



UNITED STATES  
NUCLEAR REGULATORY COMMISSION  
REGION III  
2443 Warrenville Road, Suite 210  
Lisle, Illinois 60532-4352

TELEFAX TRANSMITTAL

DATE: 12/7/11 NUMBER OF PAGES: 3  
(including this page)

SEND TO: RAY CARLSON, proposed R50 for

LOCATION: MIDWEST FAMILY PRACTICE

FAX NUMBER: 734 - 453-8851  VERIFY BY CALLING SENDER

FROM: Colleen Carol Casey  
(SENDER)

TELEPHONE NUMBER: 630 - 829 - 9841 FAX NUMBER: 630 - 515 - 1078

If you do not receive the complete fax transmittal, please contact the sender as soon as possible at the telephone number provided above.

MESSAGE

Ray, please call me if you have questions. I am in training  
Thurs. morning + off Thurs. afternoon 12/8/11; working 12/9.

Thank you.

Colleen Carol Casey

NOTICE

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, or exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the employee responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone and return the original to the above address, by U.S. Mail. Thank you.

- The application dated September 26, 2011, included a reduced copy of the facility blueprint. This diagram is missing some information that we need to continue our review. Specifically, the "Hot lab" area is a bit confusing to us. Is this a separate room and if so, where is the door and how is it secured? What are the hot lab room's dimensions? If the hot lab is not a separate room, please describe how the nuclear medicine room is secured. Please provide a brief description of shielding materials that you expect to use in the hot lab.

You may wish to refer to NUREG 1556, Vol.9, Rev. 2, section 8.16 Item 9: "Facility Diagram," for assistance. "Attachment 9.1" in this section provides an example of a facility diagram.

- Please update the commitment made in Item 10 "Occupational Dose" in your application, which refers to an older, obsolete version of NUREG 1556 Vol. 9. Your application refers to "Vol. 1" and "Vol. 2" has been in use since January 2008.

Please also be reminded of the provisions in 10 CFR 30.9(a), "Completeness and accuracy of information,"..."(a) Information provided to the Commission by an applicant for a license or by a licensee or information required by statute or by the Commission's regulations, orders, or license conditions to be maintained by the applicant or the licensee shall be complete and accurate in all material respects."

In accordance with 10 CFR 2.390 of the NRC's "Rules of Practice," a copy of this record will be available electronically for public inspection in the NRC Public Document Room or from the NRC's Agencywide Documents Access and Management System (ADAMS), accessible from the NRC Web site at <http://www.nrc.gov/reading-rm/adams.html>.

**ACTION REQUIRED**

Please submit the requested information within 15 calendar days (by December 22, 2011) by referencing control number 576158 to facilitate proper handling. If this date is not workable for you, please contact me to arrange an alternative response date.

Upon receipt of your response we will continue our review. Address your written response to my attention at the above address. Please always include the direct telephone number (no personal cellphones, please), fax number and, if preferred, email address, of at least one or two persons who are knowledgeable in your license and can serve as points of contact.

**PLEASE DIRECT ANY QUESTIONS YOU MAY HAVE TO ME AT 630-829-9841.**

\* YOU MAY TRANSMIT A SIGNED/DATED RESPONSE TO ME VIA SCAN/PDF/EMAIL - OPTION

| NAMES OF PERSONS DOCUMENTING CONVERSATION | SIGNATURE                  | DATE                        |
|---|----------------------------|-----------------------------|
| Hector Luis Rodriguez-Luccioni, Ph.D.     | <i>CLRL</i>                | 12/7/11<br>December 7, 2011 |
| Colleen Carol Casey                       | <i>Colleen Carol Casey</i> | 12/7/11<br>December 5, 2011 |

Email address: [Colleen.Casey@nrc.gov](mailto:Colleen.Casey@nrc.gov)

**COLLEEN CAROL CASEY  
MATERIALS LICENSING BRANCH  
UNITED STATES NUCLEAR REGULATORY COMMISSION**  
REGION III  
2443 WARRENVILLE ROAD STE 210  
LISLE, ILLINOIS 60532-4352  
OFFICE: (630)-829-9841      FAX: (630) 515-1078

**CONVERSATION RECORD**

TIME

DATE

**ACTUALLY FAXED?** *Yes,*

**December 7, 2011**

NAME OF PERSON(S) CONTACTED

Ray Carlson, proposed RSO

ORGANIZATION

Midwest Family Practice, PLC

TELEPHONE NO.

Ray's cell: 734-395-7361

Office: ~~734- 455-4730~~

Fax: 734-453-8851

SUBJECT

License No.: PENDING

Control No.: 576158

SUMMARY

**We have reviewed your application dated September 26, 2011, requesting a new byproduct materials license and find that we need additional information as follows:**

- 1. In reviewing your application we noticed that you did not include a "Delegation of Authority" for the Radiation Safety Officer (RSO). A model of a Delegation of Authority is found in Appendix I from NUREG 1556, Vol. 9, Rev. 2, "Consolidated Guidance About Materials Licenses: Program-Specific Guidance About medical Use Licenses."**

**This document is intended for use by applicants, licensees, and NRC staff and is also available to Agreement States. Full use of this document and all of its sections that are appropriate for this license, for all of your licensing correspondence, will greatly reduce your regulatory burden, simplify your license and enhance safety by providing for more comprehensive update safety procedures and all complete renewal applications.**

**This NUREG may be located on our website at:**

**<http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/v9/r2/>**

**In response, please complete Appendix I in full and transmit it to us with a currently signed and dated letter, in accordance with the instructions below. Please also specify the minimum frequency of visits from your proposed RSO and a brief description of how he will perform the duties as RSO. This is a concern to us because your proposed RSO is named as RSO on several other NRC licenses also.**

TRANSMISSION VERIFICATION REPORT

TIME : 12/07/2011 18:44  
NAME : USNRC RIII  
FAX : 6308299782  
TEL :  
SER.# : 000A7J925774

DATE, TIME 12/07 18:43  
FAX NO./NAME 87344538851  
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LOCATION: MIDWEST FAMILY PRACTICE

FAX NUMBER: 734 - 453 8851  VERIFY BY CALLING SENDER

FROM: Colleen Carol Casey  
(SENDER)

TELEPHONE NUMBER: 630 - 829 - 9844 FAX NUMBER: 630 - 515 - 1078

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MESSAGE

Ray, please call me if you have questions. I am in training  
D ... All Done afternoon 12/8/11, working 12/9