DL-070897_02

COMMONWEALTH OF PUERTO RICO
DEPARTMENT OF HEALTH
OFFICE OF THE SECRETARY

July 8, 1997

NUCLEAR MATERIALS SAFETY SECTION
U.S. NRC - Region II
Atlanta Federal Center
61 Forsyth Street, SW
Suite 23T85
Atlanta GA 30303

Dear Sirs:

Enclosed you will find NRC form 314 in which we request the termination of our license #5213398-02.

If you need more information, please call.

Sincerely

David Saldaña
Director
Radiological Health Division
(787) 274-7815

257558

CALL BOX 70184 SAN JUAN, PUERTO RICO 00936

NRC FORM 314
(9-94)
10 CFR 30.36(d)(1)(iv)
10 CFR 40.42(d)(1)(iv)
10 CFR 70.38(d)(1)(iv)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0028
EXPIRES: 05/31/95
ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST: 30 MINUTES. THIS MANDATORY SUBMITTAL IS USED BY NRC AS PART OF THE BASIS FOR ITS DETERMINATION THAT THE FACILITY HAS BEEN CLEARED OF RADIOACTIVE MATERIAL BEFORE THE FACILITY IS RELEASED FOR UNRESTRICTED USE. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (MNBB 7714), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555-0001, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0028), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.

CERTIFICATE OF DISPOSITION OF MATERIALS

INSTRUCTIONS: ALL ITEMS MUST BE COMPLETED — PRINT OR TYPE
SEND THE COMPLETED CERTIFICATE TO THE NRC OFFICE SPECIFIED ON THE REVERSE

LICENSEE NAME AND ADDRESS
PUERTO RICO DEPARTMENT OF HEALTH
RADIOLOGICAL HEALTH DIVISION
PO BOX 70184
SAN JUAN PR 00936

LICENSE NUMBER: 5213398-02

LICENSE EXPIRATION DATE: July 31, 1996

A. MATERIALS DATA *(Check one and complete as necessary)*

THE LICENSEE OR ANY INDIVIDUAL EXECUTING THIS CERTIFICATE ON BEHALF OF THE LICENSEE CERTIFIES THAT:
(Check and/or complete the appropriate item(s) below.)

[ ] 1. NO MATERIALS HAVE EVER BEEN PROCURED OR POSSESSED BY THE LICENSEE UNDER THIS LICENSE.

OR

[x] 2. ALL ACTIVITIES AUTHORIZED BY THE LICENSE HAVE CEASED AND ALL MATERIALS PROCURED AND/OR POSSESSED BY THE LICENSE NUMBER CITED ABOVE HAVE BEEN DISPOSED OF IN THE FOLLOWING MANNER. *(If additional space is needed, use the reverse side or provide attachments.)*

Describe specific material transfer actions and, if there were radioactive wastes generated in terminating this license, the disposal actions including the disposition of low level radioactive waste, mixed waste, Greater than Class C waste, and sealed sources, if applicable.

For transfers, specify the date of the transfer, the name of the license recipient, and the recipient's NRC license number or Agreement State name and license number.

Sr-90 eye applicator tranferred to N.I.S.T.
(see NBS 796-A enclosure)

If materials were disposed of directly by the licensee rather than transferred to another licensee, licensed disposal site or waste contractor, describe the specific disposal procedures *(e.g., decay in storage)*

All Am-241 Ampules used as calibration standards.

B. OTHER DATA

[ ] 1. OUR LICENSE HAS NOT YET EXPIRED; PLEASE TERMINATE IT.

2. A RADIATION SURVEY WAS CONDUCTED BY THE LICENSEE TO CONFIRM THE ABSENCE OF LICENSED RADIOACTIVE MATERIALS AND TO DETERMINE WHETHER ANY CONTAMINATION REMAINS ON THE PREMISES COVERED BY THE LICENSE. *(Check one)*

[ ] NO *(Attach explanation)*
[x] YES, THE RESULTS *(Check one)*
  [x] ARE ATTACHED, or
  [ ] WERE FORWARDED TO NRC ON *(Date)*

3. THE PERSON TO BE CONTACTED REGARDING THE INFORMATION PROVIDED ON THIS FORM	NAME	TELEPHONE NUMBER *(Include Area Code)*
	David Saldaña	(787) 274-7815

4. MAIL ALL FUTURE CORRESPONDENCE REGARDING THIS LICENSE TO

Same as #3 above.

