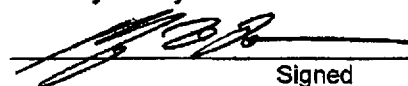


**To:** Colleen Murnahan**Fax:** 817-860-8263**From:** Doug Johnson**Phone:** 650-424-5850**Date:** 10/31/2001**Pages:** 1**Re:** Notice of Proposed Reciprocity Activity

OCT 31 2001

<b>Licensee Name</b> Varian Medical Systems, Inc. 3140 Hansen Way, MS F-055 Palo Alto, CA 94304	<b>Licensee Contact</b> Doug Johnson, Alternate RSO Tel: (650) 424-5850 Fax: (650) 842-5051  Tony Sorensen, Radiation Safety Officer Tel: (650) 424-6662
<b>License Information</b> California, Department of Health Services License Number: 1025-43 Expiration Date: 11/25/97 (timely renewal)	<b>Authorized User</b> Richard Nusspickel Telephone: (800) 864-1672
<b>Work Activity Scheduled</b> Source Wire Exchange	<b>Scheduled Work Date(s)</b> From 10/31/01 to 10/31/01
<b>Description of Device</b> Varian Medical Systems, Inc. VariSource High Dose Rate (HDR) Remote Afterloader SS&D: CA661D103S	
<b>Description of Source</b> Varian Medical Systems, Inc. Model VS2000 SS&D: CA1080S102S	
<b>Site Name &amp; Location</b> Divine Providence Hospital 1100 Grampian Blvd. Williamsport, PA 17740	<b>Site Contact</b> William Pan 570-321-2400
<b>Comments:</b> This job will be rescheduled due to source shipping delay *  RTS 000537	

I hereby certify that the above information is true and complete.

  
SignedOctober 31, 2001  
Date

Revision 3



Signature

Title:

Colleen Murnahan  
Licensing Assistant

11/01/01

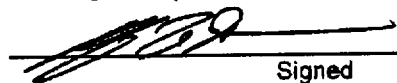
**To: Colleen Mumahan****Fax: 817-860-8263**

OCT 29 2001

**From: Doug Johnson****Phone: 650-424-5850****Date: 10/29/2001****Pages: 1****Re: Notice of Proposed Reciprocity Activity**

<b>Licensee Name</b> Varian Medical Systems, Inc. 3140 Hansen Way, MS F-055 Palo Alto, CA 94304	<b>Licensee Contact</b> Doug Johnson, Alternate RSO Tel: (650) 424-5850 Fax: (650) 842-5051  Tony Sorensen, Radiation Safety Officer Tel: (650) 424-6662
<b>License Information</b> California, Department of Health Services License Number: 1025-43 Expiration Date: 11/25/97 (timely renewal)	<b>Authorized User</b> Richard Nusspickel Telephone: (800) 864-1672
<b>Work Activity Scheduled</b> Source Wire Exchange	<b>Scheduled Work Date(s)</b> From 10/31/01 to 10/31/01
<b>Description of Device</b> Varian Medical Systems, Inc. VarSource High Dose Rate (HDR) Remote Afterloader SS&D: CA661D103S	
<b>Description of Source</b> Varian Medical Systems, Inc. Model VS2000 SS&D: CA1080S102S  Iridium-192, Special Form, Sealed Source Maximum Activity: 13 curies (shipped) 10 curies (installed)	
<b>Site Name &amp; Location</b> Divine Providence Hospital 1100 Grampian Blvd. Williamsport, PA 17740	<b>Site Contact</b> William Pan 570-321-2400
<b>Comments:</b> Customer out of wire cycles must have source exchanged to continue treatments  RTS 000537	

I hereby certify that the above information is true and complete.

