

RX TIME 10/01 04 12:57

LOCATION: 7636897771

701 South Dellwood  
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CAMBRIDGE  
MEDICAL  
CENTER

September 21, 2004

U.S. Nuclear Regulatory Commission  
Region III-Division of Nuclear Materials Safety  
2443 Warrenville Road, Ste.210  
Lisle, IL 60532-4352

NRC Licensing Department,

This letter is to inform you that Dr. Irwin Weisman will no longer be the Radiation Safety Officer at Cambridge Medical Center as of October 3, 2004.

Dr. Steven Sirt has agreed to take over the role of Radiation Safety Officer for Cambridge Medical Center radiology and to assume and perform the duties required of this position.

I agree to be the Radiation Safety Office at Cambridge Medical Center.

*[Signature]* 5 Oct 04  
Radiologist's Signature & Date of Acceptance

I approve of the assignment of Dr. Steven Sirt to be the Radiation Safety Officer at Cambridge Medical Center.

*[Signature]* 10/5/04  
Administrator's Signature & Date of Approval

Sincerely,

*[Signature]*  
Dave Prokash  
Cambridge Medical Center  
Radiology Supervisor

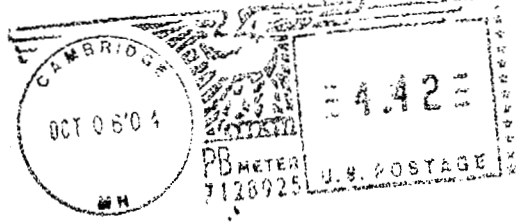
DAVE PROKASH  
RADIOLOGY

701 South Dellwo  
Cambridge, MN 55

**CERTIFIED MAIL™**

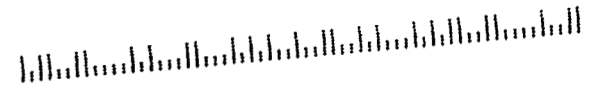


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60532-4352 21



(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

Program Code: 02120  
Status Code: 0  
Fee Category: 7C  
Exp. Date: 20110331  
Fee Comments: \_\_\_\_\_  
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: CAMBRIDGE MEDICAL CENTER  
Received Date: 20041012  
Docket No: 3017617  
Control No.: 313800  
License No.: 22-18989-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.: 0

3. COMMENTS

Signed D. A. Hershey  
Date 11-19-2004

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /\_/)

1. Fee Category and Amount: \_\_\_\_\_

2. Correct Fee Paid. Application may be processed for:

Amendment \_\_\_\_\_  
Renewal \_\_\_\_\_  
License \_\_\_\_\_

3. OTHER \_\_\_\_\_

Signed \_\_\_\_\_  
Date \_\_\_\_\_