

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

	TIME	DATE
NAME OF PERSON(S) CONTACTED John Colvin	10:00 am	09/22/2011
TELEPHONE NO. (260) 425-3977	ORGANIZATION St. Joseph Health System LLC d/b/a St. Joseph Hospital	
REPRESENTED PERSON or PERSONS Dakshesh Patel, Radiation Safety Officer	ORGANIZATION St. Joseph Health System LLC d/b/a St. Joseph Hospital	
SUBJECT License No.: 13-00418-02	Control No.: 574841	

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) The application deletes 2 AUs (Hossler; B. Kim) & changes spelling for AU DeCamp. Please confirm. **RESPONSE: The contact person indicated, via phone conversation on September 22, 2011, that AU changes for DeCamp, Hossler and B. Kim were correct. No additional response is required.**

(2) The application includes a facility diagram but lacks detail as to what is above and below the areas of use. Please submit information regarding the uses of areas above/below the areas of use. **RESPONSE: The contact person indicated, via phone conversation on September 22, 2011, that the requested information would be submitted on or before September 23, 2011, via facsimile. The information was received as requested. No additional response is required.**

(3) Under 10 CFR 35.24, a licensee's management shall appoint a Radiation Safety Officer in writing. Please provide a current, signed RSO Memorandum of Understanding/Delegation of Authority, which conforms to the requirements specified in 10 CFR 35.24(b) and 10 CFR 35.24(e). No such written statement was included with the renewal application. **RESPONSE: Licensee contact indicated, via phone conversation on September 22, 2011, that the requested responses would be submitted on or before September 23, 2011, via facsimile. The information was received as requested. No additional response is required.**

We have requested that you submit the referenced items –
A signed memorandum of understanding/delegation of authority & additional facility information indicated – via facsimile, to (630) 515-1078. Please reference the Control No. 574841, as listed at the top of this memo. Response received 09/23/2011 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 | SIGNATURE | DATE
Sara A.B. Forster | *Sara A.B. Forster* | 09/23/2011