

The following additional information is needed to review your request.

New Facility/Location of Use

1. Please put the address of the facility on the facility diagram.
2. Please specify the room dimensions for the "hot lab".
3. Please specify the room numbers where radionuclides will be used and/or stored. If there are no room numbers, please state so.
4. Please specify if you will be using PET radionuclides. If you will be using PET radionuclides please specify the location of a "quiet room" and show it on the facility diagram. Also, please specify if you will have additional shielding, remote handling devices, and confirm that you will perform radiation surveys to ensure that you will not exceed the dose limits specified in 10 CFR 20.1301. If you will not be using any PET radionuclides, please state so.
5. Your request indicated that you will use a mobile imaging camera. Please specify if you wish a mobile nuclear medicine service license. If not, please state so.

Radiation Safety Officer Availability

You requested adding another facility/location of use to your license. To adequately consider such a request, the NRC will require additional specific information for review. Please provide the following information to ensure the safe operation at all facilities.

Please describe the availability of the Radiation Safety Officer (RSO):

- a. Please describe the amount of time each week Stan Buhr will spend at the new facility located at IU Health Diagnostic Imaging at Lifeplex, 2855 Miller Drive, Suite 113, Plymouth, Indiana, performing his duties as RSO.
- b. Please indicate the amount of time it will take for Stan Buhr to respond to an emergency involving radioactive materials when he is not at the new facility located at IU Health Diagnostic Imaging at Lifeplex, 2855 Miller Drive, Suite 113, Plymouth, Indiana.
- c. Please describe any previous commitments Stan Buhr has as the RSO and/or authorized user at any other NRC licensed facility and describe the impact this will have on his duties as the RSO at your facility.
- d. Since Stan Buhr will be the RSO at two facilities, please describe any adverse impact this will have on his duties as the RSO at your facility. If there will be no adverse impact, please state so, and why.

- e. Please describe how Stan Buhr will divide his time between both facilities so that he will be able to adequately perform his duties as the Radiation Safety Officer

Please send a facsimile (630- 515-1078) of your response to the above within 7 days and refer to control 577951. Please call me at 630-829-9839 if you have any questions.

In accordance with 10 CFR 2.390 of the NRC's "Rules of Practice," a copy of this facsimile and the attached documents will be available electronically for public inspection in the NRC Public Document Room or from the Publicly Available Records (PARS) component of NRC's document system (ADAMS). The NRC's document system is accessible from the NRC Web site at <http://www.nrc.gov/reading-rm/adams.html> (the Public Electronic Reading Room).

From the desk of:

A handwritten signature in cursive script that reads "Bill Reichhold".

Bill Reichhold



UNITED STATES
NUCLEAR REGULATORY COMMISSION

REGION III
2443 WARRENVILLE ROAD, SUITE 210
LISLE, ILLINOIS 60532-4352

TELEFAX TRANSMITTAL

DATE September 4, 2012

NUMBER OF PAGES 3

SEND TO Stan Buhr, Radiation Safety Officer

LOCATION Indiana University Health Starke Hospital, NRC License 13-15399-02

FAX NUMBER (815) 478-5419

VERIFY BY CALLING

FROM: Bill Reichhold
(Sender)

TELEPHONE NUMBER (630) 829-9839
1078

FAX NUMBER (630) 515-

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

MESSAGE See accompanying documents.

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 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.

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MODE	STANDARD ECM



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