



NUCLEAR REGULATORY COMMISSION
 REGION III
 2443 WARRENVILLE ROAD
 LISLE, ILLINOIS 60532-4351

TO: _____ File _____
 COMPANY: _____ N/A, see below _____
 # PAGES: _____ N/A _____ TEL. : _____ N/A _____
 FAX #: _____ N/A _____

(630) 829-9892 FAX: (630) 515-1078

CONVERSATION RECORD

| | | TIME | DATE |
|---|--|--|------------|
| | | 3:00 pm | 03/14/2011 |
| NAME OF PERSON(S) CONTACTED | TELEPHONE NO. | ORGANIZATION | |
| Christopher Moore, RSO | (816) 415-7791 | Liberty Hospital, Nuclear Medicine Dept. | |
| REPRESENTED PERSON or PERSONS | ORGANIZATION | | |
| Christopher Moore, Radiation Safety Officer | Liberty Hospital, Nuclear Medicine Dept. | | |
| SUBJECT | | | |
| License No.: 24-16178-01 | | Control No.: 573654 | |

SUMMARY

We reviewed the requesting amendment request and found we were unable to continue this licensing action until we received additional information concerning the items noted below:

- Please submit a confirmation that the uranium shields were submitted to the vendor, in order to remove the Depleted Uranium from the license.
RESPONSE: Licensee responded via phone on 03/16/2011, at 11:30 am. Upon review, it was determined that the licensee is still in possession of the uranium shields, as referenced on the license. Accordingly, the depleted uranium should remain on the license. No further action is required.
- Please indicate whether you are currently using materials under 10 CFR 31.11. This item was not included in your application.
RESPONSE: Licensee submitted a statement via facsimile on 03/17/2011. The statement indicated that Licensee has never used materials authorized by 10 Code of Federal Regulations 31.11. No further action is required.
- Spelling discrepancies were found, between the previous license and the application at hand. Please confirm accuracy of current spelling for two Authorized Users, Gordon D. Stillie, M.D., and John I. Halloran, M.D.
RESPONSE: During this phone conversation, Licensee confirmed accuracy of spelling indicated on previous license amendment. No further action is required.
- Please submit facility diagrams for locations of use at both 2521 Glenn W. Hendren Drive and 2525 Glenn W. Hendren Drive. Facility diagrams should include scale.
RESPONSE: Licensee submitted diagrams via facsimiles sent on 03/16/2011 and 03/17/2011. Final diagrams met requirements. No further action is required.
- Please indicate whether PET is being used at the locations of use.
RESPONSE: During this phone conversation, Licensee indicated that No PET is being used at the locations of use. No further action is required.

6. Please submit a description of radiation monitoring instruments (This information was requested via a follow-up phone call on 03/15/2011 at 2:45 pm.), as indicated in NUREG 1556, Volume 9.

RESPONSE: Licensee submitted information via a facsimile sent on 03/16/2011. The description met requirements. No further action is required.

No additional information is required at this time.

NAME OF PERSON DOCUMENTING CONVERSATION

Sara A.B. Forster

SIGNATURE

Sara A.B. Forster

DATE

03/17/2011

J. [unclear]

3/22/11