January 13, 2026

Henry Ford Hospital
Radiation Safety Office
2799 West Grand Blvd.
Detroit, Michigan 48202-2689
(734) 657-4133

Materials Licensing Branch
U.S. Nuclear Regulatory Commission, Region III
2056 Westings Ave, NE Suite12000

Honorable Materials Licensing Representative:

Re: Amendment for License No. 21-00258-06
W.A. Foote Memorial Hospital
Henry Ford Health Jackson Hospital
Decommission/Remove Address of Use – Henry Ford Cardiology

Dir Sir/Madam:

We respectfully request an amendment to our NRC license to remove the following address of use:

309 Page Ave
Jackson, MI 49201

Enclosed for your review are the decommissioning documents which includes closeout information, survey and wipe diagram, survey and wipe results, and the sealed source leak test report. The requisite NRC Form 313 is also attached.

This facility was a Nuclear Cardiology clinic doing stress testing. The only unsealed isotopes used were external pharmacy prepared Tc-99m and Tl-201. By the time of the survey all unsealed would have experienced much more than 10 half-lives of decay. No sealed sources were ever found to be leaking. All radioactive material was removed and brought to Henry Ford Health Jackson Hospital location at 205 N. East Avenue Jackson, Michigan 49201. All radioactive material sign and labels were removed.

Thank you for your attention to this matter. Please contact Alan Jackson with any questions. Alan is fully authorized to adjudicate any issues related to this license amendment for this license amendment request.

If you have any questions or require additional information, please contact Alan at 734-657-4133, AlanJ@rad.hfh.edu (or alanjster@gmail.com which is a better e-mail address for any encrypted documents).

Sincerely,

Samir Parikh, M.D.
Radiation Safety Officer

Alan M. Jackson, MS, CHP
Medical Health Physicist

Close-out Survey Information

Close-out Location:

309 Page Ave
Jackson, MI 49201

Date Performed: November 7, 2025

Performed By: Keisha McCall, Alan Jackson, Mayur Vaya, Laura Zundel - Henry Ford Health.

Instruments:

Wipes for contamination performed with the following well counter:

Manufacturer:	Capintec
Model Number:	CRC-55tW
Serial Number:	560121-R
Efficiency Factor:	4 dpm/cpm

Area survey performed with the following survey meter:

Manufacturer:	Ludlum
Type:	GM
Model Number:	Model 14 C
Serial Number:	178436
Probe Model:	End Window Probe
Calibration Date:	4/22/25
Calibration Due Date:	4/22/26

Battery check acceptable:	YES
Operational check acceptable:	YES
Constancy check acceptable:	YES
Check source value:	0.9 mR/hr

Radionuclides Used:

Sealed
Cs-137, Co-57, Ba-133
Unsealed
Tl-201, Tc-99m

All sealed sources were transferred to the Jackson Hospital location. The sealed source leak test is enclosed.

Visual Check: The area was checked to ensure that all radioactive waste had been removed. No evidence of radioactive material was noted.

Radiation Level Survey: No area within the lab demonstrated radiation levels in excess of the background reading of 0.02 mR/hr.

Removable Contamination: No area within the department demonstrated removable contamination in excess of established trigger levels.

