TRANSMISSION VERIFICATION REPORT

TIME : 08/25/2009 17:01
NAME : USNRC RIII
FAX : 6308299782
TEL :
SER.# : 000A7J925774

DATE,TIME	08/25 17:00
FAX NO./NAME	88128582284
DURATION	00:00:30
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RESULT	OK
MODE	STANDARD ECM

NRC FORM 386 (RIII)
(4-2004)

UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION III
2443 Warrenville Road, Suite 210
Lisle, Illinois 60532-4352

TELEFAX TRANSMITTAL

DATE: 08/25/2009

NUMBER OF PAGES: *(including this page)* 3

SEND TO: Ray Poston, RSO

LOCATION: Deaconess Hospital

FAX NUMBER: 812 - 858 - 2284

☑ ***VERIFY BY CALLING SENDER***

FROM: *(SENDER)* Jose Macatangay

TELEPHONE NUMBER: 630 - 829 - 9892 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

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MESSAGE

Ray,

Per our phone conversation.

-Jose

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.

PRINTED ON RECYCLED PAPER

JOSE D. MACATANGAY
MATERIALS LICENSING BRANCH
UNITED STATES NUCLEAR REGULATORY COMMISSION
REGION III
2443 WARRENVILLE ROAD STE 210
LISLE, ILLINOIS 60532-4352
OFFICE: (630)-829-9892 FAX: (630) 515-1078

CONVERSATION RECORD | TIME | DATE

ACTUALLY FAXED? **Yes** **08/25/2009**

NAME OF PERSON(S) CONTACTED	ORGANIZATION	TELEPHONE NO.
Raymond Poston, RSO	Deaconess Hospital	O: 812-858-2266 F: 812-858-2284

SUBJECT
License No.: 13-00142-02 Control No.: 318261

SUMMARY
We have reviewed your amendment request dated June 10 and July 06, 2009, and find that we need additional information as follows:

June 10, 2009 Letter

1. From your submitted diagram and our phone conversation on 08/25/2009, please resubmit an annotated diagram of the area of use to be released located at the 421 Chestnut Street facility along with the survey results.

July 06, 2009 Letter

1. You requested the change in RSO to Dr. Sutkowski who is a current authorized user under this license and a previous RSO under license 13-26401-01.

   a. Please provide documentation required under 10 CFR 35.50(c)(2), (d), & (e), specifically for the types of use that exceed the authorization on license 13-26401-01, i.e. 10 CFR 35.600 for High Dose Rate Afterloader and self-shielded irradiator.

   b. Per 10 CFR 35.24(b), please provide a written acceptance by Dr. Sutkowski that he understands the duties and responsibilities as RSO and for executive management's delegation of authority to the RSO for ensuring the safe use of radiation. See NUREG 1556, Vol. 9, Rev. 2, Appendix I for an example.

   c. Please provide the minimum amount of time that Dr. Sutkowski will be dedicating as RSO to ensure the safe use of radiation.

2. You requested removal of the exclusion to perform I-131 thyroid carcinoma therapy at the 4087 Gateway Boulevard address of use, and therefore, be able to conduct outpatient thyroid carcinoma treatments. Please provide information about your procedures and facility accommodations if patient cannot be released under 10 CFR 35.75.

We will be unable to continue processing your request until we receive this information. 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 Record (PARS) component of NRC's document system (ADAMS) accessible from the NRC Website at http://www.nrc.gov/reading-rem/adams.html.

ACTION REQUIRED

Please submit a written response within 14-days or contact me to arrange an alternate response date. Be sure to reference control number 318261 to facilitate correct processing of your response.

If we do not receive a written response within 14-days, please note that we may void this request in order to enable you to prepare a response without time constraints. This would be done without prejudice to the resubmission of your request at a later date. Or we can issue a partial amendment approval for the requests that were not dependent on your written response. Upon receipt of your response we will resume our review. Address your written response to my attention at the above address.

Please note that a "Void" is an administrative procedure that puts your amendment request "On Hold" (takes it out of our active casework database) until you reactivate it via submission of a written response. Upon receipt of your written response we will resume our review.

PLEASE DIRECT ANY QUESTIONS YOU MAY HAVE TO ME AT (630) 829-9892.

NAME OF PPERSON DOCUMENTING CONVERSATION	SIGNATURE	DATE
Jose Macatangay	Jose Macatangay	August 25, 2009

Colleen Carol Casey 9/10/09