

Sara A.B. Forster
MATERIALS LICENSING BRANCH



TELECON & FAX TRANSMITTAL

TO: File

COMPANY: N/A

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

PAGES: 1 TEL.: N/A

FAX #: N/A

EMAIL: N/A

CONVERSATION RECORD

TIME: 12:45 pm DATE: December 15, 2011 & January 9, 2012

NAME OF PERSON(S) CONTACTED Sharon Updike	TELEPHONE NO. (734) 662-3197	ORGANIZATION Medical Physicians Consultant
REPRESENTED PERSON or PERSONS Joseph R. DeCamp, M.D.		ORGANIZATION Dupont Hospital
SUBJECT License No.: 13-32291-01		Control No.: 576299

SUMMARY

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

The request indicated that you are no longer performing work authorized under 10 CFR 35.400. In order to remove the authorization from the license, please provide additional confirmation that all 10 CFR 35.400 material has been removed from your facility. Include leak tests, survey results, use history, and disposal dates, as applicable. For any sources transferred to another facility, include the name and license number of the receiving facility or waste broker. The documentation should include confirmation from that facility that the sources were received.

RESPONSE: In attachments to a facsimile dated December 23, 2011, the licensee submitted confirmation that material had been returned to the manufacturer. After a followup call on January 9, 2012, the licensee submitted a letter dated January 11, 2011, together with documentation demonstrating the absence of residual contamination in the 10 CFR 35.400 materials storage and use area. No additional information is required.

We have requested that you submit the referenced item:

- Documentation of 10 CFR 35.400 materials surveys and removal confirmation

- via facsimile, to (630) 515-1078. Please reference the Control No. 576299, as listed at the top of this memo. Response has been received per request. 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.

Please submit the requested information within 30 days of this record. **Include reference control number 576299, 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 01/13/2012