



CONVERSATION RECORD

<p><b>NAME OF PERSON(S)/TITLE CONTACTED OR IN CONTACT WITH YOU</b></p> <p>Roger Stevenson, MS, DABR</p>	<p><b>DATE OF CONTACT</b></p> <p>03/22/2019</p>	<p><b>TYPE OF CONVERSATION</b></p> <p><input checked="" type="checkbox"/> E-MAIL</p> <p><input checked="" type="checkbox"/> TELEPHONE</p> <p><input type="checkbox"/> INCOMING</p> <p><input type="checkbox"/> OUTGOING</p>	
<p><b>E-MAIL ADDRESS</b></p> <p>rstevenson@gshvin.org</p>	<p><b>TELEPHONE NUMBER</b></p> <p>(917) 428-8716</p>		
<p><b>ORGANIZATION</b></p> <p>Good Samaritan Hospital</p>	<p><b>DOCKET NUMBER(S)</b></p> <p>03001600</p>		
<p><b>LICENSE NAME AND NUMBER(S)</b></p> <p>Good Samaritan Hospital/13-01787-01</p>	<p><b>MAIL CONTROL NUMBER(S)</b></p> <p>611522</p>		
<p><b>SUBJECT</b></p> <p>Request for Additional Information</p>			
<p><b>SUMMARY AND ACTION REQUIRED (IF ANY)</b></p> <p>See the attached summary.</p>			
<p><b>NAME OF PERSON DOCUMENTING CONVERSATION</b></p> <p>Magdalena R. Gryglak</p>			
<p><b>SIGNATURE</b></p> <p><i>Magdalena R. Gryglak</i></p>			<p><b>DATE OF SIGNATURE</b></p> <p>3/22/19</p>

Good Samaritan Hospital, NRC license no. 13-01787-01.

Please provide the following information:

1. Provide the correct model number of the sealed source to be used. ✓
2. Regarding B. Gebhardt as an AU, please explain that Hayeon Kim is an AMP, provide a copy of license no. XX where Hayeon Kim is listed as an AMP and (if the license is a broad scope license) a letter from the RSO attesting the Hayeon Kim is an AMP on license no. XX for use of the HDR since DATE. ✓
3. Resubmit Form 313A (RSO) for M. Beanblossom with the correct boxes/entries made and providing more specific dates (month/year) of training. Please submit a copy of Illinois license no. IL-01343-01. ✓
4. Resubmit the table defining unrestricted areas (the submitted table defines "non-restricted" areas which are not defined) ✓
5. Describe whether there is a concrete ceiling above the HDR room, its thickness and how you control access to the area above the HDR room. ✓
6. Explain the three security barriers to access the HDR unit (use of electronic cards/badge, locked door to the console room 156 and locked storage cabinet. Also confirm that the HDR console keys and the HDR storage cabinet keys will be controlled by the AMP and Department Manager.
7. Describe what key interlocks are. ✓
8. Please provide your procedures describing how the various spot checks will be performed in accordance with requirements in 10 CFR 35.643. Please note that in addition to listing the spot checks, your procedures need to briefly describe how each spot check will be performed. For example, to check whether the HDR room audio system works, you will turn the system on and have another authorized person enter the HDR room and you will communicate with the individual to ensure you can hear each other (stating that functionality of the system will be checked is not sufficient). The following spot checks need to be addressed:
  - a) Electrical interlocks at the door to the HDR room.
  - b) Source exposure indicator lights on HDR unit, on the control console, and the facility
  - c) Viewing system
  - d) Intercom/audio system
  - e) Emergency equipment present
  - f) Radiation monitors used to indicate the source position
  - g) Timer accuracy
  - h) Clock (date and time) in the unit's computer ✓

i) Decayed source activity in the unit's

9) Emergency procedures in accordance with 10 CFR 35.610:

- a) Define what emergency situation you might encounter (for example patient sickness/loss of power/any HDR system failure etc.)
- b) Confirm that copies of operating procedures, emergency procedures and emergency contacts will be physically located at the HDR unit console.
- c) Describe the process for allowing individuals to be present in the treatment room during treatments.

**Gryglak, Magdalena**

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**From:** Gryglak, Magdalena  
**Sent:** Friday, March 22, 2019 9:59 AM  
**To:** Roger Stevenson  
**Cc:** Mark Beanblossom  
**Subject:** NRC License Amendment request to authorize the use of HDR, License No 13-01787-01, Good Samaritan Hospital  
**Attachments:** Good Samaritan Hospital RFI.docx

Good morning Mr. Stevenson,

I reviewed your request dated March 1, 2019 to authorize the use of the HDR.

Based on our discussion today, please provide the additional information listed in the attachment.

Please submit the additional information in a signed (by management) and dated letter by April 12, 2019. You may submit the information electronically directly to me.

Please let me know if you have any questions.

Thank you

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