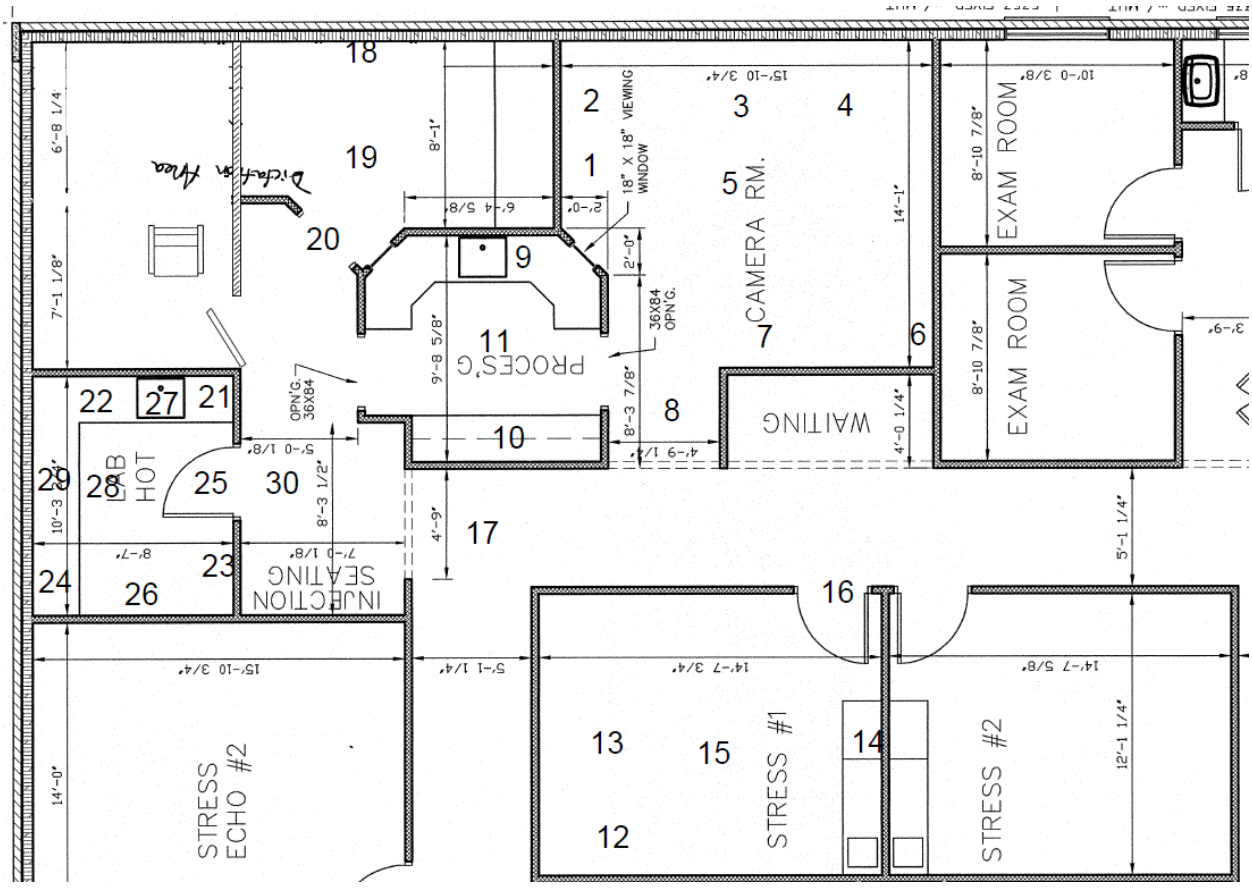
Surveys, Wipes, and Diagrams are enclosed for review.

SECURITY- RELATED INFORMATION- WITHHOLD UNDER 10CFR2.390

CLOSEOUT DIAGRAM – SURVEY AND WIPE AREAS

NUCLEAR MEDICINE IMAGING ROOM/ STRESS ROOM AND HOT LAB

309 Page Ave
Jackson, MI 49201



Background Survey = 0.02 mR/hr **All Area Surveys #1 – #30 = 0.02 mR/hr**

All Wipes were less than established trigger levels. See Wipe results page.

Wipe Test Results

309 Page Ave
Jackson, MI 49201

Area		Cpm	Dpm
1	Floor	197	16
2	Floor	202	21
3	Floor	189	8
4	Floor	180	-1
5	Camera	202	21
6	Floor	159	-22
7	Floor	178	-3
8	Floor	128	-53
9	Counter Top	160	-21
10	Counter Top	171	-10
11	Floor	175	-6
12	Treadmill	153	-28
13	Floor	173	-8
14	Counter Top	154	-27
15	Floor	159	-22
16	Floor	163	-18
17	Floor	155	-26
18	Floor	149	-32
19	Floor	148	-33
20	Floor	151	-30
21	Counter Top	154	-27
22	Counter Top	137	-44
23	Waste Bin	140	-41
24	Telephone	163	-18
25	Floor	151	-30
26	Flor	163	-18
27	Sink	162	-19
28	Floor	173	-8
29	Counter Top	146	-35
30	Floor	188	7

