



 **BRONSON**  
Methodist Hospital

August 31, 2016

U. S. NUCLEAR REGULATORY COMMISSION  
Region III  
Materials Licensing Branch  
2443 Warrenville Road, Ste 210  
Lisle, IL 60532-4352

**RE: Additional information for amendment request of NRC License Control # 591665**

As requested information:

- (1) The form 314 is attached.
- (2) There is no PET radionuclides to be used at the requested location.
- (3) I was present on August 31, 2016 for the quarterly physics review of the site, and there was a radiation survey performed, a recently calibrated GM EWGM was used, all surveys were appropriate. Wipe tested was performed, all areas measured background. I also reviewed recent site survey records, all were appropriate. There is nothing to report, no leaking sources.

If added information or further clarification is needed, we request that this be done via email for Laura T. Smith, MS, DABR - physicist at [lsphysics@att.net](mailto:lsphysics@att.net) and [slaura@bronsonhg.org](mailto:slaura@bronsonhg.org)

Sincerely,



Laura T. Smith, MS, DABR  
Radiation Safety Officer

601 John Street  
Kalamazoo, MI 49007  
269.341.7654  
[bronsonhealth.com](http://bronsonhealth.com)



### CERTIFICATE OF DISPOSITION OF MATERIALS

Estimated burden per response to comply with this mandatory collection request: 30 minutes. This submittal is used by NRC as part of the basis for its determination that the facility is released for unrestricted use. Send comments regarding burden estimate to the FOIA, Privacy, and Information Collections Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to Infocollects.Resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0028), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

LICENSEE NAME AND ADDRESS

BRONSON Lakeview Hospital  
408 Hazen Street  
Paw Paw, MI 49079-

LICENSE NUMBER

21-26716-01

DOCKET NUMBER

LICENSE EXPIRATION DATE

#### A. LICENSE STATUS (Check the appropriate box)

- This license has expired.  This license has not yet expired; please terminate it.

#### B. DISPOSAL OF RADIOACTIVE MATERIAL

(Check the appropriate boxes and complete as necessary. If additional space is needed, provide attachments)

The licensee, or any individual executing this certificate on behalf of the licensee, certifies that:

- 1. No radioactive materials have ever been procured or possessed by the licensee under this license.
- 2. All activities authorized by this license have ceased, and all radioactive materials procured and/or possessed by the licensee under this license number cited above have been disposed of in the following manner.
  - a. Transfer of radioactive materials to the licensee listed below:  
BRONSON Methodist Hospital 21-13125-01.
  - b. Disposal of radioactive materials:
    - 1. Directly by the licensee:
    - 2. By licensed disposal site:
    - 3. By waste contractor:
  - c. All radioactive materials have been removed such that any remaining residual radioactivity is within the limits of 10 CFR Part 20, Subpart E, and is ALARA.

#### C. SURVEYS PERFORMED AND REPORTED

- 1. A radiation survey was conducted by the licensee. The survey confirms:
  - a. the absence of licensed radioactive materials
  - b. that any remaining residual radioactivity is within the limits of 10 CFR 20, Subpart E, and is ALARA.
- 2. A copy of the radiation survey results:
  - a. is attached; or  b. is not attached (Provide explanation); or  c. was forwarded to NRC on: \_\_\_\_\_ Date
- 3. A radiation survey is not required as only sealed sources were ever possessed under this license, and
  - a. The results of the latest leak test are attached; and/or
  - b. No leaking sources have ever been identified.

The person to be contacted regarding the information provided on this form:

| NAME           | TITLE | TELEPHONE (Include Area Code) | E-MAIL ADDRESS                            |
|----------------|-------|-------------------------------|---|
| Laura T. Smith | RSD   | 566 808<br>3058               | lsphysics@att.net<br>slaura@bronsonhy.org |

Mail all future correspondence regarding this license to:  
same location - still open & just merging to another license.

#### C. CERTIFYING OFFICIAL

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

| PRINTED NAME AND TITLE | SIGNATURE             | DATE      |
|------------------------|-----------------------|-----------|
| Laura T. Smith, RSD    | <i>Laura T. Smith</i> | 8/31/2016 |

WARNING: FALSE STATEMENTS IN THIS CERTIFICATE MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. NRC REGULATIONS REQUIRE THAT SUBMISSIONS TO THE NRC BE COMPLETE AND ACCURATE IN ALL MATERIAL RESPECT. 18 U.S.C. SECTION 1001 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

**Forster, Sara**

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**From:** Laura T. Smith- Physics <lsphysics@att.net>  
**Sent:** Wednesday, August 31, 2016 11:09 AM  
**To:** Forster, Sara  
**Subject:** [External\_Sender] Re: Additional Information request for , CN591664 & CN59166  
**Attachments:** SCAN0323.PDF; SCAN0324.PDF

Sara,

This should complete what I have outstanding for you. Any questions, or if something is not as requested please let me know asap, and I am back now, so will get done quickly.

Laura Smith I prefer email communications

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**From:** "Forster, Sara" <Sara.Forster@nrc.gov>  
**To:** "Smith, Laura T. Smith (Laura.Smith2@stjohn.org)" <Laura.Smith2@stjohn.org>;  
"lsphysics@att.net" <lsphysics@att.net>  
**Sent:** Friday, August 19, 2016 9:53 AM  
**Subject:** Additional Information request for Bronson Methodist Hospital, NRC License No. 21-13125-01, CN591664

Dear Ms. Smith:

Please see the attached file for additional information needed to complete the review of the recent amendment request concerning the above referenced applicant. Note that the attached letter requests additional information on or before close of business on September 2, 2016. Note that the additional information must be submitted via a dated letter signed a duly authorized management official. Additional guidance may be found in NUREG 1556, Vol. 9, Rev. 2, "Program Program-Specific Guidance About Medical Use Licenses;" which may be found at:

<http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/v9/r2/>

Submission of your response as a pdf file attached to an email or via facsimile will allow for the quickest processing. Do not hesitate to call me with any questions you may have. Please also send a quick email when you receive this message, to confirm receipt.

Sincerely yours,

**Sara A. Forster, Health Physicist Licensing Reviewer**  
U.S. Nuclear Regulatory Commission - Region III  
Division of Nuclear Materials Safety  
2443 Warrenville Rd. - Ste. 210  
Lisle, IL 60532-4352  
[sara.forster@nrc.gov](mailto:sara.forster@nrc.gov)  
Direct: (630) 829-9892  
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