257558

CERTIFYING OFFICIAL

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

PRINTED NAME AND TITLE	SIGNATURE	DATE
David Saldaña, Director Radiological Health Division	David Saldaña	07/07/97

WARNING: FALSE STATEMENTS IN THIS CERTIFICATE MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. NRC REGULATIONS REQUIRE THAT SUBMISSIONS TO THE NRC BE COMPLETE AND ACCURATE IN ALL MATERIAL RESPECTS. 18 U.S.C. SECTION 1001 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 JURISDICTIONS.

Location of wipe Samples

RADIOLOGICAL HEALTH DIVISION
BUILDING A. PSIQUIATRY HOSPITAL
RADIOCHEMISTRY LABORATORY

1) Inside Radiactive Material Box

2) Outside Radiactive Material Box (counter)

3) Fume Hood

4) Front counter (balance)

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#1

LEAK TEST CERTIFICATE

Date Performed July 3- 1997
Duration of Count 64 min

Unit Numl Am-241
Instrument

ACTIVITY OF WIPE TEST

$$A(s) = \frac{Cs - Cb}{EFF \times 2.2 \times 10^6} = \frac{(6.8-3.1)}{(0.181)2.22 \times 10^6} \approx 9.2\times10^{-6}\ uCi$$

Where:

A(s) = Net Sample Activity in Microcuries

Cs = Sample Count Rate

Cb = Background Count Rate

2.22×10^6 = Conversion Factor From DPM to Microcuries

Instrumentation Used: Gas Flow Alpha Beta Counter Model 2404 Camberra.

OBSERVATIONS:

As requested for NRC License termination

TEST PERFORMED BY:

David Saldaña
Name

Signature

Radiological Health Program Director
Position

257553

#2

LEAK TEST CERTIFICATE

Date Performed July 3- 1997
Duration of Count 75 min.

Unit Number Am-241
Instrument

ACTIVITY OF WIPE TEST

$$A(s) = \frac{Cs - Cb}{EFF \times 2.22 \times 10^6} = \frac{(6.2-3.1)}{(0.181)2.22 \times 10^6} = 7.7\times10^{-6}\ uCi$$

Where:

A(s) = Net Sample Activity in Microcuries.

Cs = Sample Count Rate

Cb = Background Count Rate

2.22×10^6 = Conversion Factor From DPM to Microcuries.

Instrumentation Used: Gas Flow Alpha Beta Counter Model 2404 Camberra.

OBSERVATIONS:

As requested for NRC License termination

TEST PERFORMED BY:

David Saldaña
Name

Signature

Radiological Health Program Director
Position

257558

#3

LEAK TEST CERTIFICATE

Date Performed July 3, 1997
Duration of Count 103 min.

Unit Number AM-241
Instrument

ACTIVITY OF WIPE TEST

$$A(s) = \frac{Cs - Cb}{EFF \times 2.22 \times 10^6} = \frac{(5.8-3.1)}{(0.181)2.22 \times 10^6} = 6.7\times10^{-6}\text{uCi}$$

Where:

A(s) = Net Sample Activity in Microcuries

Cs = Sample Count Rate

Cb = Background Count Rate

2.22×10^6 = Conversion Factor From DPM to Microcuries

Instrumentation Used: Gas Flow Alpha Beta Counter Model 2404 Camberra.

OBSERVATIONS:

As requested for NRC License termination.

TEST PERFORMED BY:

David Saldaña
Name

Signature

Radiological Health Program Director
Position

#4

LEAK TEST CERTIFICATE

Date Performed July 3- 1997
Duration of Count 85 min.

Unit Number Am-241
Instrument

ACTIVITY OF WIPE TEST

$$A(s) = \frac{Cs - Cb}{EFF \times 2.22 \times 10^6} = \frac{(4.8-3.1)}{(0.181)2.22 \times 10^6} = 4.2\times10^{-6}\ uCi$$

Where:

A(s) = Net Sample Activity in Microcuries

Cs = Sample Count Rate

Cb = Background Count Rate

2.22×10^6 = Conversion Factor From DPM to Microcuries.

Instrumentation Used: Gas Flow Alpha Beta Counter Model 2404 Camberra.

