <input checked="" type="checkbox"/>	Personnel Training <input type="checkbox"/>
Containers & Equipment Labeled <input type="checkbox"/>	Survey Records <input checked="" type="checkbox"/>
Waste Handling Practices <input checked="" type="checkbox"/>	Shielding <input checked="" type="checkbox"/>
Hoods and Ventilation <input checked="" type="checkbox"/>	Other <input checked="" type="checkbox"/>
Survey Instruments <input checked="" type="checkbox"/>	<i>Room Locked or Attended</i>

SMEAR SURVEY RESULTS

SAMPLE NO.	LOCATION	CPM	NUCLIDE	SAMPLE NO.	LOCATION	CPM	NUCLIDE
<i>1</i>		<i>16</i>	<i>¹⁴C</i>				
<i>2</i>		<i>17</i>	<i>"</i>				
<i>3</i>		<i>15</i>	<i>"</i>				
<i>4</i>		<i>15</i>	<i>"</i>				
<i>5</i>		<i>16</i>	<i>"</i>				

COMMENTS
Background ¹⁴Cpm

AREA DIAGRAM AND SAMPLING SITES



Appendix L
RADIATION SURVEY REPORT

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL
ATLANTA, GEORGIA 30333

Authorized user No.			
Authorized Investigator <i>K Cheever</i>	Telephone No. <i>8193</i>	Organization <i>DBBS</i>	Date <i>7-26-92</i>
Supervisor <i>Frank W Godbey</i>	Telephone No. <i>533-8299</i>	Building Room No. <i>T-446</i>	Radionuclides used <i>¹⁴C</i>

COUNTING EQUIPMENT

LSC EFF *50* %
GAMMA EFF %

COMPLIANCE ITEMS

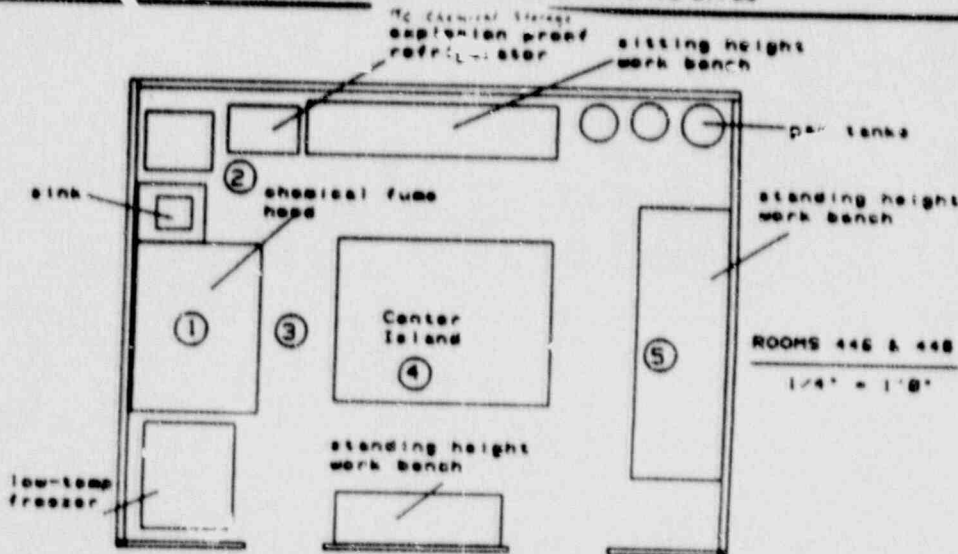
- | | |
|---|--|
| Room and Storage Posted <input checked="" type="checkbox"/> | Personnel Monitoring <input checked="" type="checkbox"/> |
| Inventory Disposal Records Adequate <input checked="" type="checkbox"/> | Personnel Training <input checked="" type="checkbox"/> |
| Containers & Equipment Labeled <input checked="" type="checkbox"/> | Survey Records <input checked="" type="checkbox"/> |
| Waste Handling Practices <input checked="" type="checkbox"/> | Shielding <input checked="" type="checkbox"/> |
| Hoods and Ventilation <input checked="" type="checkbox"/> | Other <input checked="" type="checkbox"/> |
| Survey Instruments <input checked="" type="checkbox"/> | <i>Room Locked
or Attended</i> |