Background = 181 cpm

Sealed Source Leak Test Page Ave

Last Done On:	**1/12/2026**
Background:	**290.6666667**
Count time (s):	**60**
Efficiency:	**0.39**
MDA (µCi):	**5.91E-05**

Next Due Date:
7/21/2026

Source	MN/MDL	Serial number	Calibration Activity	Calibration Date	Gross counts	Count time (s)	Net counts	Removable Activity (µCi)	Is A < MDA?	Is A < 0.005 µCi?	Pass/Fail
Cs-137 Vial	**E&Z/RV-137-200U**	2191-28-9	221.3 uCi	5/1/2021	250	60	-41	-4.70E-05	Yes	Yes	Pass
Co-57 Flood	**E&Z/MED3614-12I**	X1-617	12 mCi	6/1/2024	281	60	-10	-1.12E-05	Yes	Yes	Pass
Ba-133	**E&Z/RV-133-250U**	2191-30-18	268.5 uCi	5/1/2021	275	60	-16	-1.81E-05	Yes	Yes	Pass

Pass* means the amount of activity removed from sealed source was greater than MDA

Comment: The sources listed above were leak tested using a dry wipe technique and were found to have less than 0.005 uCi removable activity. The leak tests were analyzed using instrumentation capable of detecting 185 Bq (0.005 uCi) radioactivity on the wipe.

Performed by: Mayur Vaya

Reviewed by: Alan Jackson

NRC FORM 313 **U.S. NUCLEAR REGULATORY COMMISSION**
(11-25-2025)
10 CFR 30, 32, 33, 34, 35, 36, 37, 39, and 40

APPLICATION FOR MATERIALS LICENSE

APPROVED BY OMB: NO. 3150-0120 **EXPIRES: 07/31/2026**

Estimated burden per response to comply with this mandatory collection request: 4.3 hours. Submittal 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 estimate to the FOIA, Library, and Information Collections Branch (T-6 A10M), U. S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by email to Infocollects.Resource@nrc.gov, and the OMB Reviewer at: OMB Office of Information and Regulatory Affairs, (3150-0120), Attn: Desk Officer for the Nuclear Regulatory Commission, 725 17th Street NW, Washington, DC 20503. The NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the document requesting or requiring the collection displays a currently valid OMB control number.

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/staff/sr1556/. SEND ONE COPY OF THE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW OR ONLINE AT https://www.nrc.gov/security/byproduct/ismp/wbl.html.

APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:

MATERIALS SAFETY AND LICENSING BRANCH
DIVISION OF MATERIALS SAFETY, SECURITY, STATE AND TRIBAL PROGRAMS
OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS
U.S. NUCLEAR REGULATORY COMMISSION
11555 ROCKVILLE PIKE
ROCKVILLE, MD 20852-2738

*NOTE: The preferred method to submit NRC Form 313 is online at https://www.nrc.gov/security/byproduct/ismp/wbl.html or email at LBLicensingAssistant.Resource@nrc.gov.
Any other documents (e.g., financial assurance documents) should be sent via email.

ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:

IF YOU ARE LOCATED IN:

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:

MATERIALS LICENSING BRANCH
DIVISION OF RADIOLOGICAL SAFETY AND SECURITY
U.S. NUCLEAR REGULATORY COMMISSION, REGION III
2056 WESTINGS AVENUE, SUITE 400
NAPERVILLE, IL 60563-2657

*NOTE: The preferred method to submit NRC Form 313 is online at https://www.nrc.gov/security/byproduct/ismp/wbl.html or email at R3-DRSSMAIL.Resource@nrc.gov.
Any other documents (e.g., financial assurance documents) should be sent via email.

