



CONVERSATION RECORD

08/11/2016

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU Yun Wang, Ph.D.		DATE OF CONTACT 08/11/2016	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 ywang1@iuhealth.org		TELEPHONE NUMBER (317) 250-7435	

ORGANIZATION Indiana University Health West Hospital	DOCKET NUMBER(S) 030-36611
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LICENSE NUMBER(S) 13-32526-01	CONTROL NUMBER(S) 591523
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SUBJECT
Additional Information Requested

SUMMARY
As discussed in our conversation on August 11, 2016, please provide a response to the following:

1. In your request, you state that you will be moving the HDR unit that is currently being used at another facility to your hospital. Please clarify the device manufacturer and model number you will be using since there are different model numbers listed on the license. In addition, please clarify if the other facility will continue to perform HDR procedures or if they plan to remove the authorization from their license.
2. In your request, you provided a description of the location of the room where you intend to use the HDR, however you did not provide a description of the viewing and intercom system that is required in 10 CFR 35.615.
3. In your request, you did not provide procedures in accordance with 10 CFR 35.643. Please provide the procedures as specified in the regulations.
4. In your request, you provided an emergency procedure for abnormal conditions. However, your procedures did not include all the details as required in 10 CFR 35.610. Please respond with the procedures required in 10 CFR 36.610.

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ACTION REQUIRED (IF ANY)
Please submit your response as soon as possible and reference it to my attention as "additional information to control number 591523" to facilitate proper handling in our office. Your response must be currently dated and signed. If you have any questions or require clarification of any of the information stated above, please do not hesitate to contact me at 630-829-9607

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

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NAME OF PERSON DOCUMENTING CONVERSATION
Jennifer L. Bishop

SIGNATURE