SMEAR SURVEY RESULTS

SAMPLE NO	LOCATION	CPM NUCLIDE		SAMPLE NO	LOCATION	CPM NUCLIDE	
<i>1</i>		<i>16</i>	<i>¹⁴C</i>				
<i>2</i>		<i>16</i>	<i>"</i>				
<i>3</i>		<i>18</i>	<i>"</i>				
<i>4</i>		<i>14</i>	<i>"</i>				
<i>5</i>		<i>19</i>	<i>"</i>				

COMMENTS
Background 16 cpm

AREA DIAGRAM AND SAMPLING SITES



Appendix L RADIATION SURVEY REPORT

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL
ATLANTA, GEORGIA 30333

Authorized User No.			
Authorized Investigator G. DeBard	Telephone No. 3212	Organization DBBS	Date 7-26-90
Surveyor Frank W. Godbey	Telephone No. 533-8299	Building Room No. T-444	Radionuclide Used ³²P

COUNTING EQUIPMENT

LSC _____ EFF _____ %
GAMMA _____ EFF _____ %

COMPLIANCE ITEMS

- | | |
|--|---|
| Room and Storage Posted <input checked="" type="checkbox"/> | Personnel Monitoring <input checked="" type="checkbox"/> |
| Inventory, Disposal Records Adequate <input checked="" type="checkbox"/> | Personnel Training <input checked="" type="checkbox"/> |
| Containers & Equipment Labeled <input checked="" type="checkbox"/> | Survey Records <input checked="" type="checkbox"/> |
| Waste Handling Practices <input checked="" type="checkbox"/> | Shielding <input checked="" type="checkbox"/> |
| Hoods and Ventilation <input checked="" type="checkbox"/> | Other <input checked="" type="checkbox"/> |
| Survey Instruments <input checked="" type="checkbox"/> | Room Locked or Attended <input checked="" type="checkbox"/> |

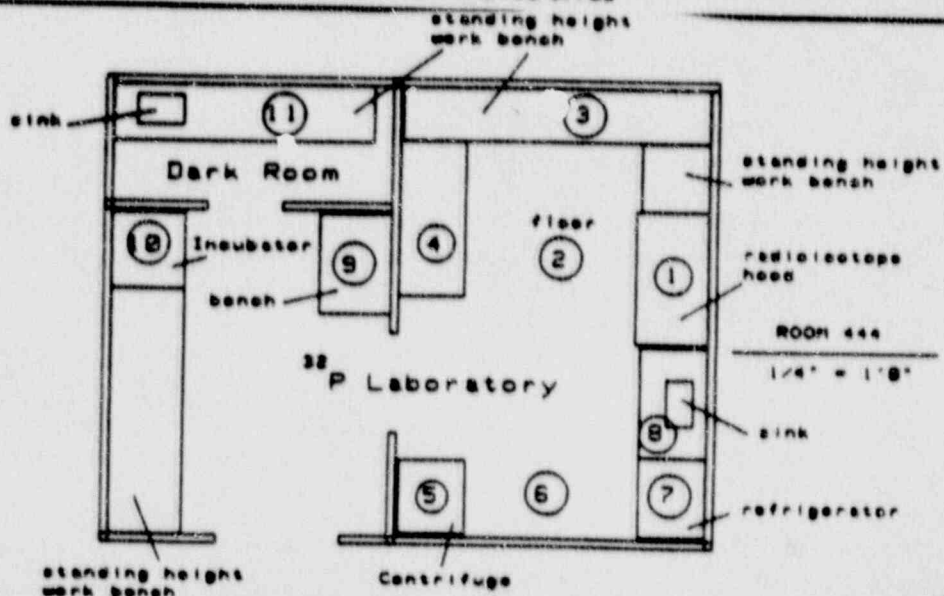
SMEAR SURVEY RESULTS

SAMPLE NO.	LOCATION	CPM		SAMPLE NO.	LOCATION	CPM	
		NUCLIDE				NUCLIDE	
1		17	³² P	8		18	³² P
2		19	"	9		19	"
3		20	"	10		19	"
4		17	"	11		18	"
5		15	"				
6		16	"				
7		15	"				

