



CONVERSATION RECORD

07/10/2015

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU Mark Beanblossom		DATE OF CONTACT 07/10/2015	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 m.beanblossom@ampmedicalphysics.com		TELEPHONE NUMBER (636) 798-2250	

ORGANIZATION Audrain Medical Center	DOCKET NUMBER(S) 030-08599
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LICENSE NUMBER(S) 24-15122-01	CONTROL NUMBER(S) 586125
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SUBJECT  
Our review of your license renewal dated February 23, 2015.

SUMMARY

We have reviewed your request for a license renewal 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 630-515-1078 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.

As discussed, we expect to receive your written response on or before July 24, 2015.

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ACTION REQUIRED (IF ANY)

The NRC has received your application for license renewal and we need the following additional information:

- 1). The current business name on the license is Audrain Medical Center. The application listed the business name as SSM Audrain Health Care, Inc. It is unclear as to whether the location is using "Audrain Medical Center" as a "doing business name." Please confirm.
- 2). The maximum quantity for the prepackaged kits is only given as "100" without units. Please confirm that 100 mCi was intended.
- 3). The current license has 1 Ci listed at the maximum amount for 35.300 material. The renewal listed 500 mCi. Please confirm the decrease.
- 4). Item 10.2 is referencing an incorrect Appendix. Please provide correct language.

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

SIGNATURE

**CONVERSATION RECORD (continued)**

SUMMARY: (Continued from page 1)

- 5). Item 11.1 is referencing an incorrect Appendix. Please provide correct language.
- 6). Please confirm that the location does not use PET.