

SARA A.B. FORSTER
MATERIALS LICENSING BRANCH

TELECON & FAX TRANSMITTAL



NUCLEAR REGULATORY COMMISSION
REGION III
2443 WARRENVILLE ROAD
LISLE, ILLINOIS 60532-4351
(630) 829-9892 FAX: (630) 515-1078

TO: File

COMPANY: N/A, see below

PAGES: N/A TEL.: N/A

FAX #: N/A

CONVERSATION RECORD

TIME: 1:30 pm DATE: April 18, 2011

NAME OF PERSON(S) CONTACTED	TELEPHONE NO.	ORGANIZATION
Marcia West, Health Phys. Specialist	(816) 807-8090	Citizens Memorial Hospital

REPRESENTED PERSON or PERSONS	ORGANIZATION
John Gamble, III, Radiation Safety Officer	Citizens Memorial Hospital

SUBJECT	Control No.:
License No.: 24-20330-02	574345

SUMMARY

We have reviewed your requesting renewal application and find that we are unable to continue this action until we have received information regarding the following:

The renewal application was silent as to whether PET is being used at this facility. If PET is being used, additional shielding calculations may be required.

RESPONSE: Per our discussion, you have confirmed that no PET is being used. No further action is required at this time.

For future reference, please always include the name, phone number and fax number of at least one person whom we may contact for additional information when reviewing your licensing correspondence and requests.

Please submit the requested information, together with any supplemental information, within 0 days of this record. Note that no additional information is required at this time. **Include reference control number 574345, along with any submitted materials. Please FAX your response to my attention at (630) 515-1078.**

Please direct any questions you have to me at (630) 829-9892 or sara.forster@nrc.gov.

NAME OF PERSON DOCUMENTING CONVERSATION
Sara A.B. Forster

SIGNATURE

DATE

Sara A.B. Forster 04/18/2011

J. Forster 4/24/11