TRANSMISSION VERIFICATION REPORT

TIME : 01/23/2008 10:16 NAME : USNRC RIII FAX : 6308299782 TEL : SER.# : 000A7J925774

DATE,TIME FAX NO./NAME DURATION PAGE(S) RESULT MODE

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01/23 10:15 89898918187 00:00:24 02 OK STANDARD ECM

A WAY A REQUISION	UNITED STATES NUCLEAR REGULATORY COMMISSION REGION III 2443 WARRENVILLE ROAD, SUITE 210 LISLE, ILLINOIS 60532-4352 TELEFAX TRANSMITTAL
DATE January 23, 2008	NUMBER OF PAGES 2
SEND TO Chrystie Smith, Nuclear Medicine Technologist	
LOCATION Bay Regional Medical Center	
FAX NUMBER (989) 891-818	7 DERIFY BY CALLING
FROM: Bill Reichhold (Sender)	
TELEPHONE NUMBER (630) 829-9839 FAX NUMBER (630) 515-1078
If you do not receive the complete fax transmittal, please contact the sender as soon as possible at the telephone number provided above.	
MESSAGE See accompanying documents.	



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

TELEFAX TRANSMITTAL

DATE January 23, 2008

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SEND TO Chrystie Smith, Nuclear Medicine Technologist

LOCATION Bay Regional Medical Center

FAX NUMBER (989) 891-8187

VERIFY BY CALLING

FROM: Bill Reichhold (Sender)

TELEPHONE NUMBER (630) 829-9839

FAX NUMBER (630) 515-1078

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MESSAGE See accompanying documents.

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 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 review your request.

- 1. Please submit a history of all radionuclides used or stored in your "old" nuclear medicine department.
- 2. Please submit a current copy of the leak test results for the sealed sources that were used or stored in your "old" nuclear medicine department. Please provide a history of any leaking sealed sources. If there was no history of leaking sealed sources, please state so.
- 3. Please specify the calibration date for the Ludlum 14C (serial 139499) survey meter to show that the meter was in calibration when the close-out survey of the "old" nuclear medicine department was performed on October 25, 2007. The record of the close-out survey indicates the next calibration date (8/26/08) rather that the date the meter was last calibrated.

Please send a facsimile (630-515-1078) of your response to the above within 7 days and refer to control 316678. Please call me at 630-829-9839 if you have any questions.

From the desk of: Bill Reichhold Bill Reichhold