

SARA A.B. FORSTER
MATERIALS LICENSING BRANCH



TELECON & FAX TRANSMITTAL

TO: Tom Dickinson

COMPANY: Associates in Medical Physics.

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

PAGES: 1 TEL.: (314) 406-3346

EMAIL: N/A

CONVERSATION RECORD

	TIME	DATE
	2:15 pm	August 29, 2011
NAME OF PERSON(S) CONTACTED	TELEPHONE NO.	ORGANIZATION
Tom Dickinson	(314) 406-3346	Associates in Medical Physics, LLC
REPRESENTED PERSON or PERSONS		ORGANIZATION
Brenda Overschmidt, CNMT, Radiation Safety Officer		Patients First Healthcare, LLC
SUBJECT		
License No.: 24-32304-01		Control No.: 574909

SUMMARY

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

(1) From the application, it is unclear whether PET is being used at the facility. If PET is being used, additional calculations will be required to demonstrate shielding is adequate.

RESPONSE: The contact person indicated, via phone conversation on August 29, 2011, that no PET is being used at this facility. No additional response is required.

(2) The application includes a facility diagram for the Sullivan, MO, location of use. However, that diagram does not indicate dimensions. Please resubmit the facility diagram, indicating the scale used.

RESPONSE: The contact person indicated, via phone conversation on August 29, 2011, that the requested diagram would be submitted on or before September 6, 2011, via facsimile. The information was received as requested. No additional response is required.

(3) The application indicates that the 12855 North Forty Drive address is located in Creve Coeur, MO, while the most recent license amendment indicates it is in St. Louis. Indicate the correct city.

RESPONSE: Licensee contact indicated, via phone conversation on August 29, 2011, that Creve Coeur is the correct town. No additional response is required.

(4) The license renewal application does not include a description of the radiation monitoring instrumentation. Please explain the reason for the omission, or include the requested description.

RESPONSE: The contact person indicated, via phone conversation on August 29, 2011, that his understanding was that the NUREG 1556 v. 9, rev. 2, Appx. C does not clearly require such a description. How requested responses were submitted via facsimile on or before September 6, 2011. No additional information is required

We have requested that you submit the referenced items—

Sullivan, MO, facility diagram, drawn to scale and Description of radiation monitoring equipment via facsimile, to (630) 515-1078. Please reference the Control No. 574909, listed at the top of this memo.

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 within 8 days of this record. Include reference control number 574909, Please FAX your response to my attention at (630) 515-1078. You may also scan your response and send to me via email, as a pdf file.

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 Sara A.B. Forster DATE 09/08/2011