



CONVERSATION RECORD

11/25/2013

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU

Randy Collins

DATE OF CONTACT

11/25/2013

TYPE OF CONVERSATION

E-MAIL

TELEPHONE

INCOMING

OUTGOING

E-MAIL ADDRESS

rrollins@johnsonmemorial.org

TELEPHONE NUMBER

(317) 736-3478

ORGANIZATION

Johnson County Memorial Hospital

DOCKET NUMBER(S)

030-08553

LICENSE NUMBER(S)

13-14817-01

CONTROL NUMBER(S)

581387

SUBJECT

Our review of your renewal application dated July 15, 2013

SUMMARY

We have reviewed your amendment request and find that we are unable to continue this action until we have received additional information outlined on page 2 of this conversation record. Include your responses in a signed and dated cover letter. Attach any additional information to that letter.

Direct any questions you have to me at (630) 829-9892 or sara.forster@nrc.gov.

As discussed, we expect to receive your written response on or before December 5, 2013.

**Continue on Page 2**

ACTION REQUIRED (IF ANY)

Please respond to this request with the following information:

- Confirm: (1) P.O. box is now 607; (2) no changes to lou; (3) delete AU Obeidat; (4) no PET; and (5) increase 10 CFR 35.300 PL.
- Submit: (6) revised facility diagram including boundaries of radiation work area and noting what is above, below & adjacent.
- Provide: (7) copy of a current MOU/DOA document for the Radiation Safety Officer.

As we discussed, please submit requested information within 10 days of this record, referencing Control No. 581387, as listed at the top of this memo. You may FAX your response to my attention at (630) 515-1078. In the alternative, please scan your response and send to me via email, as a pdf file. Include a signed, dated cover letter with your response.

NAME OF PERSON DOCUMENTING CONVERSATION

Sara A.B. Forster, Materials Licensing Branch, Region III Office, 2443 Warrenville Road, Suite 210, Lisle, Illinois 60532

SIGNATURE

*Sara A.B. Forster*

11/25/2013

CONVERSATION RECORD (continued)

SUMMARY: (Continued from page 1)

R. Collins

1. The P.O. box listed in the mailing address listed on the application does not match the address listed on the most recent amendment to your license. Please confirm that the P.O. Box has changed from 549 to 607.
2. No address for the location where licensed material was included in your application. Please indicate whether the location of use has changed, or confirm that it is still at your facilities located at 1125 West Jefferson Street, Franklin, Indiana.
3. The application omitted Authorized User (AU) Omar S. Obeidat, M.D., who was listed on the most recent amendment to your license. Please confirm that Dr. Obeidat should be deleted from your license.
4. Please indicate whether any PET isotopes are used under your radioactive materials license authorizations. If PET is being used, additional calculations may be required to demonstrate shielding is adequate.
5. The application included both the 300 mCi possession limit (PL) for iodine-131 radioactive materials (generally used under 10 CFR 35.300), which conforms with the PL listed on the most recent amendment to your radioactive materials license. However, it also listed a 50 mCi PL for 35.300. One single 10 CFR 35.300 PL will be listed on your license. Please confirm that you wish to increase that PL from 300 to 350 mCi, or otherwise indicate the PL requested for materials used under 10 CFR 35.300.
6. The facility diagram submitted with your radioactive materials application did not clearly delineate radioactive materials areas and omitted information regarding uses of areas above, below, and adjacent to the radioactive materials use areas. Please resubmit facility diagrams, including the use of areas above, below, and adjacent to the delineated radioactive materials use areas. Include room numbers as applicable. Refer to NUREG 1556, Vol. 9, rev. 2, dated January 2008, "Program-Specific Guidance About Medical Use Licenses," pages 8-37 to 8-40, found at <http://www.nrc.gov/reading-rm/doc-staff/sr1556/v9/r2>, when preparing your response.
7. Under 10 CFR 35.24, a licensee's management shall appoint a Radiation Safety Officer in writing. Please provide a copy of your current, signed RSO Memorandum of Understanding/Delegation of Authority (MOU/DOA), which conforms to the requirements specified in 10 CFR 35.24(b) and 10 CFR 35.24(e). No such written statement was included with the renewal application. Refer to NUREG 1556, Vol. 9, rev. 2, Appendix I, "Typical Duties and Responsibilities of the Radiation Safety Officer and Sample Delegation of Authority," pages I-1 to I-2, for additional guidance regarding preparation of an MOU/DOA.

## Forster, Sara

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**From:** Forster, Sara  
**Sent:** Monday, November 25, 2013 12:42 PM  
**To:** 'rcollins@johnsonmemorial.org'  
**Subject:** Additional Information Request for Johnson County Memorial Hospital, NRC Lic. No. 13-14817-01  
**Attachments:** 02120.581387.13-14817-01 telecon signed.pdf

Dear Mr. Collins:

See the attached file for additional information needed to complete the review of the renewal application for NRC Lic. No. 13-14817-01. Note that the attached conversation record requests additional information on or before close of business on December 5, 2013. Additional guidance may be found in, either NUREG 1556, Vol. 9, Rev. 2, "Program Program-Specific Guidance About Medical Use Licenses," which may be found at:

<http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/v9/r2>.

Submission of your response as a pdf file attached to an email or via facsimile will allow for the quickest processing. Do not hesitate to call me with any questions you may have. Also, if you could provide an email address and phone number for your RSO, Andrea Browne, Ph.D., for us to update in our files, that would be very helpful. Thank you.

**Sara A. B. Forster, Health Physicist Licensing Reviewer**  
U.S. Nuclear Regulatory Commission - Region III  
Division of Nuclear Materials Safety  
2443 Warrenville Rd. - Ste. 210  
Lisle, IL 60532-4352  
[sara.forster@nrc.gov](mailto:sara.forster@nrc.gov)  
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