



CONVERSATION RECORD

NAME OF PERSON(S)/TITLE CONTACTED OR IN CONTACT WITH YOU Santosh K. Kar, M.S.	DATE OF CONTACT 04/09/2019	TYPE OF CONVERSATION <input type="checkbox"/> E-MAIL <input checked="" type="checkbox"/> TELEPHONE <input type="checkbox"/> INCOMING <input type="checkbox"/> OUTGOING
E-MAIL ADDRESS skkar@comhs.org	TELEPHONE NUMBER (219) 703-1742	
ORGANIZATION St. Catherine Hospital, Inc.	DOCKET NUMBER(S) 030-01590	
LICENSE NAME AND NUMBER(S) St. Catherine Hospital, Inc./13-01148-01	MAIL CONTROL NUMBER(S) 611641	
SUBJECT Request for Additional Information		

SUMMARY AND ACTION REQUIRED (IF ANY)
 See attached email.

NAME OF PERSON DOCUMENTING CONVERSATION MAGDALENA R. GRYGALAK	
SIGNATURE 	DATE OF SIGNATURE 4/9/19

Gryglak, Magdalena

From: Gryglak, Magdalena
Sent: Tuesday, April 09, 2019 12:47 PM
To: Santosh K. Kar; 'Jacqueline.P.Katz@comhs.org'
Subject: Request to release the Cyberknife Hot Lab for Unrestricted Use, NRC license no. 13-01148-01, St. Catherine Hospital

Mr. Kar,

As we discussed today, please provide the following information in a signed and dated letter in support of your request to release the Cyberknife Hot Lab for unrestricted use:

1. Confirmation that only sealed sources and other quality control sealed sources (no unsealed radioactive material was stored) were stored in the Cyberknife Hot Lab;
2. Inventory of the sealed sources and the leak test results before they were transferred, if required;
3. Confirmation on the location where the sealed sources were transferred (main hospital hot lab);
4. Last calibration date for the Ludlum 19 Micro-R-Meter SN 151658
5. Efficiency/Correction factor for the Cobra II Gamma Counter, SN 406282

You may submit your response in a signed and dated letter as a pdf document and email it directly to me.

Thank you

Magdalena R. Gryglak
US NRC Region III
630-829-9875