Licensee: Charleston Area Medical Center
License No. 47-15473-01
Docket No. 03009164
Control No. 592398

Attn: Kim David Lowe, Pharm.D.

Date: March 9, 2017

Dear Dr. Lowe,

In order for us to continue the review of the renewal application for Charleston Area Medical Center we need the following additional information:

1. Please specify what areas are above, below and adjacent to the nuclear medicine departments at the following locations:

    a. CAMC Associated Cardiology, 2930 Chesterfield Avenue, Charleston.

    b. CAMC General Hospital, 501 Morris Street, Charleston

    c. CAMC Heart Specialists, 2235 Chesterfield Avenue

    d. CAMC Kanawha City Imaging Center, 3416 MacCorkle Avenue, Charleston

    e. CAMC Southridge Imaging Center, 60 RHL Blvd., South Charleston

    f. CAMC Teays Valley Hospital, 1400 Hospital Drive, Hurricane

    g. CAMC Women and Children's Hospital, 800 Pennsylvania Avenue, Charleston

2. Please submit the shielding diagram and specifications for the PET/CT department at the CAMC Kanawha City Imaging Center, 3416 MacCorkle Avenue, Charleston.

3. With regard to your self-shielded irradiator program, please follow the link https://www.nrc.gov/docs/ML0103/ML010370198.pdf to NUREG - 1556, vol. 5, ***Program-Specific Guidance About Self-Shielded Irradiators.*** Follow the check list in Appendix C (attached) and make the suggested commitments, if they apply. Please complete the checklist and return it with your response to this request for additional information

We will continue our review upon receipt of this information. Please reply to my attention at the Region I Office and refer to Mail Control No. 592398. If you have any technical questions regarding this deficiency letter, please call me by telephone at (610) 337-5358 or by email at lester.tripp@nrc.gov.

In order to continue prompt review of your application, we request that you submit your response to this letter within 20 calendar days from the date of this letter.

Lester Tripp /RA/ 03/09/2017

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