



CONVERSATION RECORD

NAME OF PERSON(S)/TITLE CONTACTED OR IN CONTACT WITH YOU		DATE OF CONTACT	TYPE OF CONVERSATION	
Patrick Byrne		08/12/2020	<input type="checkbox"/> E-MAIL <input checked="" type="checkbox"/> TELEPHONE <input type="checkbox"/> INCOMING <input checked="" type="checkbox"/> OUTGOING	
E-MAIL ADDRESS		TELEPHONE NUMBER		
pbyrne@mpcphysics.com		(877) 317-5711		
ORGANIZATION		DOCKET NUMBER(S)		
MPC Physics		030-01644		
LICENSE NAME AND NUMBER(S)		MAIL CONTROL NUMBER(S)		
Indiana University Health Bloomington Health License No. 13-10408-02		CN 618921		
SUBJECT				
Pending NRC License Renewal - Additional Information Required				
SUMMARY AND ACTION REQUIRED (IF ANY)				
<p>This is a record of the conversation between Laura Cender and Patrick Byrne of MPC Physics, on behalf of Indiana University Health Bloomington Health regarding the license renewal application dated May 15, 2020.</p> <p>Please provide your response to the following items by no later than Friday Sept. 4, 2020. Please provide your response to me directly as an attachment via email. I may be reached via email at laura.cender@nrc.gov or at 630-829-9712 with any questions.</p> <p>1. Consultant Radiation Safety Officer:</p> <ol style="list-style-type: none"> Identify other commitments of the consultant-RSO for other NRC or Agreement State licensed facilities, along with a description of how the consultant-RSO will allocate time to permit the performance of the duties of the RSO, as described in the regulations. State the consultant-RSO's minimum amount of onsite time (hours per week or days per quarter, as appropriate). Identify an in-house representative who will serve as the point of contact during the RSO's absence. Describe the overall availability of the consultant-RSO to respond to questions or operational issues that arise during the conduct of the radiation safety program and related regulatory requirements. Specify the maximum amount of time it will take the consultant-RSO to arrive at the facility, in the event of an emergency that requires his or her presence. 				
NAME OF PERSON DOCUMENTING CONVERSATION				
Laura B. Cender				
SIGNATURE			DATE OF SIGNATURE	
			08/12/2020	

CONVERSATION RECORD (continued)

LICENSE NAME AND NUMBER(S)

Indiana University Health Bloomington Health
License No. 13-10408-02

MAIL CONTROL NUMBER(S)

CN 618921

SUMMARY AND ACTION REQUIRED (IF ANY) (Continued)

2. Authorized Users

a.) Provide the medical license numbers and issuing entity (i.e. state/territory) for each AU requested.

3. Facilities and Equipment

a.) Provide facility diagrams that are labeled with the respective facility addresses.

b.) Confirm patients administered unsealed byproduct material or implants containing byproduct material will be releasable per the requirements of 10 CFR 35.75.

If patients may not be released due to not meeting the requirements of 10 CFR 35.75, please provide a description and facility diagram of the areas where patients will be housed. Provide a description of the surrounding areas, including the occupancy factors, and indicate whether the areas are restricted or unrestricted, as defined in 10 CFR 20.1003. Describe any additional equipment to be put in place such as portable shielding.

c.) Provide a description of the emergency response equipment available for manual brachytherapy facilities.

4. Safe Use of Unsealed Licensed Material

a.) Confirm that you have developed and will maintain and implement and maintain written procedures for safe use of unsealed byproduct material that meets the requirements of 10 CFR 20.1201.