OBSERVATIONS:

As requested for NRC License termination

TEST PERFORMED BY:

David Saldaña
Name

Signature

Radiological Health Program Director
Position

257558

NBS 796A
(3 83)

U.S. DEPARTMENT OF COMMERCE
National Bureau of Standards

SHIPPER'S DECLARATION FOR RADIOACTIVE MATERIALS

Two Completed and Signed Copies of this Declaration Shall Be Handed to the Carrier

Shipper DEPARTMENT OF HEALTH
RADIOLOGICAL HEALTH DIVISION
P.O.BOX 70184
SAN JUAN PR 00936 - 8184

Consignee
National Institute of Standards and Technology
I-270 at Quince Orchard Road
B-131 Radiation Physics
Gaithersburg, MD 20899-001
Attn: Health Physics / C.G. Soares

Air Waybill No.

Page 1 of 5 Pages

Shipper's Reference Number
(optional)

TRANSPORT DETAILS

This shipment is within the limitations prescribed for
[X] Passenger aircraft—and contains radioactive material intended for use in or incident to research or medical diagnosis or treatment
[ ] Cargo only aircraft

Airport of
Departure
Destination

WARNING

Failure to comply in all respects with the applicable Dangerous Goods Regulations may be in breach of the applicable law, subject to legal penalties. This Declaration must not, in any circumstances, be completed and/or signed by a consolidator, a forwarder or an IATA cargo agent

Shipment Type: RADIOACTIVE

NATURE AND QUANTITY OF DANGEROUS GOODS

Dangerous Goods Identification: Proper Shipping Name	Class	UN No.	Subsidiary Risk	• Name or Symbol of Radionuclide, • Chemical Form and Physical State, • Number of Packages of Same Type & Content, • Package Type and Activity (stated in Curies.)	Label (For Yellow Labels, give T. I. & Pkg. Dim)	Additional Authorization Certificates Attached
Radioactive Material,						
[ ] Limited Quantity, N.O.S.	7	UN2910		Sr - 90	Yellow II	[ ] Special Form
[ ] Instruments and Articles	7	UN2911		Solid	T.I. = 0.1	[ ] Type B package design
[ ] Low Specific Activity (LSA), N.O.S.	7	UN2912		1 package	1-5 gal drum	[ ] Type B(M) package shipment
[ ] Fissile, N.O.S., Class I, II, III	7	UN2918		Type A		[ ] Fissile Material package design
[ ] Special Form, N.O.S.	7	UN2974		1850 MBq		[ ] Fissile Material package shipment
[X] N.O.S.	7	UN2982				[ ] Special Arrangement

SURFACE CONTAMINATION α ..... DPM/100 CM²
β DPM/100 CM²

MAXIMUM AT SURFACE 5 m REM/hr

[ ] TYPE A SECURITY SEAL NO _____
[ ] NRC 71.54 CHECKS COMPLETED
[ ] TYPE B CLOSURE SEAL APPLIED

Additional Handling Information

257553

I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labelled, and are in all respects in the proper condition for transport by air according to the applicable International and National Government Regulations.

NBS Health Physicist

NAME/TITLE OF SIGNATORY

Place and Date

Signature
(see warning above)

274-7816

Los envíos pueden estar sujetos a aranceles e impuestos en destino
Shipments May Be Subject To Duties And Taxes At Destination

400-9516 4510

PARA TODOS LOS ENVÍOS INTERNACIONALES
FOR ALL INTERNATIONAL SHIPMENTS
PACKAGE TRACKING NUMBER

257558

Fecha del envío Date of Shipment	Origin Station I.D. (FedEx use only)	Dest. Station I.D. (FedEx use only)	URSA Routing (FedEx use only)
4/4/97		GHI	XB/GAT

1 Numero de cuenta Federal Express del remitente / Sender's Federal Express Account Number

Número de teléfono (Es muy importante) / Phone Number (Very Important)

DE (Su nombre en letra de imprenta, por favor) FROM (Your Name) Please Print

Compañía/Company: División Salud Radiológica/Depto. Salud

Depto./Piso/Dept./Floor No.:

Dirección exacta/Exact Street Address: P.O. Box 70184 Antiguo Hosp.Psiquiatría

Dirección exacta/Exact Street Address: Bo. Monacillos Río Piedras

Ciudad/City: San Juan

Estado/Provincia/State/Province: Puerto Rico

País/Country:

Código postal/ZIP/Postal Code: 00936-8184

2 Información de referencia sobre la facturación interna del remitente (Opcional) (Los primeros 24 caracteres aparecerán en la factura) / Sender's Internal Billing Reference Information (Optional) (First 24 Characters Will Appear On Invoice)