  
Signed

October 29, 2001

Date

  
Christi Hernandez  
Health Physicist

10/30/01

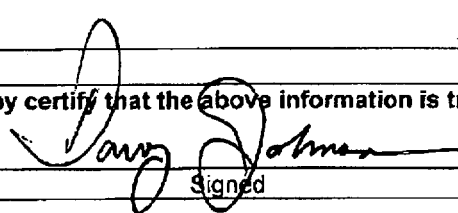


NOV 2 2001

**To:** Colleen Murnahan**Fax:** 817-860-8263**From:** Doug Johnson**Phone:** 650-424-5850**Date:** 11/2/01**Pages:** 1**Re:** Notice of Proposed Reciprocity Activity

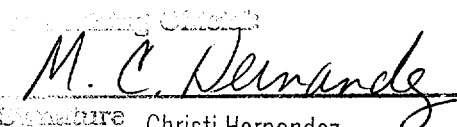
<b>Licensee Name</b> Varian Medical Systems, Inc. 3140 Hansen Way, MS F-055 Palo Alto, CA 94304	<b>Licensee Contact</b> Doug Johnson, Alternate RSO Tel: (650) 424-5850 Fax: (650) 842-5051  Tony Sorensen, Radiation Safety Officer Tel: (650) 424-6662
<b>License Information</b> California, Department of Health Services License Number: 1025-43 Expiration Date: 11/25/97 (timely renewal)	<b>Authorized User</b> David Kuligowski Telephone: (800) 864-1672
<b>Work Activity Scheduled</b> Source Wire Exchange	<b>Scheduled Work Date(s)</b> From 11/7/01 to 11/8/01
<b>Description of Device</b> Varian Medical Systems, Inc. VariSource High Dose Rate (HDR) Remote Afterloader SS&D: CA661D103S	
<b>Description of Source</b> Varian Medical Systems, Inc. Model VS2000 SS&D: CA1080S102S  Iridium-192, Special Form, Sealed Source Maximum Activity: 13 curies (shipped) 10 curies (installed)	
<b>Site Name &amp; Location</b> Bay Regional Oncology Center 3180 East Midland Road Bay City, MI 48670	<b>Site Contact</b> Larry Langrill 517-667-6670
<b>Comments:</b> N/A  RTS 000522	

I hereby certify that the above information is true and complete.

  
Signed

November 2, 2001

Date

  
Signature Christi Hernandez  
Health Physicist  
11/5/01



NOV 2 2001

To: Colleen Murnahan

Fax: 817-860-8263

From: Doug Johnson

Phone: 650-424-5850

Date: 11/2/01

Pages: 1

Re: Notice of Proposed Reciprocity Activity

<b>Licensee Name</b> Varian Medical Systems, Inc. 3140 Hansen Way, MS F-055 Palo Alto, CA 94304	<b>Licensee Contact</b> Doug Johnson, Alternate RSO Tel: (650) 424-5850 Fax: (650) 842-5051  Tony Sorensen, Radiation Safety Officer Tel: (650) 424-6662
<b>License Information</b> California, Department of Health Services License Number: 1025-43 Expiration Date: 11/25/97 (timely renewal)	<b>Authorized User</b> David Kuligowski Telephone: (800) 864-1672
<b>Work Activity Scheduled</b> Source Wire Exchange	<b>Scheduled Work Date(s)</b> From 11/7/01 to 11/8/01
<b>Description of Device</b> Varian Medical Systems, Inc. VariSource High Dose Rate (HDR) Remote Afterloader SS&D: CA661D103S	
<b>Description of Source</b> Varian Medical Systems, Inc. Model VS2000 SS&D: CA1080S102S  Iridium-192, Special Form, Sealed Source Maximum Activity: 13 curies (shipped) 10 curies (installed)	
<b>Site Name &amp; Location</b> Mid-Michigan Regional Medical Center 4005 Orchard Drive Midland, MI 48670	<b>Site Contact</b> Larry Langrill 517-839-3450
<b>Comments:</b> N/A  RTS 000523	

I hereby certify that the above information is true and complete.

