



CONVERSATION RECORD

04/02/2018

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

Michael C. Brewer, MS, DABR

DATE OF CONTACT

04/02/2018

TYPE OF CONVERSATION

E-MAIL

TELEPHONE

INCOMING

OUTGOING

E-MAIL ADDRESS

Michael.Brewer@FranciscanAlliance.org

TELEPHONE NUMBER

(219) 864-2580

ORGANIZATION

Franciscan Healthcare - Munster

DOCKET NUMBER(S)

030-36594

LICENSE NUMBER(S)

13-32519-01

CONTROL NUMBER(S)

602177

SUBJECT

Additional Information Needed for License Amendment Request

SUMMARY

During our review of you amendment request to add a high dose rate remote afterloading device to your license dated January 10, 2018, we noted several items that were not included in your request:

1. In your request, you provided a description of the safety procedures as required by 10 CFR 35.610, however your response did not provide a commitment to maintain records of the individuals who have received that required training and copies of the procedures. Please provide the following commitments in writing:

a. "A licensee shall retain a record of individuals receiving instruction required by paragraph (d) of this section, in accordance with § 35.2310."

b. "A licensee shall retain a copy of the procedures required by §§ 35.610(a)(4) and (d)(2) in accordance with § 35.2610."

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ACTION REQUIRED (IF ANY)

Please submit your response by April 9, 2018, and reference it to my attention as "additional information to control number 602177" to facilitate proper handling in our office. Your response must be currently dated and signed. If you have any questions or require clarification of any of the information stated above, please do not hesitate to contact me at 630-829-9607

In accordance with 10 CFR 2.390 of the NRC's "Rules of Practice," a copy of this letter and its enclosure will be available electronically for public inspection in the NRC Public Document Room or from the NRC's Agencywide Documents Access and Management System (ADAMS), accessible from the NRC Web site at <http://www.nrc.gov/reading-rm/adams.html>.

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NAME OF PERSON DOCUMENTING CONVERSATION

Jennifer L. Bishop

SIGNATURE

CONVERSATION RECORD (continued)

SUMMARY: (Continued from page 1)

3. In your request you provided procedures on how full calibration measurements will be completed in accordance with 10 CFR 35.633, however there were several items that were not included in your procedures. Please provide the following information in your response:

a. Please confirm that a full calibration will be completed before the first medical use of the unit and following any repair of the unit that includes removal of the source or major repair of the components associated with the source exposure assembly.

b. Please confirm that you full calibration will include determination of the length of the applicators and the function of the source transfer tubes, applicators, and transfer tube-applicator interfaces.

c. Please provide the following commitment: "A licensee shall make full calibration measurements required by paragraph (a) of this section in accordance with published protocols accepted by nationally recognized bodies."

d. Please provide the following commitment: "A licensee shall mathematically correct the outputs determined in paragraph (b)(1) of this section for physical decay at intervals consistent with 1 percent physical decay."

e. Please provide the following commitment: "Full calibration measurements required by paragraph (a) of this section and physical decay corrections required by paragraph (g) of this section must be performed by the authorized medical physicist."

f. Please provide the following commitment: "A licensee shall retain a record of each calibration in accordance with § 35.2632."

4. In your request, you provided a procedure for how periodic spot checks will be completed, however, your procedures did not include a requirement to verify the proper operation and availability of emergency equipment. Please provide a written response confirming your procures for periodic spots checks will the verification of the proper operation and availability of emergency equipment.