



CONVERSATION RECORD

11/05/2014

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU Brandy Partlo		DATE OF CONTACT 11/05/2014	TYPE OF CONVERSATION <input type="checkbox"/> E-MAIL <input checked="" type="checkbox"/> TELEPHONE <input type="checkbox"/> INCOMING <input checked="" type="checkbox"/> OUTGOING
E-MAIL ADDRESS bpartlo@memorialhealthcare.org		TELEPHONE NUMBER (989) 729-4726	

ORGANIZATION Technologist Memorial Healthcare Center	DOCKET NUMBER(S) 030-02100
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LICENSE NUMBER(S) 21-11475-01	CONTROL NUMBER(S) 584089
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SUBJECT
Additional Information Requested

SUMMARY
During our review of your application to renew your NRC license dated May 29, 2014, it appeared that your application had not been completely prepared in accordance with the guidance in NUREG 1556, Vol. 9, Rev. 2, "Consolidated Guidance about Materials Licenses: Program-Specific Guidance about Portable Gauge Licenses, dated January 2008." This has resulted in an incomplete application.

Please provide the additional information listed below:

1. On NRC Form 313 and your letter head, your hospital name is listed as 'Memorial Healthcare', however, your current license has the name as 'Memorial Healthcare Center.' Please respond in writing confirming the correct name that should be listed on your license.
2. Please confirm in writing if you will be using PET radionuclides. If you will be using PET materials, please provide shielding calculations for areas where the materials will be used and stored.

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ACTION REQUIRED (IF ANY)
Please submit your response by November 14, 2014 and reference it to my attention as "additional information to control number 584089" to facilitate proper handling in our office. Your response must be currently dated and signed by a senior management representative. If you have any questions or require clarification of any of the information stated above, please do not hesitate to contact me at 630-829-9607

In accordance with 10 CFR 2.390 of the NRC's "Rules of Practice," a copy of this letter and its enclosure will be available electronically for public inspection in the NRC Public Document Room or from the NRC's Agencywide Documents Access and Management System (ADAMS), accessible from the NRC Web site at <http://www.nrc.gov/reading-rm/adams.html>.

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NAME OF PERSON DOCUMENTING CONVERSATION
Jennifer L. Bishop

SIGNATURE

CONVERSATION RECORD (continued)

SUMMARY: (Continued from page 1)

3. On your current license you have Dr. Arthur Ewald, Ph.D. listed as the Assistant Radiation Safety Officer (ARSO) for brachytherapy, however, this was not included in your license renewal application. Please confirm in writing if Dr. Ewald should continue to be listed on your license as the ARSO.

4. In section 8.17 "Radiation Monitoring Instruments," you did not include a statement to allow the upgrading of your equipment. This could make your license overly restrictive. Please respond either with the following "We reserve the right to upgrade our survey instruments as necessary as long as they are adequate to measure the type and level of radiation for which they are used," or provide a description of how you will approve new radiation monitoring equipment.

5. In section 8.20 "Other Equipment and Facilities," you state that the required emergency response equipment for performing manual brachytherapy treatments is attached to the application, however they were not included. Please provide a description of the emergency response equipment used when performing manual brachytherapy treatments.