

**From:** [Lanzisera, Penny](#)  
**To:** [Peter Mas](#)  
**Subject:** Request for Additional Information  
**Date:** Friday, August 09, 2013 2:12:00 PM

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Hartford Hospital  
L.N. 06-00253-04  
D.N. 03001239  
Mail Control 581037

Dear Mr. Mas, please provide the following additional information to support amendment of your NRC license:

1. A preceptor attestation signed by a current authorized user to support the addition of Dr. Parker to your license.
2. Confirmation of receipt and the last leak test results for your device transferred.
3. With regards to your statements regarding the HDR keys, please describe how the interlocks work that requires all 3 keys prior to driving out the source. In addition, please note that the regulations require securing of the console keys.

You may either fax the response to my attention (610-337-5269) or submit a signed pdf. ). 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 application. Thank you for your assistance.

Penny Lanzisera  
Senior Health Physicist  
U.S. NRC, Region I