

SARA A.B. FORSTER
MATERIALS LICENSING BRANCH



TELECON & FAX TRANSMITTAL

TO: Ray Carlson, M.S.

COMPANY: Memorial Med. Ctr. of West Mich.
FACSIMILE: N/A

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

PAGES: 1 TEL. : (734) 395-7361

EMAIL: N/A

CONVERSATION RECORD

	TIME	DATE
	10:30 am	August 31, 2011
NAME OF PERSON(S) CONTACTED	TELEPHONE NO.	ORGANIZATION
Ray Carlson, M.S.	(734) 395-7361	Radiological Physics Consultants
REPRESENTED PERSON or PERSONS		ORGANIZATION
Darin Gurizzian, D.O., Radiation Safety Officer		Memorial Medical Center of West Michigan
SUBJECT		
License No.: 21-16737-01		Control No.: 575081

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 31, 2011, that no PET is being used at this facility. No additional response is required.

(2) The submitted facility diagram, for the requested location of use, does not include room numbers or a description of what is located adjacent to the radioactive materials use areas. Please resubmit the facility diagram, including any room numbers, and describe what is adjacent to the radioactive materials use areas.

RESPONSE: The contact person indicated, via phone conversation on August 31, 2011, that an updated facility diagram would be submitted on or before September 6, 2011, via facsimile. Upon receipt of the facsimile, no additional information will be required.

We have requested that you submit the referenced item--

- **Updated facility diagram**

-- via facsimile, to (630) 515-1078. Please reference the Control No. 575081, as listed at the top of this memo.

For future reference, 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 6 days of this record. **Include reference control number 575081, 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

SIGNATURE

DATE

Sara A.B. Forster

Sara A.B. Forster 08/31/2011