From: Lanzisera, Penny
To: Blankenship, Bette
Subject: Request for Additional Information
Date: Friday, January 04, 2019 11:59:00 AM

Licensee: Hartford Hospital
License No. 06-00253-04
Docket No. 03001239
Mail Control 610905

Dear Ms. Blankenship, to continue our review of your requests dated September 25 and December 13, 2018, please provide the following additional information:

1. Indicate the licensed name, i.e., Hartford Hospital – A Hartford HealthCare Partner or Hartford HealthCare Corporation – dba Hartford Hospital.
2. For the wipe test results, please indicate whether these were the measured results (e.g, <200 dpm) or whether these are form place holders for the results. If only the form, please provide the measured results. Additionally, please indicate the instruments used in surveys.

You may provide the additional information to my attention either via a signed pdf or fax sent to 610-337-5269. Please reference Mail Control No. 610905 in your response.

Thank you for your assistance,

Penny Lanzisera, Senior Health Physicist
U.S. NRC, Region I