CONVERSATION RECORD

NAME OF PERSON(S)/TITLE CONTACTED OR IN CONTACT WITH YOU	DATE OF CONTACT	TYPE OF CONVERSATION	
Roger Stevenson, MS, DABR	05/29/2019	☐ E-MAIL	
		✓ TELEPHONE	☐ INCOMING
E-MAIL ADDRESS	**TELEPHONE NUMBER**		☐ OUTGOING
rstevenson@gshvin.org	(917) 428-8716		

ORGANIZATION	DOCKET NUMBER(S)
Good Samaritan Hospital	03001600

LICENSE NAME AND NUMBER(S)	MAIL CONTROL NUMBER(S)
Good Samaritan Hospital/13-01787-01	611522

SUBJECT
Request for Additional Information dated May 29, 2019

SUMMARY AND ACTION REQUIRED (IF ANY)
See the attached summary.

NAME OF PERSON DOCUMENTING CONVERSATION
Magdalena R. Gryglak

SIGNATURE
Magdalena R. Gryglak

DATE OF SIGNATURE
5/29/19

From:	Gryglak, Magdalena
Sent:	Thursday, May 30, 2019 11:45 AM
To:	'Roger Stevenson'
Cc:	Mark Beanblossom
Subject:	Amendment Request, NRC License no. 13-01787-01, Good Samaritan Hospital

Good morning Mr. Stevenson;

As we discussed yesterday and today, please provide additional information pertaining to your request to authorize the HDR program.

Please address the following:

1) Please describe where the HDR device keys and the HDR console keys will be stored. Please describe how the keys will be controlled;
2) Please describe/clarify the statement in your letter dated 4/12/19: "Only authorized employees of Good Samaritan Hospital have access to the console through control of keys to this area" (i.e. define authorized employees);
3) Resubmit the HDR diagram demonstrating the boundary/walls of Room R156 (Console) and the locked door;
4) Describe the purpose of fencing on the roof and how access to the roof area is controlled (i.e. locked fencing/gates, video surveillance, administrative controls etc.)

Please submit the information in a signed and dated letter (signed by senior management) via email.

I am available at 630-829-9875 or by email for any questions you may have.

Thank you

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

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