



CONVERSATION RECORD

5/23/2017

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU

Christopher Durbin

DATE OF CONTACT

04/26/2017

TYPE OF CONVERSATION

E-MAIL

TELEPHONE

INCOMING

OUTGOING

E-MAIL ADDRESS

christopher.durbin@stlukes-stl.com

TELEPHONE NUMBER

ORGANIZATION

St. Luke's Hospital

DOCKET NUMBER(S)

030-02305

LICENSE NUMBER(S)

24-10570-03

CONTROL NUMBER(S)

593060

SUBJECT

Request barrier transmission values for supplemental information.

SUMMARY

See attached email message.

**Continue on Page 2**

ACTION REQUIRED (IF ANY)

**Continue on Page 3**

NAME OF PERSON DOCUMENTING CONVERSATION

DANIEL STROHMAYER

SIGNATURE

## **Strohmeyer, Daniel**

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**From:** Strohmeyer, Daniel  
**Sent:** Wednesday, April 26, 2017 9:47 AM  
**To:** 'christopher.durbin@stlukes-stl.com'  
**Subject:** [ACTION] NRC Amendment Request, Additional Information Needed

Good Morning Dr. Durbin.

I am reviewing your amendment request dated February 16, 2017. To assist in the review I the completed dose calculations in addition to the floor plan and shielding information. Could you please send me the dose calculations to the surrounding areas on the PET areas at your convenience?

Once received and reviewed I will be able to complete the request.

Respectfully,

Daniel C. Strohmeyer, CHP  
Health Physicist - Reviewer  
Materials Licensing Branch  
U.S. NRC, Region III  
630.829.9689