



CONVERSATION RECORD

NAME OF PERSON(S)/TITLE CONTACTED OR IN CONTACT WITH YOU		DATE OF CONTACT	TYPE OF CONVERSATION	
Zhongshan Zhang, M.Sc.		02/15/2019	<input type="checkbox"/> E-MAIL	<input type="checkbox"/> INCOMING
E-MAIL ADDRESS		TELEPHONE NUMBER	<input checked="" type="checkbox"/> TELEPHONE	<input checked="" type="checkbox"/> OUTGOING
zzhang@ohaev.com		812-490-5179		
ORGANIZATION		DOCKET NUMBER(S)		
Oncology Hematology Associates of S.W. Indiana		030-37836		
LICENSE NAME AND NUMBER(S)		MAIL CONTROL NUMBER(S)		
Oncology Hematology Associates of S.W. Indiana 13-32700-01		609964		
SUBJECT Request for Additional Information				
SUMMARY AND ACTION REQUIRED (IF ANY) On 2/15/19 M. Gryglak contacted Z. Zhang and requested additional information:  1. A description of other abnormal situations as described in NUREG 1556, Volume 9, Revision 2, Section 8.22, and steps to address the situation (e.g. loss of power to the HDR unit, HDR system malfunction, medical condition of a patient). Mr. Zhang did confirm that the emergency procedures he provided in his 1/31/19 response represent the most conservative approach and encompass any other abnormal situations such as patient medical emergency, HDR system malfunction or power failure. Reviewer asked to describe the steps the licensee would take in these additional situations.  2. A description of instrumentation that will be used to perform required surveys of areas where unsealed material is used as described in NUREG 1556, Volume 9, Revision 2, Section 8.17.  3. An enlarged diagram of the hot lab illustrating the details inside the room (sink, work area, L-shield, waste area, storage area)  Also, Mr. Zhang confirmed that the AUs listed in his response dated 1/31/19 should be named on the license.				
NAME OF PERSON DOCUMENTING CONVERSATION Magdalena R. Gryglak				
SIGNATURE <i>Magdalena R. Gryglak</i>			DATE OF SIGNATURE 2/15/19	