SARA A.B. FORSTER MATERIALS LICENSING BRANCH



NUCLEAR REGULATORY COMMISSION REGION III 2443 WARRENVILLE ROAD LISLE, ILLINOIS 60532-4351 (630) 829-9892 FAX: (630) 515-1259

530) 829-9892 FAX: (630) 5

CONVERSATION RECORD

NAME OF PERSON(S) CONTACTED |TELEPHONE NO. Marvin Feldman, Nuclear Medicine (573) 581-3240 REPRESENTED PERSON or PERSONS Marvin Feldman, CNMT, RSO

SUBJECT

License No.: 24-32578-01

Control No.: 576437

TIME

8:15 am

ORGANIZATION

ORGANIZATION

SUMMARY

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

(1) The letter dated November 14, 2011, is not signed. Under 10 CFR 35.12(a), license amendment requests must be signed by the licensee's management. The letter should be resubmitted, including signatures by the licensee's management.

RESPONSE: Per our request, the licensee resubmitted the referenced letter via facsimile on February 14, 2012. The resubmission included signatures from management. No additional information is required.

(2) The letter dated November 14, 2011, does not indicate the date on which the use of the 809 location commenced, nor does it indicate when it is anticipated that operations at the same will cease. The dates of expected start and end should be provided to the NRC.

RESPONSE: Per our request, in the February 14, 2012, phone conversation, the licensee indicated that operations at 809 location commenced on November 9, 2011, and the date that operations are expected to cease is March 2012. No additional information is required at this time. The licensee will submit a separate amendment request, with closeout surveys, upon the end of activities at the 809 location.

(3) The letter does not indicate the specific date on which the use of the 720 location will restart. Please note that because the licensee indicated that the restart is expected in March 2012, which is within the next 3 months, that location of use will be left on the license. **No additional information is required at this time.**

We have requested that you submit the referenced item -

Notification letter signed by management

- via facsimile, to (630) 515-1078. Please reference the Control No. 576437, as listed at the top of this memo.

TELECON & FAX TRANSMITTAL

TO: <u>N/A</u> COMPANY: <u>Mexico Cardiovascular Assocs</u>,

PAGES: _2_TEL.: _(573) 581-3240 .

DATE

Mexico Cardiovascular Associates, LLC

Mexico Cardiovascular Associates, LLC

FAX : <u>N/A</u>

February 14, 2012

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 <u>2</u> days of our phone conversation. **Include** reference control number <u>576437</u>, with your response. Please FAX your response to my attention at <u>(630) 515-1078</u>. You may also scan your response and send to me via email, as a pdf file. The additional information has been received. No additional information is needed.

Please direct any questions you have to me at (630) 829-9892 or sara.forster@nrc.gov.

NAME OF PERSON DOCUMENTING CONVERSATION		IDATE
Sara A.B. Forster	Nara a.B. Forster	02/16/2012