COMMENTS

Background 16 cpm

AREA DIAGRAM AND SAMPLING SITES



Appendix L
RADIATION SURVEY REPORT

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL
LANTA, GEORGIA 30333

Authorized User No.			
Authorized Investigator G. DeBoyd	Telephone No. 8212	Organization DBBS	Date 7-31-90
Surveyor Frank W. Golbey	Telephone No. 533-8399	Building Room No. T-443	Radionuclides Used ¹⁴C

COUNTING EQUIPMENT

L.S.C. EFF 80 %
GAMMA EFF %

COMPLIANCE ITEMS

- | | |
|--|--|
| Room and Storage Posted <input checked="" type="checkbox"/> | Personnel Monitoring <input checked="" type="checkbox"/> |
| Inventory, Disposal Records Adequate <input checked="" type="checkbox"/> | Personnel Training <input checked="" type="checkbox"/> |
| Containers & Equipment Labeled <input checked="" type="checkbox"/> | Survey Records <input checked="" type="checkbox"/> |
| Waste Handling Practices <input checked="" type="checkbox"/> | Shielding <input checked="" type="checkbox"/> |
| Hoods and Ventilation <input checked="" type="checkbox"/> | Other <input checked="" type="checkbox"/> |
| Survey Instruments <input checked="" type="checkbox"/> | <i>Room Locked or Attended</i> |

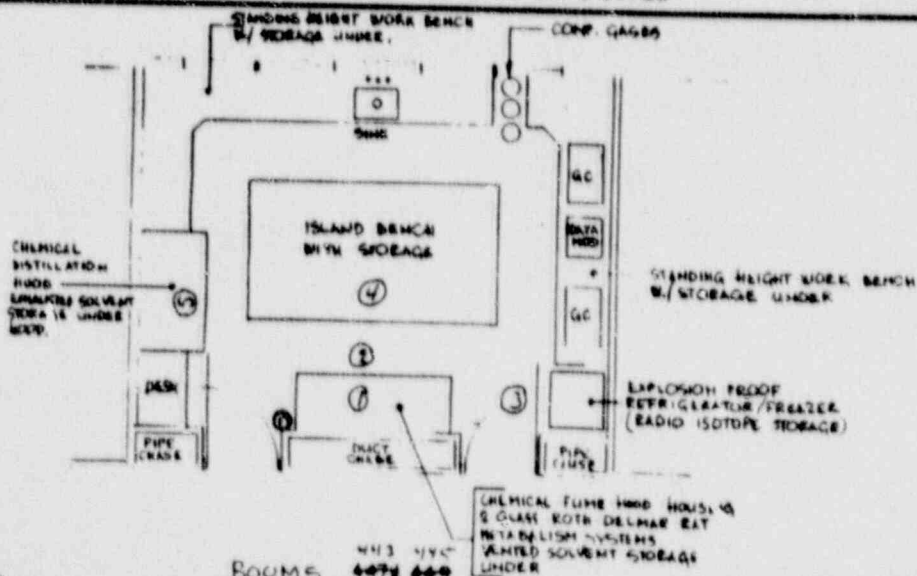
SMEAR SURVEY RESULTS

SAMPLE NO	LOCATION	CPM NUCLIDE	SAMPLE NO.	LOCATION	CPM NUCLIDE
1		19 ¹⁴ C			
2		15 "			
3		16 "			
4		13 "			
5		19 "			

COMMENTS

Background 16 cpm

AREA DIAGRAM AND SAMPLING SITES



Appendix L
RADIATION SURVEY REPORT

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL
ATLANTA, GEORGIA 30333

Authorized User No.			
Authorized Investigator <i>W. Weigel</i>		Telephone No. <i>8488</i>	Organization <i>DBBS</i>
Date <i>7-26-90</i>		Building Room No. <i>T-440</i>	Radionuclides Used <i>¹⁴C</i>
Surveyor <i>Frank W. Godbey</i>		Telephone No. <i>533-8399</i>	

