

From: Lanzisera, Penny
Sent: Tuesday, January 24, 2012 2:52 PM
To: Sharon Long
Subject: Request for Additional Information for Davis Memorial Hospital Renewal

Licensee: Davis Memorial Hospital
License No. 47-24864-01
Docket No. 03029484
Mail Control No. 576599

Ms. Long,

To support renewal of the license for Davis Memorial Hospital, please submit the following additional information:

1. Please request senior management (e.g., CEO or COO) review the application dated December 21, 2011 and concur with the statements made there-in.
2. Please describe the areas located above/below the hot lab.
3. Please describe radiation safety equipment possessed to minimize exposures (e.g., L-block, vial and syringe shields, and forceps).

In addition, please note that Dr. Thrush's name will be listed as Walter Parke Thrush, M.D. in accordance with his ABR certification.

Please fax the requested information to my attention to 610-337-5269. Please refer to Mail Control No. 576599 in your response.

Sincerely,

Penny Lanzisera
US NRC, Region 1