SARA A.B. FORSTER
MATERIALS LICENSING BRANCH

**TELECON & FAX TRANSMITTAL**

U.S.NRC
United States Nuclear Regulatory Commission
*Protecting People and the Environment*

TO: file

COMPANY: N/A
FACSIMILE: N/A

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

# PAGES: 2 TEL. : (317) 962-5188

EMAIL: N/A

**CONVERSATION RECORD**

| TIME | DATE |
|---|---|
| 9:00 am | September 28, 2011 |

| NAME OF PERSON(S) CONTACTED | TELEPHONE NO. | ORGANIZATION |
|---|---|---|
| Todd Stanley | (317) 962-5188 | Indiana University Health Saxony Hospital |
| Erin Bell, MHP | (877) 321-2207 x342 | Medical Physics Consultants, Inc. |

| REPRESENTED PERSON or PERSONS | ORGANIZATION |
|---|---|
| Philip Dulberger, MD/CEO; Erin Bell, proposed RSO | Indiana University Health Saxony Hospital |

SUBJECT
License No.: 13-32832-01 | Control No.: 575879

**SUMMARY**

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

(1) The license application lists 6 Authorized Users, listed on a Radioactive Materials permit for a broadscope licensee, IUPUI/Indiana University Medical Center, NRC License No. 13-02752-03. However, that license does not indicate the types of use each physician is authorized for. Please submit a letter from the referenced licensee, indicating that each requested AU is the equivalent of an Authorized User under 10 CFR 35.100 and 35.200.
**RESPONSE: The contact person indicated, via phone conversation on September 28, 2011, that a letter confirming the AU status of the 6 individuals would be submitted via facsimile. A letter confirming the AU status was submitted and received via facsimile on September 28, 2011. No additional response is required.**

(2) The submitted facility diagram, for the requested location of use, does not include 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 September 28, 2011, that additional information regarding the areas above, below, and adjacent to the radioactive materials use areas would be submitted via facsimile. Diagrams of the areas at issue were submitted via facsimile on September 29, 2011; revised diagram was submitted on October 17, 2011. The additional information did not include a description of the activities conducted in all contiguous areas surrounding the area(s) of use. A revised diagram received November 7, 2011, was sufficient to meet requirements. No additional information is required.**

(3) 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 September 28, 2011, that no PET is being used at this facility. No additional response is required.**

(4) A site visit will be required for this license, probably in late October or early November. Such site visits generally are required for all new radioactive materials license applicants. Please begin to gather materials that will be helpful in discussing the status of this applicant.
**RESPONSE: The contact person indicated that the facility is a new hospital, not slated to open until December. He submitted dates that the RSO would be available for a site visit, via facsimile dated September 28, 2011. Those dates were considered in planning the Pre-licensing site visit, but no guarantees were made to the licensee. The pre-licensing visit was arranged and completed on November 4, 2011. No additional response is required.**

We have requested that you submit the referenced item–

- **Letter confirming AU status for 6 proposed AUs and**
- **Updated facility diagram, with information regarding adjacent areas**

– via facsimile, to (630) 515-1078. Please reference the Control No. 575879, as listed at the top of this memo.

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**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.**

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Please submit the requested information within 7 days of this record. **Include reference control number 575879 , 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.**

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| NAME OF PERSON DOCUMENTING CONVERSATION | SIGNATURE | DATE |
|---|---|---|
| Sara A.B. Forster | Sara A.B. Forster | 11/8/2011 |