

RADIOLOGY DEPARTMENT
PHONE NUMBER 1 540 994 8480



Pulaski Community Hospital

Trust Your Health To Us
Pulaski, Virginia

2400 Lee Highway, P.O. Box 759
Pulaski, Virginia 24301

*April McMillan FAX # 540 994 8392
phone # 540 994 8480*

FAX COVER SHEET

TO: *Bryan A. Parker*
NUMBER: *404-562-4955*

NUMBER OF PAGES (INCLUDING COVER SHEET): *2*

SUBJECT: *In reference to the 6 questions that needed to be answered in order to complete our request for name change. If not satisfactory, please call me back. Thanks!*

FROM:
NUMBER: FAX NUMBER (540) 994 8392

Pulaski Community Hospital
Pulaski, Virginia

1. **Provide a complete description of the transaction (transfer of stocks or assets, or merger). Indicate whether the name has changed and include the new name. Include the name and telephone number of a licensee contact who NRC may contact if more information is needed.**

Columbia/HCA Healthcare, the parent company of Columbia Pulaski Community Hospital, has changed its name to HCA Healthcare. It is strictly a name change with no transfer of stocks or assets or merger. Resulting from that change, the parent company requested that all hospitals remove the word Columbia from their local name. This request to the USNRC is consistent with that change.

RSO Dr. Steven Jonakin is the licensee contact. Call 540/994-8480.

2. **Describe any changes in personnel or duties that relate to the licenses program. Include training and experience for new personnel.**

No changes in personnel have resulted from this name change.

3. **Describe any changes in the organization, location, facilities, equipment or procedures that relate to the licensed program.**

No changes in organization, location, facilities, equipment or procedures have resulted from this name change.

4. **Describe the status of the surveillance program (surveys, wipe tests, quality control) at the present time and the expected status at the time that control is to be transferred.**

There is no change in the surveillance program currently in place resulting from this name change.

5. **Confirm that all records concerning the safe and effective decommissioning of the facility will be transferred to the transferee or to NRC, as appropriate. These records include documentation of surveys of ambient radiation levels and fixed and/or removable contamination, including methods and sensitivity.**

All records remain at the site and under the control of the original licensed operation.

6. **Confirm that the transferee will abide by all constraints, conditions, requirements and commitments of the transferor or that the transferee will submit a complete description of the proposed licensed program.**

Since there has been no change in personnel, site, etc., and only a request to change the name on the license, the hospital remains committed to the conditions of this licensed program as detailed in our most recent application.