IF YOU ARE LOCATED IN:

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,

SEND APPLICATIONS TO:

LICENSING ASSISTANCE TEAM
DIVISION OF RADIOLOGICAL SAFETY AND SECURITY
U.S. NUCLEAR REGULATORY COMMISSION, REGION I
475 ALLENDALE ROAD, SUITE 102
KING OF PRUSSIA, PA 19406-1415

*NOTE: The preferred method to submit NRC Form 313 is online at https://www.nrc.gov/security/byproduct/ismp/wbl.html or email at R1DRSSMail.Resource@nrc.gov.
Any other documents (e.g., financial assurance documents) should be sent via email.

IF YOU ARE LOCATED IN:

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,

SEND APPLICATIONS TO:

MATERIALS LICENSING BRANCH
DIVISION OF RADIOLOGICAL SAFETY AND SECURITY
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV
1600 E. LAMAR BOULEVARD
ARLINGTON, TX 76011-4511

*NOTE: The preferred method to submit NRC Form 313 is online at https://www.nrc.gov/security/byproduct/ismp/wbl.html or email at R4licensing@nrc.gov.
Any other documents (e.g., financial assurance documents) should be sent via email.

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.

1. THIS IS AN APPLICATION FOR *(Check appropriate item)*

- ☐ A. NEW LICENSE
- ☑ B. AMENDMENT TO LICENSE NUMBER 21-00258-06
- ☐ C. RENEWAL OF LICENSE NUMBER

2. NAME AND MAILING ADDRESS OF APPLICANT *(Include zip code)*

W.A. Foote Memrial Hospital
d/b/a Henry Ford Health Jackson Hospital
205 N. East Avenue
Jackson, Michigan 49201

3. LIST ADDRESS AND/OR TEMPORARY JOB SITE (TJS) ADDRESS, WHERE LICENSED MATERIALS WILL BE USED OR POSSESSED

W.A. Foote Memrial Hospital
d/b/a Henry Ford Health Jackson Hospital
205 N. East Avenue
Jackson, Michigan 49201

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

Alan M. Jackson, MS, CHP

BUSINESS TELEPHONE NUMBER	BUSINESS CELLULAR TELEPHONE NUMBER
3139162739	7346574133

BUSINESS EMAIL ADDRESS
alanj@rad.hfh.edu

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 APPLICABLE **LICENSING GUIDANCE**.

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

12. LICENSE FEES (Fees required only for new applications, at time of application submission, with few exceptions*) *(See 10 CFR 170 and Section 170.31)*
***Amendments/Renewals that increase the scope of the existing license to a new or higher fee category will require a fee.**

FEE CATEGORY: 7C — AMOUNT TO BE PAID VIA www.pay.gov: $ 0.00

PER THE DEBT COLLECTION IMPROVEMENT ACT OF 1996 (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. FAX THE COMPLETED NRC FORM 531 TO (301) 415-6725.

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, 62 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.

CERTIFYING OFFICER – TYPED/PRINTED NAME AND TITLE	SIGNATURE	DATE
Lisa Brown, Vice President Radiology	Lisa Brown	1/13/26

Martha Pavon

From: Tammy Tomczak
Sent: Tuesday, January 13, 2026 11:17 AM
To: Martha Pavon
Cc: Sandy Pavon
Subject: FW: License amendment to remove Page Avenue
Attachments: Decomission and Close Page Ave 1-2026.pdf

Good morning, Martha 😊

Can you please add the attached to ADAMS?

Thank you!!
Tammy

From: Jackson, Alan (RSO) <alanj@rad.hfh.edu>
Sent: Tuesday, January 13, 2026 11:14 AM
To: R3-DRSSMail Resource <R3-DRSSMail.Resource@nrc.gov>
Cc: Tammy Tomczak <Tammy.Tomczak@nrc.gov>; Vaya, Mayur <mayurv@rad.hfh.edu>
Subject: [External_Sender] License amendment to remove Page Avenue

Tammy,

A license amendment for our Jackson Michigan hospital is attached.

Thanks!

-Alan

Alan M. Jackson, MS, CHP
Radiation Safety Officer
Henry Ford Hospital
2799 West Grand Boulevard
Detroit, MI 48202
(734) 657-4133 Cell
E-mail: AlanJ@rad.hfh.edu
Pronouns: He, him, his (gender neutral pronouns can also be used)
HENRY FORD HEALTH

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