



CONVERSATION RECORD

02/19/2015

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

Julie German

DATE OF CONTACT

02/19/2015

TYPE OF CONVERSATION

E-MAIL

TELEPHONE

INCOMING

OUTGOING

E-MAIL ADDRESS

jgerman@cassregional.org

TELEPHONE NUMBER

(816) 887-0338

ORGANIZATION

Medical Imaging Manager  
Cass Regional Medical Center

DOCKET NUMBER(S)

030-29723

LICENSE NUMBER(S)

24-20234-02

CONTROL NUMBER(S)

585432

SUBJECT

Request for Delegation of Authority

SUMMARY

Please provide written, signed (by both senior management and the proposed RSO) and a currently dated statement that stipulates your proposed RSO accept their position and understands the duties and responsibilities associated with the position. A sample Delegation of Authority memo is attached to this document in Attachment 1.

**Continue on Page 2**

ACTION REQUIRED (IF ANY)

Please submit your response by DATE and reference it to my attention as "additional information to control number 585432" 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>.

**Continue on Page 3**

NAME OF PERSON DOCUMENTING CONVERSATION

Jennifer L. Bishop

SIGNATURE

## Attachment 1

### **Model Delegation of Authority:**

Memo To: Radiation Safety Officer  
From: Chief Executive Officer  
Subject: Delegation of Authority

You, \_\_\_\_\_, have been appointed Radiation Safety Officer and are responsible for ensuring the safe use of radiation. You are responsible for managing the Radiation Protection Program; identifying radiation protection problems; initiating, recommending, or providing corrective actions; verifying implementation of corrective actions; stopping unsafe activities; and ensuring compliance with regulations. You are hereby delegated the authority necessary to meet those responsibilities, including prohibiting the use of byproduct material by employees who do not meet the necessary requirements and shutting down operations where justified to maintain radiation safety. You are required to notify management if staff does not cooperate and does not address radiation safety issues. In addition, you are free to raise issues with the Nuclear Regulatory Commission at any time. It is estimated that you will spend \_\_\_ hours per week conducting radiation protection activities.

---

Signature of Management Representative	Date
--	------

I accept the above responsibilities,

---

Signature of Radiation Safety Officer	Date
---------------------------------------	------

cc: Affected department heads