

6/26/17

NRC FORM 699
(03-2013)



U.S. NUCLEAR REGULATORY COMMISSION

DATE OF SIGNATURE

CONVERSATION RECORD

6/26/17

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

Dennis Aurand

DATE OF CONTACT

06/26/2017

TYPE OF CONVERSATION

E-MAIL

TELEPHONE

INCOMING

OUTGOING

E-MAIL ADDRESS

daurand@mhc.net

TELEPHONE NUMBER

(231) 392-8612

ORGANIZATION

Munson Medical Center

DOCKET NUMBER(S)

030-02074

LICENSE NUMBER(S)

21-16277-01

CONTROL NUMBER(S)

599620

SUBJECT

Conversation Record- Request for Additional Information

SUMMARY

See attached email.

Continue on Page 2

ACTION REQUIRED (IF ANY)

Continue on Page 3

NAME OF PERSON DOCUMENTING CONVERSATION

Magdalena Gryglak

SIGNATURE

Magdalena R. Gryglak

Gryglak, Magdalena

From: Gryglak, Magdalena
Sent: Monday, June 26, 2017 8:55 AM
To: 'Aurand, Dennis'
Subject: Munson Medical Center, NRC license # 21-08317-01 Amendment Request

Mr. Aurand,

After review of your request to amend NRC license no. 21-16277-01 to add a new location of use, a number of deficiencies was identified during review of the facility diagram. Please follow guidance in NUREG 1556, Rev 2, Section 8.16, Facility Diagram, to provide a revised response. As discussed with you on June 26, 2017, please provide the following:

- 1) Provide facility diagram describing the rooms and their purpose, room numbers as well as rooms/areas immediately above, below, and adjacent to the rooms of interest,
- 3) Provide dimensions for each room of interest and door entries,
- 2) Provide room/suite boundaries demonstrating how access to radioactive material is controlled.

Please provide a written response in a signed and dated letter by June 30, 2017. You may submit your response via facsimile to my attention at 630-515-1078 or email it as a pdf document to Magdalena.Gryglak@nrc.gov.

Thank you

Magdalena Gryglak
U.S. NRC, Region III
630-829-9875