

**From:** [Elliott, Robin](#)  
**To:** [Bohan, Michael](#)  
**Subject:** Request for Additional Information for License No. 06-00819-03, CN 601409  
**Date:** Thursday, October 26, 2017 5:14:00 PM

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License No.: 06-00819-03

Docket No: 03001244

Control No: 601409

Licensee Name: Yale-New Haven Hospital

This refers to your request to amend your license dated October 5, 2017. In order to continue our review of your request, the following additional information is needed:

The procedure for decommissioning facilities described in Item 12 of your October 5, 2017, letter is consistent with procedures for decommissioning Groups 1 and 2 as described in NUREG 1757 Vol. 1, Rev. 2. <https://www.nrc.gov/docs/ML0630/ML063000243.pdf> Since your license authorizes materials listed in 10 CFR 33.100 Schedule A, Column II, and you may need to address decommissioning requirements beyond Groups 1 and 2, please either provide procedures that address these materials or you may commit to following NUREG 1757 Vol. 1, Rev. 2.

Your reply must be an originally signed and dated letter. The letter may be scanned and submitted as a pdf document attached to an email; or it may be transmitted by facsimile to (610) 337-5269; or it may be sent by regular mail. If we do not receive a reply from you within 30 calendar days from the date of this e-mail, we will assume that you do not wish to pursue your application.

Regards,

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