

**COLLEEN CAROL CASEY
MATERIALS LICENSING BRANCH
UNITED STATES NUCLEAR REGULATORY COMMISSION**

REGION III
2443 WARRENVILLE ROAD
LISLE, ILLINOIS 60532-4352
OFFICE: (630)-829-9841 FAX: (630) 829-9782 or (630) 515-1259

CONVERSATION RECORD	TIME	DATE
ACTUALLY FAXED? YES.	<i>10:25 am CT</i>	April 21, 2005

NAME OF PERSON(S) CONTACTED	ORGANIZATION	TELEPHONE NO.
James F. Williamson, BSRT, Director, Imaging Services for Garden City Hospital	<i>Response letter dated 5/19/05</i>	734-458-3479

SUBJECT	License No.: 21-04072-01	Control No.: 314130
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SUMMARY
We have reviewed your letter dated January 25, 2005, and your application dated January 23, 2005, requesting renewal of your byproduct materials license and find that we need additional information as follows:

1. ✓ *delete all 3* Your application was silent with respect to continuing authorization for Drs. Sutton, Harper and Kaplan in Condition No. 12. Please submit a written response and direct us to either continue authorization for these authorized users on your license or, in the alternative, please direct us to delete them.

2. ✓ Section 8.23, Item 10 of your application did not specify the type of instrument you will use for the evaluation of removable contamination wipe tests. Please advise us of the instrument you will use for the evaluation of removable contamination wipe tests. *See down letter.*
Appendix K in NUREG 1556, Vol. 9 may assist you in preparing a written response.

3. ✓ Your application did not completely specify the emergency response equipment you will have available for manual brachytherapy implant patients. For example, emergency response equipment should include, but not necessarily be limited to, remote handling tools, suture cutters, a portable shielded container, etc.

Please specify the emergency response equipment you will have available for manual brachytherapy implant patients.

4. *verify SSDF* Section 8.5 Item 5 of your application listed several vendors and model numbers of cesium-137 sources pursuant to 10 CFR 35.400. However, I could not verify that any of these are listed in the Sealed Source and Device Registry (SSDR). *(EXCERPT ATTACHED)*
Please check with your vendors and resubmit appropriate vendor names, model numbers, and SSDR numbers to enable me to verify your sealed sources under Part 35.400.

5. ✓ It appears that you are only seeking authorization for cesium-137 materials in Part 35.400. Please be reminded that, if you do not request and list the vendors and model nos. for
only Cs-137 I guess

other Part 35.400 radionuclides during this renewal, you will have to amend your license at a later date in order to use other radionuclides. If you wish authorization for only cesium-137 sources, no response is required, other than as requested in Item 4 above.

In accordance with 10 CFR 2.390 of the NRC's "Rules of Practice," a copy of this letter will be available electronically in the NRC Public Document Room or from the Publicly Available Records (PARS) component of NRC's document system (ADAMS). The NRC's document system is accessible from the NRC Web site at <http://www.nrc.gov/reading-rm/adams.html>.

ACTION REQUIRED

Submit the requested information within 15 calendar days (by May 6, 2005) by referencing control number 314130 to facilitate proper handling. Upon receipt of your response we will resume our review. Address your written response to my attention at the above address to facilitate proper handling.

PLEASE DIRECT ANY QUESTIONS YOU MAY HAVE TO ME AT (630) 829-9841 or (800) 522-3025.

NAME OF PERSON DOCUMENTING CONVERSATION	SIGNATURE	DATE
Colleen Carol Casey		April 21, 2005

TRANSMISSION VERIFICATION REPORT

TIME : 04/21/2005 10:23
NAME : USNRC
FAX : 6308299782
TEL : 6308299782

DATE, TIME : 04/21 10:22
FAX NO./NAME : 87344218874
DURATION : 00:01:01
PAGE(S) : 04
RESULT : OK
MODE : STANDARD
ECM

NRC FORM 316 (R11)
(7-2007)



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION III
801 Warrenville Road, Suite 255
Lisle, Illinois 60532-4361

TELEFAX TRANSMITTAL

DATE: 4/21/05 NUMBER OF PAGES: 4
(including this page)

SEND TO: JAMES WILLIAMSON

LOCATION: GARDEN CITY HOSPITAL

FAX NUMBER: 734-421-8824 VERIFY BY CALLING SENDER

FROM: COLLEEN CAROL CASEY
(SENDER)

TELEPHONE NUMBER: 630-829-9841 FAX NUMBER: 630-829-9782

If you do not receive the complete fax transmittal, please contact the sender as soon as possible at the telephone number provided above.

MESSAGE

*Please call me if you have questions.
Thank you.*



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION III
801 Warrenville Road, Suite 255
Lisle, Illinois 60532-4351

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MESSAGE

Please call me if you have questions.

Thank you.

Colleen Carol Casey

NOTICE

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, or exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the employee responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone and return the original to the above address, by U.S. Mail. Thank you.