

TRANSMISSION VERIFICATION REPORT

TIME : 07/20/2006 11:09
NAME : USNRC
FAX : 6308299782
TEL : 6308299782

DATE, TIME : 07/20 11:08
FAX NO./NAME : 83179207554
DURATION : 00:00:37
PAGE(S) : 02
RESULT : OK
MODE : STANDARD



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION III
2443 WARRENVILLE ROAD, SUITE 210
LISLE, ILLINOIS 60532-4352

TELEFAX TRANSMITTAL

DATE: July 20, 2006 NUMBER OF PAGES: 2
(Including this page)

SEND TO: David C. Williams, D.O. - Radiation Safety Officer c/o
Yvonne Lewis- Chief Nuclear Medicine Technologist

LOCATION: Westview Osteopathic Medical Hospital

FAX NUMBER: (317) 920-7554

VERIFY BY CALLING
SENDER

FROM:
(SENDER) Bill Reichhold

TELEPHONE NUMBER (630) 829-9839 FAX NUMBER (630) 829-9782
or
(630) 515-1259

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



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MESSAGE

Please see attached.

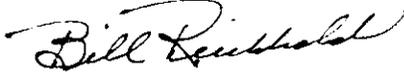
NOTICE

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.

The following additional information is needed to complete the review of your request.

1. Please provide a history of radionuclides that were used in your "old" nuclear medicine department.
2. Please specify if you had any history of leaking sealed sources. If you never had a history of leaking sealed sources, please state so.
3. Please specify the date when the ambient radiation level survey and the date when the wipe tests for contamination were performed.
4. Please specify the name of the person who performed the ambient radiation level surveys and the wipe tests for contamination.

Please send a facsimile of your response to the above within 5 days and refer to **control 315428**. Please call me at 630-829-9839 if you have any questions.

From the desk of:

Bill Reichhold