

Sara A.B. Forster
MATERIALS LICENSING BRANCH



TELECON & FAX TRANSMITTAL
TO: Mack L. Richard, M.S.

COMPANY: Indiana University Medical Ctr.

NUCLEAR REGULATORY COMMISSION
REGION III
2443 WARRENVILLE ROAD
LISLE, ILLINOIS 60532-4351

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CONVERSATION RECORD

| | TIME | DATE |
|---|----------------|---|
| | 10:30 am | June 25, 2012 |
| NAME OF PERSON(S) CONTACTED | TELEPHONE NO. | ORGANIZATION |
| Mack L. Richard, M.S. | (317) 274-4797 | Indiana University Medical Center, Radiation Safety Office |
| REPRESENTED PERSON or PERSONS | | ORGANIZATION |
| Mack L. Richard, M.S., CHP, RSO Eric D. Swank, Executive Director of Rsch. Comp. | | Indiana University Medical Center, Radiation Safety Office |
| SUBJECT | | |
| License No.: 13-02752-08 | | Control No.: 576881 |

SUMMARY

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

1. The letter dated April 17, 2002, indicated that the old GSR unit would be replaced with a newer model. From our phone conversation of June 25, 2012, we understand that the old unit – including any associated sealed sources – has been removed from your facility. Accordingly, please submit documentation confirming that only one GSR model, and its sources, should remain on the license. Include information regarding the transfer and disposal of the old GSR unit.
2. Please provide organizational information showing the relationship between management, the Radiation Safety Committee (RSC), the Radiation Safety Officer (RSO), and relevant personnel, including:
 - (a) an organizational chart; and
 - (b) criteria for the Radiation Safety Committee's (RSC's) review and approval of non-medical Authorized Users, if any, such as for human research or use in animals.
3. The submitted facility diagrams lack detail as to the areas adjacent to the radioactive materials use area. Please resubmit including a description of any activities being conducted in the areas contiguous to the radioactive materials use area(s), including areas above and below the relevant suites. Attach shielding specifications, such as thickness of lead and/or concrete in each wall of the referenced areas. Include shielding calculations and/or copies of radiation surveys following the most recent source exchanges. Any calculations should reflect the maximum source activity at the time of medical use. Finally, include information regarding whether these areas are dedicated, or whether other radiation producing devices may be stored in the designated locations.

4. Item 9 facility information:

Please submit daily spot check procedures required under 10 CFR 35.642 and 35.645.

5. Item 10 radiation protection program information:

- (a) Please submit copies of emergency procedures, required under 10 CFR 35.610, which would be physically posted at the unit consoles.
- (b) Please confirm that written area survey procedures have been developed and implemented, and whether they will be maintained, in accordance with the regulations referenced in the renewal application.
- (c) Please confirm that non-routine maintenance and installation activities, etc., will be performed by an outside company licensed to do so.

We have requested that you submit the referenced items:

- Radioactive source and/or device removal information
- Organizational chart and non-medical user review criteria
- Revised facility diagrams with shielding analysis or confirmatory surveys
- Daily spot check procedures
- Emergency procedures and confirmatory statements regarding area survey procedures and non-routine maintenance

– via facsimile, to (630) 515-1078. Please reference the Control No. 576881, as listed at the top of this memo. **We expect to hear from you on or before July 9, 2012. Your response should be in writing and include a signature of the Radiation Safety Officer or other authorized management official.**

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 14 days of this record. **Include reference control number 576881, 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 06/25/2012