



CONVERSATION RECORD

04/06/2017

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU Ann H. Maitz, M.S.		DATE OF CONTACT 04/06/2017	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 ann.maitz@beaumont.org		TELEPHONE NUMBER (248) 551-1194	

ORGANIZATION Beaumont Health System	DOCKET NUMBER(S) 030-37359
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LICENSE NUMBER(S) 21-01333-02	CONTROL NUMBER(S) 592316
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SUBJECT
Additional Information Needed for License Renewal

SUMMARY

We have reviewed your license renewal application dated November 7, 2016, and will need the following information to complete our review:

1. The licensee name listed on the application differs from the one currently listed on the license. Please confirm the correct name that should be listed on the license.
2. In your application, you did not provide any facility drawings or shielding calculations. Please submit facility drawings and shielding calculations.
3. The device that you requested in your application does not match what is currently on your license. Please verify the device information and confirm device model.

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ACTION REQUIRED (IF ANY)

Please submit your response by April 21, 2017 and reference it to my attention as "additional information to control number 592316" 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

CONVERSATION RECORD (continued)

SUMMARY: (Continued from page 1)

4. In your application, your description of the survey instruments you possess was not descriptive enough to determine the adequacy of the instruments you possess and did not include the request to be able to upgrade them. Please provide additional details on the survey instruments you possess and the statement "We reserve the right to upgrade our survey instruments as necessary as long as they are adequate to measure the type and level of radiation for which they are used."
5. In your application, you provided procedures for completing spot checks and calibrations, however your procedures did not include three areas required by the regulations, including, the treatment table retraction mechanism, emergency timing circuits, and trunion centricity. In addition, your application did not include several commitments required by 10 CFR 35.635 and 35.645. Please resubmit your spot check and calibration procedures, and ensure that all the commitments required by 10 CFR 35.635 and 10 CFR 35.645 are included.
6. In your application, you state that the emergency response procedures will be located on the control console, however a copy of those procedures was not provided. Please provide a copy of the emergency procedures.