



CONVERSATION RECORD

02/24/2015

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU Vincent McCormick, M.S.		DATE OF CONTACT 02/24/2015	TYPE OF CONVERSATION <input checked="" type="checkbox"/> E-MAIL <input type="checkbox"/> TELEPHONE <input type="checkbox"/> INCOMING <input checked="" type="checkbox"/> OUTGOING
E-MAIL ADDRESS v_mccormick@comcast.net		TELEPHONE NUMBER (734) 395-9323	

ORGANIZATION St. Joseph Mercy Port Huron	DOCKET NUMBER(S) 03009491
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LICENSE NUMBER(S) 21-15638-01	CONTROL NUMBER(S) 584732
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SUBJECT
Information needed to complete renewal application

SUMMARY
We have reviewed the renewal application dated September 4, 2014, and find that we will need additional information as follows to complete our review:

- 10 CFR 35.12(a) requires that "an application must be signed by the applicant's or licensee's management." The application for license renewal was signed by the RSO, John Ference, M.D. Please have this application and your written response signed by a senior management representative for St. Joseph Mercy Port Huron. This applies for all future licensing correspondence as well.
- For the materials requested in 10 CFR 35.400 in Subitem Nos. 6 through 9 D. on the license, please note that we must now separate this authorization by radionuclide. Please specify what the possession limit for each radionuclide should be (Cs-131, I-125, Pd-103, etc.), in addition to the limits already specified for cesium-137 and iridium-192.
- Your application made no mention of current authorized user Kaneez B. Shaikh, M.D. You must explicitly direct us to either continue his/her authorization or to delete him/her, pursuant to 10 CFR 35.13 and 35.14. Please advise us to either retain this physician or to delete him/her.

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ACTION REQUIRED (IF ANY)
Please submit a written response within 6 days of the date of this record (by March 2, 2015) or contact me to make alternative arrangements. Address your response to my attention at the address below in my signature block and reference it as "additional information to control number 584732." Please respond directly to me for this case only; future new licensing requests should be addressed to the "Materials Licensing Branch Chief." Upon receipt of your written response we will continue our review.

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NAME OF PERSON DOCUMENTING CONVERSATION Colleen Carol Casey
SIGNATURE

CONVERSATION RECORD (continued)

SUMMARY: (Continued from page 1)

4. Please clarify the terminal degree for Daniel Kirk Shogren. It is currently listed as "M.D." on your license but your application lists the degree as "D.O."
5. A current delegation of authority for Dr. Ference as RSO is needed. You may use the sample in Appendix I to NUREG 1556, Vol. 9, Rev. 2 and it must be currently dated and signed by Dr. Ference and a senior management official, in accordance with 10 CFR 35.24.
6. The response in your application for "Area surveys" is incorrect. It appears that you used the standard response commitment for "Safe use of Unsealed Licensed Material" for "Area surveys" by mistake. Please make a correct and more appropriate commitment.
7. Your "Area surveys" response also states that you will not perform weekly area wipe surveys unless an area exposure survey reveals an elevated value above the trigger level. This license primarily authorizes unsealed gamma emitting materials. It appears that your trigger level is 2 mR/hour, which is considerably above an ambient background measurement expected to be from 0.02 - 0.05 mR/hour. Also, wipe surveys are much more sensitive than area exposure surveys, which are commonly taken at a distance from potentially contaminated areas.

Please see the definition of "survey" in 10 CFR 20.1003 and Appendix K in NUREG 1556 Vol. 9, Rev. 2. Please make a more appropriate survey commitment that includes wipe test surveys.
8. Please clearly state exactly which licensed materials are to be used at each location under the license.
9. Your facility diagrams were confusing. You submitted the diagrams used for area surveys, which show details that are not needed to ascertain the adequacy of your facilities. Your diagrams failed to show other information that we do need to evaluate your facilities. Please resubmit all of your facility diagrams and do not include the area survey information. Please show the scale for each diagram or the actual dimensions; the room numbers; the locations of lockable doors for each area; the functional identity for all areas immediately surrounding each area of use; the address that corresponds to each area of use; the specific details for shielding and other equipment located in areas of use, such as in the hot lab, waste storage room, etc. The diagram in Figure 8.1 in NUREG 1556, Vol. 9, Rev. 2 and information in Section 8.16 Item 9 should be helpful to you in preparing a response.
10. Please provide a description of the emergency response equipment you will use for the manual brachytherapy program, as requested in NUREG 1556, Vol. 9, Rev. 2, section 8.20 Item 9.

In accordance with 10 CFR 2.390 of the NRC's "Rules of Practice," a copy of this letter 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>.

Colleen
Colleen Carol Casey
Materials Licensing Reviewer
U.S. Nuclear Regulatory Commission
Region III
2443 Warrenville Road
Suite 210
Lisle, IL 60532-4352
(630) 829-9841 Direct
(630) 515-1078 Fax
NRC 24 HR Operations Center
(301) 816-5100

Gentle Reminders: Unless previously arranged with or requested by me directly, please do not submit any licensing requests, responses or correspondence via e-mail. Please only submit one complete, signed copy of your correspondence to us. Please prepare your licensing requests in accordance with NUREG 1556 Series Guidance, as appropriate. Thank you very much! ~
Please also note that my full-time work schedule includes every other Friday off.

CONVERSATION RECORD (continued)

ACTION REQUIRED (Continued from page 1)

Please also note that my full-time work schedule includes every other Friday off.

Ensuring the health and safety of
our people, our nation and
our environment

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