COUNTING EQUIPMENT

LSC. EFF *80* %
GAMMA EFF %

COMPLIANCE ITEMS

Room and Storage Posted <input checked="" type="checkbox"/>	Personnel Monitoring <input checked="" type="checkbox"/>
Inventory, Disposal Records Adequate <input checked="" type="checkbox"/>	Personnel Training <input checked="" type="checkbox"/>
Containers & Equipment Labeled <input checked="" type="checkbox"/>	Survey Records <input checked="" type="checkbox"/>
Waste Handling Practices <input checked="" type="checkbox"/>	Shielding <input checked="" type="checkbox"/>
Hoops and Ventilation <input checked="" type="checkbox"/>	Other <input checked="" type="checkbox"/>
Survey Instruments <input checked="" type="checkbox"/>	<i>Room Locked or Attended</i>

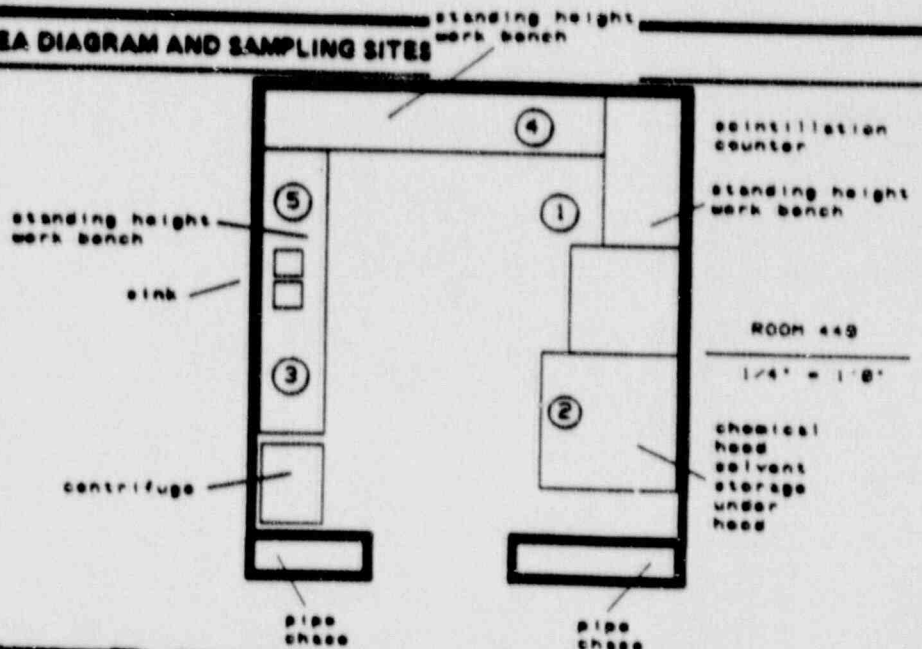
SMEAR SURVEY RESULTS

SAMPLE NO.	LOCATION	CPM	NUCLIDE	SAMPLE NO.	LOCATION	CPM	NUCLIDE
<i>1</i>		<i>14</i>	<i>¹⁴C</i>				
<i>2</i>		<i>14</i>	<i>"</i>				
<i>3</i>		<i>17</i>	<i>"</i>				
<i>4</i>		<i>15</i>	<i>"</i>				
<i>5</i>		<i>16</i>	<i>"</i>				

COMMENTS

Background 16 cpm

AREA DIAGRAM AND SAMPLING SITES



Appendix L
RADIATION SURVEY REPORT

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL
ATLANTA, GEORGIA 30333

Authorized user No. _____

Authorized Investigator: G. Henningsen Telephone No. 5433 Organization: DBBS Date: 7-26-90

Surveyor: Frank W. Godbey Telephone No. 533-8399 Building Room No. T-344 Radionuclides Used: 51 Cr

