

From: Lanzisera, Penny
Sent: Tuesday, September 06, 2011 4:35 PM
To: pmas@harthosp.org
Subject: Request for Additional Information - Mail Control No. 575649

Licensee: Hartford Hospital
License No. 06-00253-04
Docket No. 03001239
Mail Control 575649

Mr. Mas,

In support of the requests to amend your NRC license, please provide the following additional information:

1. Confirmation that one of your authorized medical physicists has provided training on operating and emergency procedures to Ms. Harris.
2. A copy of Ms. Harris' diploma listing her M.S. degree
3. Identification of wipe test equipment to be used at 703 Hebron Avenue.
4. A detailed drawing of the hot lab at 703 Hebron Avenue.
5. Confirmation that no PET activities will be conducted at 703 Hebron Avenue.
Alternatively, you may submit the shielding design for this location of use of PET activities will be conducted.

Please submit this additional information within 30 days of the date of this email via facsimile to 610-337-5269. Please refer to Mail Control No. 575649 in your response. If we do not receive a reply within 30 days, we will assume that you no longer require the requested changes. Thank you for your assistance,

Penny Lanzisera
Senior HP
US NRC, Region 1