



September 19, 2022

**Henry Ford Hospital  
Radiation Safety Office**  
2799 West Grand Blvd.  
Detroit, Michigan 48202-2689  
(734) 657-4133 Mobile (Preferred)  
(313) 916-8456 Fax

Materials Licensing Branch  
U.S. Nuclear Regulatory Commission, Region III  
2443 Warrenville Road, Suite 210  
Lisle, IL 60532-4352  
(800) 522-3025  
(630) 515-1078 FAX

Dear Sir or Madam:

I am requesting a license amendment to the Henry Ford Health Wyandotte Hospital (HFWH) License (NRC License No. 21-12930-01; Docket 030-02140). Please note that form 313 is found in section 13 below.

**Summary of Requested Changes**

I am requesting to add Syed-Mehdi Ali Jafri, D.O. and Wael Hussein Dabaja, D.O. as Authorized Users. I am also removing Kevin J. Berlin, D.O. as an Authorized User. The changes, are detailed in a manner consistent with NUREG-1556 Volume 9 Revision 3 as follows:

**Item: Description**

**1. Application Type (§8.1)**

Amendment of License Number: 21-12930-01 (Docket 030-32396)

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**2. Applicant's Legal Name and Mailing Address (NUREG 1556 Volume 9 Rev 2 §8.2)**

Henry Ford Health Wyandotte Hospital  
2333 Biddle Avenue  
Wyandotte, MI 48192

**3. Addresses Where Licensed Material Will Be Used/Possessed (§8.3)**

No changes.

**4. Name of Person to be Contacted About this Application (§8.4)**

Alan M. Jackson, MS, CHP  
Radiation Safety Officer  
Henry Ford Hospital  
2799 W. Grand Boulevard  
Detroit, MI 48202-2689

Desk: (313) 916-2739

Fax: (313) 916-8456

Cell: (734) 657-4133 (Preferred)

Email: [Alanjster@gmail.com](mailto:Alanjster@gmail.com) (Best for encrypted documents)

E-mail: [AlanJ@rad.hfh.edu](mailto:AlanJ@rad.hfh.edu) (Encrypted documents are blocked by the firewall)

**5 Radioactive Materials**

No changes.

**6. Purposes for Which Licensed Material will be Used (§8.9)**

No changes.

**7. Individuals responsible for the Radiation Safety Program (§8.10)**

**7.1 Authorized Users (§8.12)**

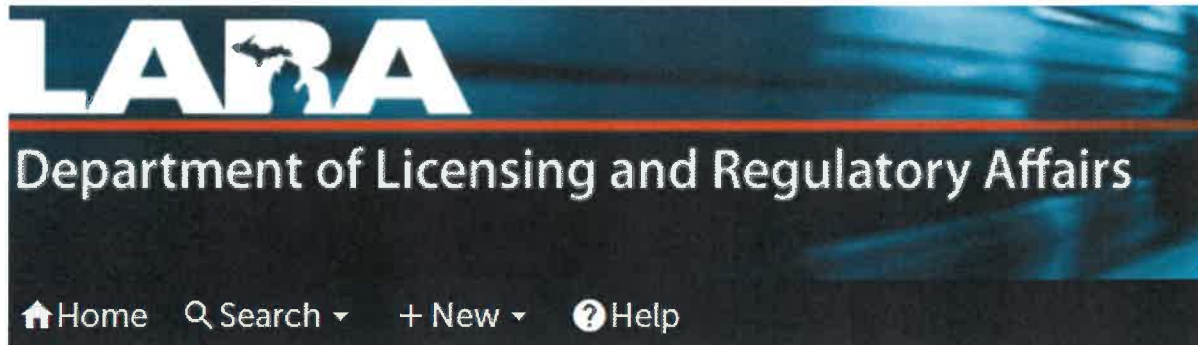
Please establish authorization for the following individual as described below.

| <b>New Authorized User</b> | <b>Material and Use</b> |
|----------------------------|-------------------------|
| Wael Hussein Dabaja, D.O.  | 10 CFR 35.200           |
| Syed-Mehdi Ali Jafri, D.O. | 10 CFR 35.200           |

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### 7.1.1 Wael Hussein Dabaja, D.O.

