

**From:** [Lanzisera, Penny](#)  
**To:** [sbull1@stamhealth.org](mailto:sbull1@stamhealth.org)  
**Subject:** Request for Additional Information For MCN 591045 - Stamford Hospital  
**Date:** Monday, August 08, 2016 3:59:00 PM

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Licensee: Stamford Hospital  
License No. 06-06697-02  
Docket No. 03001265  
Mail Control 591045

Dear Ms. Bull,

To complete our review of the request to move your HDR unit, please submit the following additional information in a letter signed by senior management:

1. A final facility diagram showing the new HDR room and indicating the final shielding installed for each wall, the ceiling, and the door. If the HDR's location is restricted within the treatment room, please indicate the mechanism for restricting the location of use within the room (e.g., chained to floor with notation of where chained). Additionally, please submit shielding calculations for all surrounding areas to demonstrate that the occupational dose limits and public dose limits are met. Finally, please identify what is located above the treatment room.
2. Describe any other radiation producing devices used within the new treatment room and the mechanisms used to ensure that only one device may be used at a time.
3. Indicate whether the current treatment room will be maintained on the license, and if so, what equipment will be installed therein (e.g., primealert, lights, audiovisual, etc.).
4. In addition to the "Caution, Radioactive Material" sign installed, please describe whether any additional signs will be posted (e.g., "Caution, High Radiation Area").
5. In "Radiation Safety Precautions and Instructions" it indicates that the unit will be locked when not in use. Please describe how the unit will be locked within the treatment room. For instance, will the treatment door be locked? In addition, this section indicates that the Primealert will be installed within the new treatment room. Please indicate in your facility diagram where the primealert is installed.

We will continue our review upon receipt of the above information. You may either submit the information in a signed pdf via email or fax the signed letter to 610-337-5269. Please include Mail Control No. 591045 in your response. Thank you for your assistance,

Penny Lanzisera  
Senior Health Physicist  
US NRC, Region I