3 PARA: (El nombre del destinatario en letra de imprenta, por favor) TO: (Recipient's Name) Please Print

Número de teléfono (Es muy importante asegurar la entrega) / Phone Number (Very Important To Ensure Delivery)

Compañía/Company: N.I.S.T. / Attn. C.G. Soares

Depto./Piso/Dept./Floor No.:

Dirección exacta/Exact Street Address: I-270 at Quince Orchard Road

Dirección exacta/Exact Street Address: B-131 Radiation Physics

Ciudad/City: Gaithersburg

Estado/Provincia/State/Province:

País/Country:

Código postal/ZIP/Postal Code: 20899-001

4 SERVICIOS/SERVICES

Marque solo un recuadro / Check Only One Box

1. [x] FedEx International Priority
6. [ ] NEW FedEx International First (Disponible en ciertas localidades de los EE.UU.) / (Available in certain locations in the U.S. only)
7. [ ] FedEx International Priority Freight

5 EMBALAJE/PACKAGING — Marquese lo que proceda / Must check one box

8. [ ] FEDEX Letter/Envelope
9. [ ] FEDEX Pak
10. [x] Otro tipo de embalaje / Other Packaging

6 INSTRUCCIONES DE ENTREGA/MANIPULACION DELIVERY/HANDLING INSTRUCTIONS

Marque el recuadro correspondiente / Check boxes required

1. [ ] Retener hasta su recogida / Hold for Pick-up
11. [ ] DESCRIPCION/DESCRIPTION
4. [ ] Broker Selection
2. [ ] Entregar en día de semana / Deliver Weekday
3. [ ] Entregar el sábado / Deliver Saturday
10. [ ]

ARTICULOS PELIGROSOS/DANGEROUS GOODS

7 COSTOS DE TRANSPORTE/TRANSPORTATION CHARGES

1. [ ] Pagaremos el remitente / Bill Sender
4. [ ] Tarjeta de crédito / Credit Card
2. [ ] Pagaremos el destinatario / Bill Recipient
5. [ ] Efectivo/cheque / Cash/Check
3. [ ] Pagaremos a la persona / Bill 3rd Party

No. de cuenta FEDEX o tarjeta de crédito / Bill to FEDEX Acct. or Credit Card No.

Fecha de vencimiento / Expiration Date

Approval Code

8 ARANCELES E IMPUESTOS/DUTIES AND TAXES

1. [ ] Pagaremos el remitente / Bill Sender
2. [ ] Pagaremos el destinatario / Bill Recipient
3. [ ] Pagaremos a la persona / Bill 3rd Party

Todos los envíos internacionales requieren documentos de origen y facturas, puedan estar sujetos al pago de aranceles de aduanas.

No. de cuenta FEDEX o tarjeta de crédito / Bill to FEDEX Acct. or Credit Card No.

Fecha de vencimiento / Expiration Date

Approval Code

9 INFORMACIÓN ACERCA DEL ENVÍO / SHIPMENT INFORMATION

FedEx no puede calcular los costos de aduana. FedEx cannot estimate Customs duties

No. presentes (Cuenta y carga del expedidor - SLAC) / Number of Packages (Shippers Load and Count - SLAC)	Total Weight/Peso total (Check One Box and Enter Weight)	País de fabricación / Country of Manufacture	Valor total declarado para transporte / Total Declared Value for Carriage	Valor total declarado para aduanas / Total Declared Value for Customs
1	3 [x] lbs. [ ] kgs.	US	N/A	N/A

Descripción completa del contenido/Harmonized code / Complete Description of Contents/Harmonized Code

Número de identificación para fines de aduana (ej. IN/NATEIN, o según se requiera en la localidad) / Recipient's ID Number for Customs Purposes (e.g. IN/NATEIN, or as locally required)

10 SENDER'S SIGNATURE

SE REQUIERE LA FIRMA DEL REMITENTE / SENDER'S SIGNATURE Required X

[ ] Dim Shipment — Chargeable Weight ____ [ ] lbs. [ ] kgs. — Total Volume ____ [ ] in. [ ] cm.

Handling Units ____ [ ] CI Attached [ ] SED Attached [ ] CO Attached

Base Charges 198.25 — Dec. Val. Chrg. — Other — COD/COA — Total 198.25

Audit Emp. # — Date — Time

247.

SHIPPER'S COPY