COUNTING EQUIPMENT

L.S.C. _____ EFF _____ %
GAMMA _____ EFF _____ %

COMPLIANCE ITEMS

- Room and Storage Posted
- Inventory, Disposal Records Adequate
- Containers & Equipment Labeled
- Waste Handling Practices
- Hoods and Ventilation
- Survey Instruments
- Personnel Monitoring
- Personnel Training
- Survey Records
- Shielding
- Other *Room Locked or Attended*



SMEAR SURVEY RESULTS

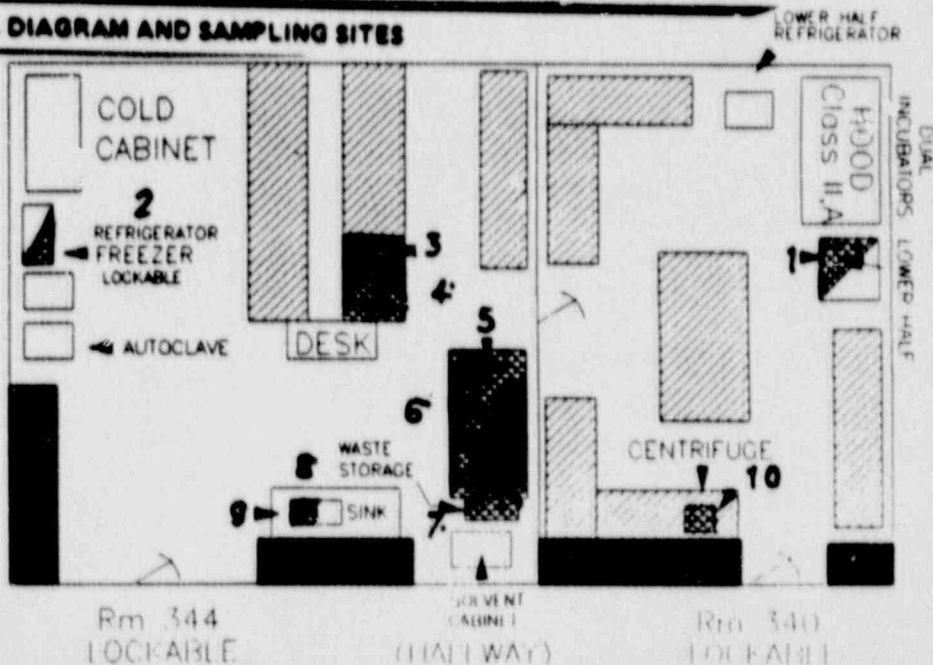
SAMPLE NO.	LOCATION	CPM	NUCLIDE	SAMPLE NO.	LOCATION	CPM	NUCLIDE
1		20	⁵¹ Cr	8		16	⁵¹ Cr
2		17	"	9		16	"
3		16	"	10		18	"
4		18	"				
5		17	"				
6		18	"				
7		17	"				

COMMENTS

Background 16 cpm

AREA DIAGRAM AND SAMPLING SITES

COUNTERS 
RADIOACTIVE SPACE OCCUPYING WALLS 
NUMBERS ARE SURVEY SITES
ASTERISKS ARE FLOOR WIPE SAMPLE AREAS



Appendix L RADIATION SURVEY REPORT

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL
LANTA, GEORGIA 30333

Authorized User No.			
Authorized Investigator <i>Henningsen/Biachini</i>	Telephone No. <i>3433/8196</i>	Organization <i>DBBS</i>	Date <i>7-26-90</i>
Surveyor <i>Frank W. Godbey</i>	Telephone No. <i>533-8299</i>	Building Room No. <i>T-335</i>	Radionuclides Used <i>51Cr</i>