Please note that Wael Hussein Dabaja, D.O. is currently licensed as an Osteopathic Physician in the State of Michigan under ID number 5101020582. The State of Michigan website listing Dr. Dabaja is shown below:



For assistance in using MiPLUS, please visit [www.michigan.gov/miplus](http://www.michigan.gov/miplus)

Home Licenses Enforcement  
Advanced Search

**Licensed Professional Information:  
Osteopathic Physician 5101020582**

**Licensee Detail**

|   |   |
|---|---|
| <b>License Type:</b><br>Osteopathic Physician | <b>License Number:</b><br>5101020582          |
| <b>Name:</b><br>Wael Hussein Dabaja           |   |
| <b>License Issue Date:</b><br>07/17/2014      | <b>License Expiration Date:</b><br>07/17/2024 |
| <b>License Status:</b><br>Active              | <b>County:</b><br>Wayne                       |

Dr. Dabaja achieved certification in the United States from the American Board of Nuclear Cardiology in January 2019 as shown below:



**7.1.2 Syed-Mehdi Ali Jafri, D.O.**

Please note that Syed-Mehdi Ali Jafri, D.O. is currently licensed as an Osteopathic Physician in the State of Michigan under ID number 5101019241. The State of Michigan website listing Dr. Jafri is shown below:

# Department of Licensing and Regulatory Affairs

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[Home](#) [Licenses](#) [Enforcement](#)

[Advanced Search](#)

## Licensed Professional Information: Osteopathic Physician 5101019241

### Licensee Detail

|   |   |
|---|---|
| <b>License Type:</b><br>Osteopathic Physician | <b>License Number:</b><br>5101019241          |
| <b>Name:</b><br>Syed Mehdi Ali Jafri          |   |
| <b>License Issue Date:</b><br>04/08/2013      | <b>License Expiration Date:</b><br>04/08/2023 |
| <b>License Status:</b><br>Active              | <b>County:</b><br>Oakland                     |

Dr. Jafri achieved certification in the United States from the American Board of Nuclear Cardiology in January 2018 as shown below:

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# Certification Board of Nuclear Cardiology

Incorporated 1996

Part of the Alliance for Physician Certification & Advancement™ Medical Specialty Boards and Certification programs

Certifies That

**Syed Mehdi Ali Jafri, DO**

HAVING MET THE REQUIREMENTS PRESCRIBED BY THIS BOARD FOR PHYSICIANS  
TRAINED IN THE UNITED STATES AND HAVING SATISFACTORILY PASSED  
THE REQUIRED EXAMINATION, IS HEREBY DESIGNATED  
A DIPLOMATE CERTIFIED IN THE SUBSPECIALTY OF  
**NUCLEAR CARDIOLOGY**

VALID: JANUARY 1, 2018 – MARCH 1, 2028



Chairman



Vice-Chairman



CERTIFICATE NUMBER: 11579

**7.2 Remove Authorized Users**

Please remove the following individual from the license:

- Kevin J. Berlin, D.O.

**8. Training Program**

No changes.

**9. Facilities and Equipment**

No changes.

**10 Radiation Protection Program**

No changes

**11 Radioactive Waste Management**

No changes

**12 Fees**

No fee is assessed for this license amendment (also reflected below in form 313).

**13 Certification**

See form 313 below for the needed certification signature.

|  |   |  |                            |
|--|---|--|----------------------------|
| <b>NRC FORM 313</b><br>(08-30-2022)<br>10 CFR 30, 32,<br>33, 34, 35, 36,<br>37, 39, and 40 | <b>U.S. NUCLEAR REGULATORY COMMISSION</b><br><br><b>APPLICATION FOR MATERIALS LICENSE</b> | <b>APPROVED BY OMB: NO. 3150-0120</b><br><small>Estimated burden per response to comply with this mandatory collection request: 43 hours. Submission of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimates to the FOIA, Library, and Information Collections Branch (7-6 A104), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to <a href="mailto:infocollections.Resource@nrc.gov">infocollections.Resource@nrc.gov</a>, and the OMB Reviewer at: OMB Office of Information and Regulatory Affairs, (3150-0120), Attention: Desk Officer for the Nuclear Regulatory Commission, 725 17th Street NW, Washington, DC 20503, e-mail: <a href="mailto:omb_submission@ocr.irs.gov">omb_submission@ocr.irs.gov</a>. The NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the document displays a currently valid OMB control number.</small> | <b>EXPIRES: 01/31/2023</b> |
|--|---|--|----------------------------|

