



April 20, 2005

J-9

NRC Region I
475 Allendale Road
King of Prussia, PA 19406-1415

Attn: Tara Weidner
Medical License Assistance

03003308

Re: Addition to Amendment Request of January 13, 2005 For #45-01589-01 (Mail #136500)

Dear Ms. Weidner,

Dr. Fox was on the materials License of Holston Valley Medical Center of Kingsport, Tennessee (#R-82033J14). I have attached a field service report from the de-installation of the Galileo afterloader.

Thank you for your assistance.

Sincerely,

Dana Hare

Dana Hare, Radiation Safety Officer

136500

GALILEO® Field Service Report Form

FRM81-0196/BC

8934 Kirby Drive, Houston, Texas 77054 USA 800/227-9902
FAX 713-218-9287

Submission of a report does not constitute an admission that medical personnel, user facility, distributor, manufacturer or product caused or contributed to the event.

Field service work performed by (First and Last): Bill Meyer			Title: Field Service Engineer
Phone # 1-800-234-2265 x4478	Service Date(mm/dd/yyyy): 07/29/04		
Product Information and Disposition Product Name GALILEO			
Head Serial Number: 21538878	Base Serial Number: 27958430	Cartridge Serial Number: NA	
Medical Facility/Institution (Fill out all information in this section, when available.) Contact Name(First and Last): Dana Hare			
Title:	Phone # 540-536-8912	<input type="checkbox"/> Cath Lab	<input type="checkbox"/> Purchasing
Institution Name Winchester Medical Center		<input type="checkbox"/> X-ray	<input checked="" type="checkbox"/> Other
Address 18410 Amherst Street			
City Winchester	Province/State/Country VA	Postal Code	
Description of Service/Action taken DC- Installation			

Report taken by: (printed name) **Bill Meyer**

(signed name) *Bill Meyer*

Date(mm/dd/yyyy): **07/29/04**

Service acknowledged by: (printed name) **DANA HARE**

(signed name) *Dana Hare*

Date(mm/dd/yyyy): **7/29/04**