COUNTING EQUIPMENT

LSC _____ EFF _____ %
GAMMA _____ EFF _____ %

COMPLIANCE ITEMS

- | | |
|---|--|
| Room and Storage Posted <input checked="" type="checkbox"/> | Personnel Monitoring <input checked="" type="checkbox"/> |
| Inventory Disposal Records Adequate <input checked="" type="checkbox"/> | Personnel Training <input checked="" type="checkbox"/> |
| Containers & Equipment Labeled <input checked="" type="checkbox"/> | Survey Records <input checked="" type="checkbox"/> |
| Waste Handling Practices <input checked="" type="checkbox"/> | Shielding <input checked="" type="checkbox"/> |
| Hoods and Ventilation <input checked="" type="checkbox"/> | Other <input checked="" type="checkbox"/> |
| Survey Instruments <input checked="" type="checkbox"/> | <i>Room Locked
BY Attended</i> |

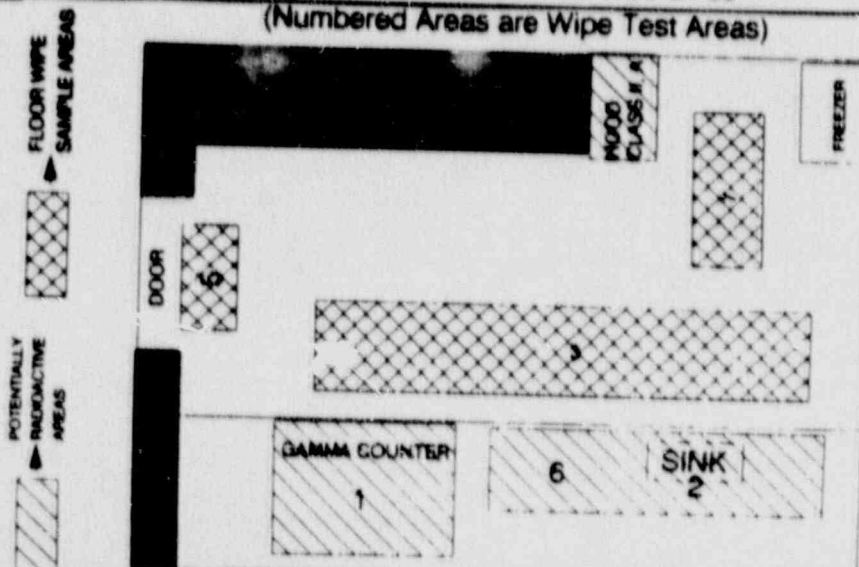
SMEAR SURVEY RESULTS

SAMPLE NO	LOCATION	CPM		SAMPLE NO	LOCATION	CPM	
		NUCLIDE				NUCLIDE	
1		17	⁵¹ Cr				
2		17	"				
3		18	"				
4		16	"				
5		17	"				

COMMENTS
Background 16 cpm

AREA DIAGRAM AND SAMPLING SITES

(Numbered Areas are Wipe Test Areas)



Rm 335

Appendix L
RADIATION SURVEY REPORT

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL
LANTA, GEOR. IA 30333

Authorized User No.			
Authorized Investigator <i>Gayle DeBard</i>	Telephone No. <i>5212</i>	Organization <i>DBBS</i>	Date <i>7-26-90</i>
Surveyor <i>Frank W. Godbey</i>	Telephone No. <i>533-8399</i>	Building Room No. <i>T-B-01</i>	Radionuclides Used <i>¹⁴C</i>

COUNTING EQUIPMENT

LSC EFF *80* %

GAMMA EFF %

COMPLIANCE ITEMS

Room and Storage Posted <input checked="" type="checkbox"/>	Personnel Monitoring <input checked="" type="checkbox"/>
Inventory Disposal Records Adequate <input checked="" type="checkbox"/>	Personnel Training <input checked="" type="checkbox"/>
Containers & Equipment Labeled <input checked="" type="checkbox"/>	Survey Records <input checked="" type="checkbox"/>
Waste Handling Practices <input checked="" type="checkbox"/>	Shielding <input checked="" type="checkbox"/>
Hoods and Ventilation <input checked="" type="checkbox"/>	Other <input checked="" type="checkbox"/>
Survey Instruments <input checked="" type="checkbox"/>	<i>Room Locked or Attended</i>

