



CONVERSATION RECORD

NAME OF PERSON(S)/TITLE CONTACTED OR IN CONTACT WITH YOU Stephen M. Rose, M.S.		DATE OF CONTACT 11/14/2018	TYPE OF CONVERSATION <input type="checkbox"/> E-MAIL <input checked="" type="checkbox"/> TELEPHONE <input type="checkbox"/> INCOMING <input type="checkbox"/> OUTGOING	
E-MAIL ADDRESS Stephen.Rose@hannibalregional.org		TELEPHONE NUMBER 573-221-0414		
ORGANIZATION James E. Cary Cancer Center		DOCKET NUMBER(S) 030-37750		
LICENSE NAME AND NUMBER(S) James E. Cary Cancer Center, Lic no. 24-32681-01		MAIL CONTROL NUMBER(S) CN 608930		
SUBJECT Deficiencies identified in the licensee's response dated 11/13/18				
SUMMARY AND ACTION REQUIRED (IF ANY) On 11/14/18, I spoke with Mr. Rose (12:30 pm to 1:00 pm) and discussed the following: <i>(CT)</i> 1) the request to resubmit the drawing with the address listed; 2) the discrepancies in the thicknesses of the poured concrete in the diagram versus the table. Mr. Rose explained that he was more conservative in his calculations and rounded numbers down for the thicknesses (e.g. point D-West Lawn). Also, some of the thicknesses are different because the path from exposed source to the adjacent point is at an angle and the thickness could be more or less. Additionally, at point A (door), the thickness of the door is not used; the licensee used the the maze wall thickness (2 ft when calculating the distance from the exposed source) which is the barrier before the door. This approach was taken to account for cases where the door is inadvertently opened during treatment. 3) requested the licensee to provide the emergency equipment needed to surgically remove the source from inside the patient; 4) the security of console and the treatment room when the unit is not used or unattended. Mr. Rose explained that the console room room itself is not locked, and the console is secured by removing and securing the console keys. Also, the HDR unit is secured in a locked storage closet where key card access is required. Licensee will provide a description; 5) request to describe how the individual spot checks in 10 CFR 35.643 (d) are performed;				
NAME OF PERSON DOCUMENTING CONVERSATION <i>Prepared after MG's call to licensee before my review, elle</i>				
SIGNATURE <i>Haydeline Gyles</i>		DATE OF SIGNATURE <i>11/20/18</i>		DATE OF SIGNATURE <i>11/14/18</i>

CONVERSATION RECORD (continued)

LICENSE NAME AND NUMBER(S)

MAIL CONTROL NUMBER(S)

James E. Cary Cancer Center, Lic no. 24-32681-01

CN 608930

SUMMARY AND ACTION REQUIRED (IF ANY) (Continued)

- 6) Please confirm that if the results of the spot checks required in 10 CFR 35.643(d) indicate the malfunction of any system, you will lock the control console in the off position and not use the unit except as may be necessary to repair, replace, or check the malfunctioning system;
- 7) Please confirm that you will retain a record of each spot check required by 10 CFR 35.643 (d) in accordance with 10 CFR 35.2643.