

**From:** [Lanzisera, Penny](#)  
**To:** "[ruth.shanley@wchn.org](mailto:ruth.shanley@wchn.org)"  
**Subject:** Request for Additional Information for Amendment  
**Date:** Wednesday, February 14, 2018 2:15:00 PM

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Licensee: Danbury Hospital  
License No. 06-08544-01  
Docket No. 03001274  
Mail Control No. 602243

With regards to your letter dated January 10, 2018, we require the following additional information:

1. For Dr. Rubin, her certificate should have been issued in December 2017. Please forward a copy of the certificate.
2. For Dr. Bargellini, his prior experience was with a Varian device. Please confirm that he will receive formal training on Danbury Hospital's device in the following topics prior to his unsupervised use – i. operating procedures; ii. emergency procedures; and iii. Clinical casework review including treatment planning software.
3. Confirm whether your 2<sup>nd</sup> phone number provided is public or personal.

Please submit a letter signed by management addressing the above items and refer to Mail Control #602243 in your response. You may fax the letter to 610-337-5269 or send a signed pdf to my email address. Thank you for your assistance,

Penny Lanzisera  
Senior Health Physicist  
US NRC, Region I