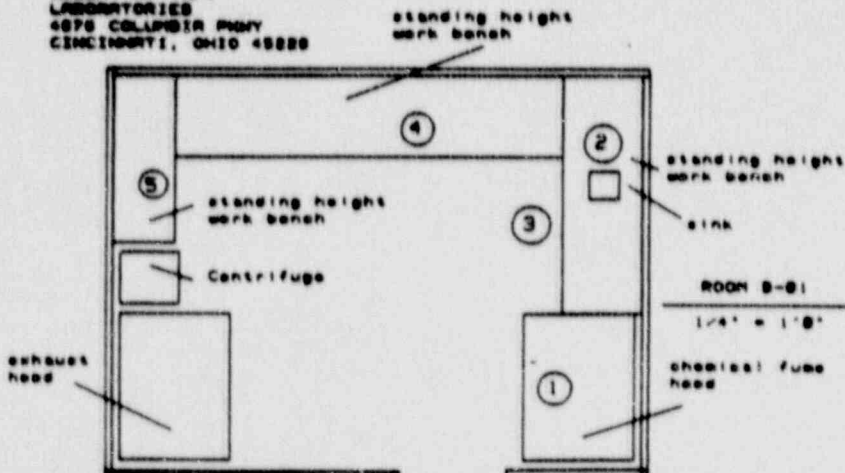
SMEAR SURVEY RESULTS

SAMPLE NO.	LOCATION	CPM	NUCLIDE	SAMPLE NO.	LOCATION	CPM	NUCLIDE
<i>1</i>		<i>15</i>	<i>¹⁴C</i>				
<i>2</i>		<i>15</i>	<i>"</i>				
<i>3</i>		<i>35</i>	<i>"</i>				
<i>4</i>		<i>25</i>	<i>"</i>				
<i>5</i>		<i>14</i>	<i>"</i>				

COMMENTS:
Background 16 cpm

AREA DIAGRAM AND SAMPLING SITES

DOB, PhD, M.D.
ROBERT A. TRIFT
LABORATORIES
4876 COLLEGE PARK
CINCINNATI, OHIO 45226



Appendix L
RADIATION SURVEY REPORT

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL
LANTA, GEORGIA 30333

Authorized User No.			
Authorized Investigator <i>D. Richards</i>	Telephone No. <i>8192</i>	Organization <i>DBPS</i>	Date <i>7-26-90</i>
Surveyor <i>Frank W. Godbey</i>	Telephone No. <i>533-8299</i>	Building Room No. <i>T-B-13</i>	Radionuclides Used <i>¹⁴C</i>

COUNTING EQUIPMENT

LSC EFF *80* %
GAMMA EFF %

COMPLIANCE ITEMS

- | | |
|--|---|
| Room and Storage Posted <input checked="" type="checkbox"/> | Personnel Monitoring <input type="checkbox"/> |
| Inventory Disposal Records Adequate <input type="checkbox"/> | Personnel Training <input type="checkbox"/> |
| Containers & Equipment Labeled <input type="checkbox"/> | Survey Records <input type="checkbox"/> |
| Waste Handling Practices <input checked="" type="checkbox"/> | Shielding <input type="checkbox"/> |
| Hoods and Ventilation <input checked="" type="checkbox"/> | Other <input checked="" type="checkbox"/> |
| Survey Instruments <input checked="" type="checkbox"/> | <i>Room Locked or Attended</i> |

SMEAR SURVEY RESULTS

SAMPLE NO	LOCATION	CPM		SAMPLE NO	LOCATION	CPM	
		NUCLIDE				NUCLIDE	
<i>1</i>		<i>16</i>	<i>¹⁴C</i>				
<i>2</i>		<i>18</i>	<i>"</i>				
<i>3</i>		<i>18</i>	<i>"</i>				
<i>4</i>		<i>15</i>	<i>"</i>				
<i>5</i>		<i>15</i>	<i>"</i>				
<i>6</i>		<i>15</i>	<i>"</i>				
<i>7</i>		<i>16</i>	<i>"</i>				

COMMENTS

Background 16cpm

AREA DIAGRAM AND SAMPLING SITES

