

RECEIVED

*90 DEC 26 A7:44
VOID SHEET

U.S. MAIL
1st CLASS PERMIT NO. 1000
WASHINGTON, D.C. 20540

TO: License Fee Management Branch
FROM: RTM
SUBJECT: VOIDED APPLICATION

Control Number: 89922
Applicant: Berger Hospital
Date Voided: 12/10/90
Reason for Void: _____

no resp. to def. ltr

Patricia Vecchione
Signature Date
12/10/90

Attachment:
Official Record Copy of
Voided Action

FOR LFMB USE ONLY

Final Review of VOID Completed:

- Refund Authorized and processed
- No Refund Due
- Fee Exempt or Fee Not Required

Comments: after Review

Log completed
Processed by: CP

ML30
1/1

BETWEEN:

LICENSE FEE MANAGEMENT BRANCH, ARM
AND
REGIONAL LICENSING SECTIONS

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
: PROGRAM CODE: 02120
: STATUS CODE: 0
: FEE CATEGORY: EX 7C
: EXP. DATE: 19911130
: FEE COMMENTS: 170.11(A)(S) CODE 15
: ::

LICENSE FEE TRANSMITTAL

A. REGION IV

1. APPLICATION ATTACHED
APPLICANT/LICENSEE: BERGER HOSPITAL
RECEIVED DATE: 900727
DOCKET NO: 3029545
CONTROL NO.: 389922
LICENSE NO.: 34-24802-01
ACTION TYPE: AMENDMENT

2. FEE ATTACHED
AMOUNT: \$270.00
CHECK NO.: 004228

3. COMMENTS

SIGNED P. Kitzlaff
DATE 7-31-90

B. LICENSE FEE MANAGEMENT BRANCH (CHECK WHEN MILESTONE 03 IS ENTERED)

1. FEE CATEGORY AND AMOUNT: -----

2. CORRECT FEE PAID. APPLICATION MAY BE PROCESSED FOR:
AMENDMENT 170.11(A)
RENEWAL -----
LICENSE -----

3. OTHER -----

SIGNED Wm. Bragg
DATE 8/2/90

347

DEC 17 1990

Berger Hospital
ATTN: Thomas T. Fox, M.D.
Radiation Safety Officer
600 N. Pickaway Street
Circleville, OH 43113

SUBJECT: ABANDONMENT OF YOUR REQUEST FOR AN AMENDMENT DATED SEPTEMBER 25, 1990

Gentlemen:

This refers to your request for an amendment dated July 5, 1990 and our letter dated September 25, 1990 in which we requested additional information and notified you that unless a response was received in 30 days we would void your request.

We have not received a response to date.

You are hereby notified that we consider that you have abandoned your application and we have voided the request. This action is without prejudice to resubmission.

If you resubmit the same request within one year of the date of this letter, we will reactivate our review. Information submitted in response to this letter should refer to VOIDED CONTROL NUMBER 89922.

Sincerely,

Original Signed By
Patricia M. Vacherlon
Materials Licensing Section

Enclosure: Ltr dtd September 25, 1990

R111
Pmv
vacherlon/mc
12/17/90

September 25, 1990

Berger Hospital
ATTN: Thomas T. Fox, M.D.
Radiation Safety Officer
600 N. Pickaway Street
Circleville, OH 43113

Gentlemen:

We have reviewed your July 5, 1990 request for an amendment adding two physician users to your license and find that we will need additional information as follows:

10 CFR Part 35, Section 35.972 states that training must have been received within five years of the date of the application. The Board Certifications for both Dr. Hass and Dr. Chapin exceed this time limit. In order for us to complete this review, you will need to submit evidence of their continuing education and/or experience in the field of nuclear medicine (e.g. they have worked under the supervision of an authorized user on another NRC license).

We will continue our review upon receipt of this information. Please submit this information, in duplicate, within 30 days, and refer to control number 89922.

If you have any questions regarding this matter, please contact us by phone at (708)790-5625.

Sincerely,

Patricia M. Vacherlon
Materials Licensing Section

Encl: Preceptor Packages (2)

RIV
VACHERLON
9/25/90

SEP 05 1990

Berger Hospital
ATTN: Thomas T. Fox, M.D.
Radiation Safety Officer
600 North Pickaway Street
Circleville, OH 43113

Gentlemen:

Enclosed is Check No. 004228 (\$270) which accompanied your July 5, 1990, application for an amendment to Materials License 34-24802-01.

Section 170.11(a)(9) of Part 170, copy enclosed, provides that no fees will be required for "A license for possession and use of byproduct material, source material, or special nuclear material applied for by, or issued to an agency of a State or any political subdivision thereof." The Berger Hospital is therefore, exempt from payment of license fees.

Your application has been sent to the Licensing staff for processing.

Sincerely,

(Signed) Maurice Messier

Maurice Messier
License Fee and Debt Collection Branch
Division of Accounting and Finance
Office of the Controller

Enclosures:

1. Check No. 004228 (\$270)
2. 10 CFR 170

DISTRIBUTION:

S/F Copy
OC/DAF R/F
LFDCB R/F (2)
DW/MISCFM/Berger Hosp

OFFICE : OC/LFDCB *CP*
SURNAME : CPhillips:ab
DATE : 8/30/90

M
OFFICE : OC/LFDCB
SURNAME : MMessier
DATE : 8/31/90

G
OFFICE : OC/LFDCB
SURNAME : GJackson
DATE : 8/5/90



BERGER HOSPITAL

NORTH PICKAWAY STREET/CIRCLEVILLE, OHIO 43113/Phone 474-2126 Area 614

July 5, 1990

U.S. Nuclear Regulatory Commission
Materials Licensing Section
799 Roosevelt Road
Glen Ellyn, Illinois 60137

Attention: Mr. G. Michael McCann, Section Chief

Subject: Change of Radiation Safety Officer and Additions of
Authorized Users for License #34-24808-01

RECEIVED
90 AUG -3 10:46
U.S. NUCLEAR REGULATORY COMMISSION

Dear Mr. McCann:

Berger Hospital is requesting a change in Radiation Safety Officer. Thomas T. Fox, M.D., who has served in that capacity since the inception of this license, is seeking to act only as an Authorized User for the institution.

