

From: [Elliott, Robin](mailto:Robin.Elliott@prtc.net)
To: bapueblamd@prtc.net
Cc: [David M Rho](#); [Weidner, Tara](#)
Subject: License renewal application
Date: Monday, November 26, 2012 4:21:00 PM

Licensee Name: Bernardo A. Puebla, M.D.
License No.: 52-23097-02
Docket No.: 030-34051
Mail Control No.: 578140

Dear Dr. Puebla,

As per our phone conversation today, additional information is needed to process the renewal application for Bernardo A. Puebla, M.D.

- In order to facilitate future communications please provide a business facsimile number.
- You did not provide a list of authorized users for the license. Please confirm that you will be the only authorized user listed on the license.
- Please confirm that you have developed and will implement and maintain written procedures for area surveys in accordance with 10 CFR 20.1101 that meet the requirements of 10 CFR 20.1501 and 10 CFR 35.70.
- Please confirm that you have developed and will implement and maintain written procedures for safe response to spills of licensed material in accordance with 10 CFR 20.1101.
- Further additional information is needed for the current facility diagram submitted as outlined in NUREG 1556 Volume 9 Revision 2 and can be found in section 8.16:
<http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/v9/r2/sr1556v9r2-final.pdf#08-16>

As well as in NUREG Volume 9 Revision 2 Appendix E Figure E.1:
<http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/v9/r2/sr1556v9r2-final.pdf#app-e>

The additional information we are requesting is as follows:

- Show room numbers for the use areas if they exist.
- Show adjacent rooms, what exists above and below the use/storage areas and the relation of the suite to the exterior of the building as applicable.
- Provide information related to the security of the storage area.
- Please provide a description of the safety equipment/shielding used in the storage and use area to minimize dose to employees.
- Drawings and diagrams that provide exact locations of materials or depict specific locations of safety or security equipment should be marked as "Security-related information – withhold under 10 CFR 2.390."

When submitting your response, please sign the letter transmitting the information. Once we receive the additional information requested, we should be able to finalize the processing of your renewal application. You may respond to my attention in writing by letter or fax (610-337-5269), referencing mail control 578140. If we do not receive a reply from you within 30 calendar days from the date of this e-mail, we will assume that you do not wish to pursue your renewal.

Regards,

Robin L. Elliott

Health Physicist

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