

SARA A.B. FORSTER
MATERIALS LICENSING BRANCH

TELECON & FAX TRANSMITTAL



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

NAME OF PERSON(S) CONTACTED	TELEPHONE NO.	TIME	DATE
Liesje Myers (573) 815-3388		2:30 pm	05/18/2011 & 06/28/2011
REPRESENTED PERSON or PERSONS		ORGANIZATION	
Liesje Myers, Radiation Safety Officer		Boone Hospital Center	
SUBJECT		Control No.:	
License No.: 24-01565-01		575051	

SUMMARY

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

The application lacks a facility diagram for the requested location of use. Please submit a facility diagram, in order for us to finish processing the request. Also include information for any PET isotopes used at the facility. Shielding information should be sufficient to demonstrate the Part 20 limits will not be exceeded. **RESPONSE: The facility diagram submitted via facsimile on 05/19/2011 lacked features including clear indication of the current setup and dimensions. The facility diagram submitted 06/29/2011 is adequate. The PET area survey data, submitted 06/29/2011, when combined with the PET analysis received 04/27/2011, meets requirements. No additional information is required.**

We have requested that you submit the referenced item –

A facility diagram for the requested location of use, including PET information.

– via facsimile, to (630) 515-1078. Please reference the Control No. 575051, as listed at the top of this memo. Response received 06/29/2011 is adequate. No additional information is required.

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.

Response is adequate; no additional information is required.

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 07/21/2011