



CONVERSATION RECORD

04/02/2015

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU David Dubriwny		DATE OF CONTACT 04/02/2015	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 radmax1@yahoo.com		TELEPHONE NUMBER (989) 479-5000	

ORGANIZATION Harbor Beach Community Hospital	DOCKET NUMBER(S) 030-37351
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LICENSE NUMBER(S) 21-32634-01	CONTROL NUMBER(S) 586231
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**SUBJECT**  
Our review of your license amendment request dated January 26, 2015

**SUMMARY**

We have reviewed your request for a license amendment and find that we are unable to continue this action until we have received additional information outlined below. Include your response in a signed and dated cover letter. The letter can either be faxed to 630-515-1259 or it can be scanned into a pdf and emailed to the email address below.

If you have any questions, you can reach me at (630) 829-9862 or [vered.shaffer@nrc.gov](mailto:vered.shaffer@nrc.gov).

As discussed, we expect to receive your written response on or before April 17, 2015.

**Continue on Page 2**

**ACTION REQUIRED (IF ANY)**  
**SUMMARY and ACTION REQUIRED**

On the form 313A that was provided, section 3.c on page 3 was not filled out. This section must be filled out when using section 4 for RSO Training and Experience. Please submit a filled page 3 with a signed cover letter.

**Continue on Page 3**

**NAME OF PERSON DOCUMENTING CONVERSATION**  
Vered A. Shaffer, Materials Licensing Branch, Region III Office, 2443 Warrenville Road, Suite 210, Lisle, Illinois 60532

**SIGNATURE**