SARA A.B. FORSTER **TELECON & FAX TRANSMITTAL** MATERIALS LICENSING BRANCH TO: ____ File ___ COMPANY: N/A, see below United States Nuclear Regulatory Commission Protecting People and the Environment **NUCLEAR REGULATORY COMMISSION** # PAGES: N/A TEL.: N/A . **REGION III** 2443 WARRENVILLE ROAD FAX #: _____N/A____. LISLE, ILLINOIS 60532-4351 (630) 829-9892 FAX: (630) 515-1078 IDATE TIME **CONVERSATION RECORD** 2:15 pm 03/31/2011 ITELEPHONE NO. NAME OF PERSON(S) CONTACTED IORGANIZATION Patrick J. Byrne, DABR, CHP, DABSNM (877) 321-2207 St. Joseph Regional Medical Center REPRESENTED PERSON or PERSONS IORGANIZATION

SUMMARY

SUBJECT

Patrick J. Byrne, Radiation Safety Officer

|License No.: 13-02650-02

We have reviewed your requesting <u>license amendment request</u> and find that we are unable to continue this action until we have received information regarding the following:

x343

St. Joseph Regional Medical Center

|Control No.: 574393

In your request to add 53940 Carmichael Drive location of use to your Radioactive Materials License, you indicated that ownership of this facility is being transferred, along with all licensed material, from XRC Medical Imaging, LLC, NRC License No. 13-32706-01, to the license referenced above. Please submit a copy of NRC Form 314 to complete the termination of the XRC Medical Imaging, LLC license, in order for us to be able to add the new location of use to your license.

RESPONSE: A completed Form NRC Form 314 was received via a letter dated April 4, 2011. The completed form was sufficient to permit the termination of the XRC Medical Imaging license. No further action is required at this time.

The referenced amendment request did not include either a facility diagram or a PET shielding analysis, for the 53940 Carmichael Drive location of use. Please submit a facility diagram and a shielding analysis, in order for us to add the new location of use to your license.

RESPONSE: The facility diagram and the shielding analysis were received via a letter dated April 4, 2011. The facility diagram referenced an address other than the 53940 Carmichael Drive. The PET shielding analysis was insufficient to describe radiation levels at the facility. Refer to phone conversation records dated 04/28/2011, and 04/29/2011, for subsequent requests and follow-up.

We have requested that you submit the referenced items -

A completed NRC Form 314, a facility diagram, and a shielding analysis.

– via facsimile, to (630) 515-1078. Please reference the Control No. 574393, as listed at the top of this memo. We expect to hear from you on or before April 7, 2011.

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.

Additional information required; Refer to record for phone conversation dated 04/28/2011.

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	ISIGNATURE Lava G.B. Forster	DATE 05/03/2011
	J. Simmon	5/5/11