



CONVERSATION RECORD

NAME OF PERSON(S)/TITLE CONTACTED OR IN CONTACT WITH YOU		DATE OF CONTACT	TYPE OF CONVERSATION	
Blaine Norton		04/28/2020	<input type="checkbox"/> E-MAIL <input checked="" type="checkbox"/> TELEPHONE <input type="checkbox"/> INCOMING <input checked="" type="checkbox"/> OUTGOING	
E-MAIL ADDRESS		TELEPHONE NUMBER		
blaine.norton@numedinc.com		(618) 231-5297		
ORGANIZATION		DOCKET NUMBER(S)		
Pike County Memorial Hospital		030-38203		
LICENSE NAME AND NUMBER(S)		MAIL CONTROL NUMBER(S)		
Pike County Memorial Hospital 24-32776-01		617883		
SUBJECT				
Pending License Renewal for Pike County Memorial Hospital - Additional Information Required				
SUMMARY AND ACTION REQUIRED (IF ANY)				
<p>This is a record of the conversation between Laura Cender and Blaine Norton, on behalf of Pike County Memorial Hospital, regarding the pending license renewal application dated January 24, 2020.</p> <p>Please provide your appropriately signed and dated response by no later than Friday, May 22, 2020. Please submit your response to me directly via email. I can be reached at 630-829-9712 or via email with any questions.</p> <p>Application Signature: Please resubmit the application in entirety under the signature of an appropriate senior manager from the licensee. Please ensure that the following items are addressed in the application</p> <p>Application Item 7 - Authorized Users Provide the medical license number and issuing entity (i.e. state) for each requested Authorized User.</p> <p>Application Item 9 - Facility Diagram Confirm that the "lockable" door is kept locked to unauthorized individuals to secure access when licensed material is present.</p> <p>Application Item 11 - Waste Management Confirm that waste will not be disposed of by incineration or compaction.</p>				
NAME OF PERSON DOCUMENTING CONVERSATION				
Laura B. Cender				
SIGNATURE			DATE OF SIGNATURE	
			04/28/2020	