S. Douglas Haas, M.D., is designated to assume the role as Radiation Safety Officer for the hospital. He is a member of the medical staff in the Department of Radiology. Dr. Haas received his postgraduate training in diagnostic radiology and nuclear medicine at The Ohio State University and became a diplomate of the American Board of Radiology in the field of Diagnostic Radiology in June 1984.

The hospital wishes to add S. Douglas Haas, M.D., and Eva T. Chapin, M.D., as Authorized Users to the aforementioned license. Dr. Chapin is a diplomate in Diagnostic Radiology with the American Board of Radiology and has received Special Competence in Nuclear Radiology certification from the same board in June 1983.

A bank draft of \$270.00 is enclosed to initiate the above-mentioned changes. If you should have any questions regarding this request, please contact me at (614) 474-2126.

FEE EXEMPT
170. 11/6/90

Aug 6-74 Sincerely,

Check returned 00425
8220
8/13/90
8/17/90
Missouri
Thomas T. Fox, M.D.
Radiation Safety Officer

RECEIVED
JUL 27 1990
REGION III

A NON-PROFIT CITY/COUNTY HOSPITAL

CONTROL NO. 89922

PURCHASE ORDER FOR SUPPLIES OR SERVICES

THE BERGER HOSPITAL

600 W. Pickaway St.
 Circleville, Ohio 43113
 EQUAL OPPORTUNITY EMPLOYER

00147

THIS NUMBER MUST APPEAR ON ALL
 CORRESPONDENCE, INVOICES, SHIP-
 PING PAPERS AND PACKAGES.

TO: U.S. Nuclear Regulatory Commission SHIP TO
 Materials Licensing Section
 799 Roosevelt Road
 Glen Ellyn, Illinois 60137

DELIVERY:

DATE	DEPT. NO.	TERMS	SHIP VIA	F.O.B. POINT		
7/12/90	714 Nuclear Medicine					
REC'D	B/O	QUANTITY	NUMBER AND DESCRIPTION OF ARTICLE	PRICE	PER UNIT	AMOUNT
			Fee to change Authorized Users on license.	\$270.00		\$270.00

IF QUANTITY ACCEPTED BY THE HOSPITAL IS SAME AS QUANTITY ORDERED, INDICATE BY
 IF DIFFERENT ENTER ACTUAL QUANTITY ACCEPTED

BERGER HOSPITAL

BY: *Mary Hunter*

PURCHASING ORDERING OFFICER

QUANTITY IN COLUMN HAS BEEN
 INSPECTED RECEIVED ACCEPTED AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED

SHIP NO.

PARTIAL
 FINAL

PAID BY

AMOUNT VERIFIED CORRECT FOR

DATE SIGNATURE OF AUTHORIZED HOSPITAL REPRESENTATIVE

PAYMENT

COMPLETE
 PARTIAL
 FINAL

BILL OF LADING NO.

CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT

DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER

CONTRACTOR MUST SUBMIT TWO COPIES OF INVOICE

CONTROL NO. 89922

PURCHASE ORDER FOR SUPPLIES OR SERVICES

FORM APPROVED PAGE OF

THE BERGER HOSPITAL

600 N. Pickaway St.
 Circleville, Ohio 43113

EQUAL OPPORTUNITY EMPLOYER

00147

THIS NUMBER MUST APPEAR ON ALL
 CORRESPONDENCE, INVOICES, SHIP-
 PING PAPERS AND PACKAGES

TO: U.S. Nuclear Regulatory Commission SHIP TO
 Materials Licensing Section
 799 Roosevelt Road
 Glen Ellyn, Illinois 60137

DELIVERY:

DATE	DEPT. NO.	TERMS	SHIP VIA	F.O.B. POINT		
7/12/90	714 Nuclear Medicine					
REC'D	B/O	QUANTITY	NUMBER AND DESCRIPTION OF ARTICLE	PRICE	PER UNIT	AMOUNT
			Fee to change Authorized Users on license.	\$270.00		\$270.00

IF QUANTITY ACCEPTED BY THE HOSPITAL IS SAME AS QUANTITY ORDERED, INDICATE BY <input checked="" type="checkbox"/> IF DIFFERENT ENTER ACTUAL QUANTITY ACCEPTED.		BERGER HOSPITAL BY: <i>Mary Hunter</i>		PURCHASING ORDERING OFFICER		TOTAL
QUANTITY IN COLUMN HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED		SHIP NO.		PAID BY		DIFFERENCES
DATE _____ SIGNATURE OF AUTHORIZED HOSPITAL REPRESENTATIVE _____		<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		PAYMENT		INITIALS
CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____		<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		BILL OF LADING NO.		AMOUNT VERIFIED CORRECT FOR
						CHECK NUMBER

FORM PU 01 REV. 3/89

CONTRACTOR MUST SUBMIT TWO COPIES OF INVOICE

CONTROL NO. 89922

JUL 27 1990

ORIGINAL