**INSTRUCTIONS: SEE THE CURRENT VOLUMES OF THE NUREG-1556 TECHNICAL REPORT SERIES ("CONSOLIDATED GUIDANCE ABOUT MATERIALS LICENSES") FOR DETAILED INSTRUCTIONS FOR COMPLETING THIS FORM: <http://www.nrc.gov/reading-rm/doc-collections/nuregs/tafr/tafr1556/>. SEND TWO COPIES OF THE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.**

|   |  |
|---|--|
| <b>APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:</b><br>MATERIALS SAFETY AND TRIBAL LIAISON BRANCH<br>DIVISION OF MATERIALS SAFETY, SECURITY, STATE AND TRIBAL PROGRAMS<br>OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS<br>U.S. NUCLEAR REGULATORY COMMISSION<br>WASHINGTON, DC 20555-0001<br><br><b>ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:</b><br><br><b>IF YOU ARE LOCATED IN:</b><br>ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA.<br><br><b>SEND APPLICATIONS TO:</b><br>LICENSING ASSISTANCE TEAM<br>DIVISION OF RADIOLOGICAL SAFETY AND SECURITY<br>U.S. NUCLEAR REGULATORY COMMISSION, REGION III<br>475 ALLENDALE ROAD, SUITE 102<br>KING OF PRUSSIA, PA 19406-1415<br><a href="mailto:RIDRSSMail.Resource@nrc.gov">RIDRSSMail.Resource@nrc.gov</a><br><small>*Note: The preferred method to submit NRC Form 313 is e-mail. Any other document (e.g., financial assurance documents) should be sent via mail.</small> | <b>IF YOU ARE LOCATED IN:</b><br>ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:<br><br>MATERIALS LICENSING BRANCH<br>U.S. NUCLEAR REGULATORY COMMISSION, REGION III<br>2443 WARRENVILLE ROAD, SUITE 210<br>LISLE, IL 60532-4362<br><a href="mailto:RIDNMSMail.Resource@nrc.gov">RIDNMSMail.Resource@nrc.gov</a><br><small>*Note: The preferred method to submit NRC Form 313 is e-mail. Any other documents (e.g., financial assurance documents) should be sent via mail.</small><br><br><b>IF YOU ARE LOCATED IN:</b><br>ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MISSISSIPPI, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING,<br><br><b>SEND APPLICATIONS TO:</b><br><br>MATERIALS LICENSING BRANCH<br>U.S. NUCLEAR REGULATORY COMMISSION, REGION IV<br>1800 E. LAMAR BOULEVARD<br>ARLINGTON, TX 76011-4511<br><a href="mailto:RIDNMSMail.Resource@nrc.gov">RIDNMSMail.Resource@nrc.gov</a><br><small>*Note: The preferred method to submit NRC Form 313 is e-mail. Any other document (e.g., financial assurance documents) should be sent via mail.</small> |
|---|--|

**PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.**

|  |   |  |   |  |  |
|--|---|--|---|--|--|
| <b>1. THIS IS AN APPLICATION FOR (Check appropriate item)</b><br><input type="checkbox"/> A. NEW LICENSE<br><input checked="" type="checkbox"/> B. AMENDMENT TO LICENSE NUMBER <u>21-12930-01</u><br><input type="checkbox"/> C. RENEWAL OF LICENSE NUMBER _____ | <b>2. NAME AND MAILING ADDRESS OF APPLICANT (include zip code)</b><br>Henry Ford Hospital<br>Radiation Safety, K-3<br>2799 W. Grand Boulevard<br>Detroit, MI 48202  |  |   |  |  |
| <b>3. ADDRESS WHERE LICENSED MATERIALS WILL BE USED OR POSSESSED</b><br><br>Henry Ford Wyandotte Hospital<br>2333 Biddle Avenue<br>Wyandotte, MI 48192   | <b>4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION</b><br>Alan M. Jackson, MS, CHP<br><br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><b>BUSINESS TELEPHONE NUMBER</b><br/>(313) 916-2739</td> <td style="width:50%;"><b>BUSINESS CELLULAR TELEPHONE NUMBER</b><br/>(734) 657-4133</td> </tr> <tr> <td colspan="2"><b>BUSINESS E-MAIL ADDRESS</b><br/><a href="mailto:AlanJ@rad.hfh.edu">AlanJ@rad.hfh.edu</a></td> </tr> </table> | <b>BUSINESS TELEPHONE NUMBER</b><br>(313) 916-2739 | <b>BUSINESS CELLULAR TELEPHONE NUMBER</b><br>(734) 657-4133 | <b>BUSINESS E-MAIL ADDRESS</b><br><a href="mailto:AlanJ@rad.hfh.edu">AlanJ@rad.hfh.edu</a> |  |
| <b>BUSINESS TELEPHONE NUMBER</b><br>(313) 916-2739   | <b>BUSINESS CELLULAR TELEPHONE NUMBER</b><br>(734) 657-4133   |  |   |  |  |
| <b>BUSINESS E-MAIL ADDRESS</b><br><a href="mailto:AlanJ@rad.hfh.edu">AlanJ@rad.hfh.edu</a>   |   |  |   |  |  |

**SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.**

|  |   |
|--|---|
| <b>5. RADIOACTIVE MATERIAL</b><br>a. Element and mass number; b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time. | <b>6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.</b>                                      |
| <b>7. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.</b>   | <b>8. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING AND EXPERIENCE.</b> |
| <b>9. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.</b>   | <b>10. FACILITIES AND EQUIPMENT.</b>  |
| <b>11. RADIATION SAFETY PROGRAM</b>  | <b>12. WASTE MANAGEMENT.</b>  |

|   |   |  |
|---|---|--|
| <b>12. LICENSE FEES (Fees required only for new applications, with few exceptions*)</b><br><small>(See 10 CFR 170 and Section 170.31)<br/>         *Amendments/Renewals that increase the scope of the existing license to a new or higher fee category will require a fee.</small> | <b>FEE CATEGORY</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">7.C</div> | <b>AMOUNT ENCLOSED \$</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> |
|---|---|--|

**PER THE DEBT COLLECTION IMPROVEMENT ACT OF 1990 (PUBLIC LAW 104-134), YOU ARE REQUIRED TO PROVIDE YOUR TAXPAYER IDENTIFICATION NUMBER, PROVIDE THIS INFORMATION BY COMPLETING NRC FORM 531: <https://www.nrc.gov/reading-rm/doc-collections/forms/nrc531info.html>.**

**13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.**

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 37, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 (25 STAT. 749) MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

|  |                   |             |
|--|-------------------|-------------|
| <b>CERTIFYING OFFICER - TYPED/PRINTED NAME AND TITLE</b> | <b>SIGNATURE</b>  | <b>DATE</b> |
| Lisa Brown, Vice President Radiology Services            | <i>Lisa Brown</i> | 9/16/22     |

| FOR NRC USE ONLY   |         |              |                 |              |          |
|--------------------|---------|--------------|-----------------|--------------|----------|
| TYPE OF FEE        | FEE LOG | FEE CATEGORY | AMOUNT RECEIVED | CHECK NUMBER | COMMENTS |
|                    |         |              | \$              |              |          |
| <b>APPROVED BY</b> |         |              |                 | <b>DATE</b>  |          |



Please feel free to contact me if you should have any questions.

Sincerely,

A handwritten signature in black ink that reads "Alan M. Jackson". The signature is written in a cursive style with a large, stylized initial "A" and a long, sweeping underline.

Alan M. Jackson, MS, CHP  
Radiation Safety Officer