November 2, 2001

Date

Christi Hernandez  
Health Physicist

11/5/01

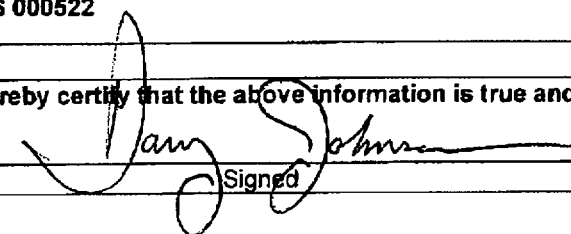


NOV 5 2001

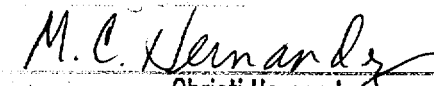
**To:** Colleen Murnahan**Fax:** 817-860-8263**From:** Doug Johnson**Phone:** 650-424-5850**Date:** 11/5/01**Pages:** 1**Re:** Notice of Proposed Reciprocity Activity

<b>Licensee Name</b> Varian Medical Systems, Inc. 3140 Hansen Way, MS F-055 Palo Alto, CA 94304	<b>Licensee Contact</b> Doug Johnson, Alternate RSO Tel: (650) 424-5850 Fax: (650) 842-5051  Tony Sorensen, Radiation Safety Officer Tel: (650) 424-6662
<b>License Information</b> California, Department of Health Services License Number: 1025-43 Expiration Date: 11/25/97 (timely renewal)	<b>Authorized User</b> David Kuligowski Telephone: (800) 864-1672
<b>Work Activity Scheduled</b> Source Wire Exchange	<b>Scheduled Work Date(s)</b> From 11/12/01 to 11/13/01
<b>Description of Device</b> Varian Medical Systems, Inc. VariSource High Dose Rate (HDR) Remote Afterloader SS&D: CA661D103S	
<b>Description of Source</b> Varian Medical Systems, Inc. Model VS2000 SS&D: CA1080S102S  Iridium-192, Special Form, Sealed Source Maximum Activity: 13 curies (shipped) 10 curies (installed)	
<b>Site Name &amp; Location</b> Bay Regional Oncology Center 3180 East Midland Road Bay City, MI 48670	<b>Site Contact</b> Larry Langrill 517-667-6670
<b>Comments:</b> This service call was originally scheduled for 11/7 & 11/8. It is being deferred to 11/12 through 11/13 to accommodate a change in the service schedule.  RTS 000522	

I hereby certify that the above information is true and complete.

  
\_\_\_\_\_  
Signed \_\_\_\_\_ November 5, 2001  
Date \_\_\_\_\_



  
\_\_\_\_\_  
Signature Christi Hernandez  
Health Physicist

11/6/01



NOV 5 2001

**To:** Colleen Murnahan**Fax:** 817-860-8263**From:** Doug Johnson**Phone:** 650-424-5850**Date:** 11/5/01**Pages:** 1**Re:** Notice of Proposed Reciprocity Activity

<b>Licensee Name</b> Varian Medical Systems, Inc. 3140 Hansen Way, MS F-055 Palo Alto, CA 94304	<b>Licensee Contact</b> Doug Johnson, Alternate RSO Tel: (650) 424-5850 Fax: (650) 842-5051  Tony Sorensen, Radiation Safety Officer Tel: (650) 424-6662
<b>License Information</b> California, Department of Health Services License Number: 1025-43 Expiration Date: 11/25/97 (timely renewal)	<b>Authorized User</b> David Kuligowski Telephone: (800) 864-1672
<b>Work Activity Scheduled</b> Source Wire Exchange	<b>Scheduled Work Date(s)</b> From 11/12/01 to 11/13/01
<b>Description of Device</b> Varian Medical Systems, Inc. VariSource High Dose Rate (HDR) Remote Afterloader SS&D: CA661D103S	
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<b>Site Name &amp; Location</b> Mid-Michigan Regional Medical Center 4005 Orchard Drive Midland, MI 48670	<b>Site Contact</b> Larry Langrill 517-839-3450
<b>Comments:</b> This service call was originally scheduled for 11/7 & 11/8. It is being deferred to 11/12 through 11/13 to accommodate a change in the service schedule.  RTS 000523	

I hereby certify that the above information is true and complete.

Signed

November 5, 2001

Date

Christi Hernandez  
Health Physicist

11/6/01