



CONVERSATION RECORD

6/26/2017

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

Patrick Byrne

DATE OF CONTACT

04/26/2017

TYPE OF CONVERSATION

E-MAIL

TELEPHONE

INCOMING

OUTGOING

E-MAIL ADDRESS

pbyrne@mpcphysics.com

TELEPHONE NUMBER

(877) 317-5811

ORGANIZATION

Hendricks Regional Health

DOCKET NUMBER(S)

030-12163

LICENSE NUMBER(S)

13-17082-01

CONTROL NUMBER(S)

594526

SUBJECT

Conversation Record- Request for Additional Information

SUMMARY

After review of the initial request dated April 6, 2017, to add a new location of use (including PET material), the reviewer determined that additional information was needed to confirm the facility was adequate to meet 10 CFR Part 20 dose limits. Specifically, the reviewer asked the licensee to provide the distances used in the shielding evaluation in order to independently confirm the licensee's values. The licensee provided the information on May 2, 2017 (ML17122A346).

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ACTION REQUIRED (IF ANY)

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NAME OF PERSON DOCUMENTING CONVERSATION

Magdalena R. Grygiak

SIGNATURE

Magdalena R. Grygiak