



CONVERSATION RECORD

NAME OF PERSON(S)/TITLE CONTACTED OR IN CONTACT WITH YOU		DATE OF CONTACT	TYPE OF CONVERSATION	
Patti Staples		11/03/2020	<input type="checkbox"/> E-MAIL <input checked="" type="checkbox"/> TELEPHONE <input type="checkbox"/> INCOMING <input checked="" type="checkbox"/> OUTGOING	
E-MAIL ADDRESS		TELEPHONE NUMBER		
pstaples@portagehealth.org		906-483-1406		
ORGANIZATION		DOCKET NUMBER(S)		
Portage Hospital, LLC		030-13827		
LICENSE NAME AND NUMBER(S)		MAIL CONTROL NUMBER(S)		
Portage Hospital, LLC 21-18525-01		623327		
SUBJECT				
Pending NRC License Amendment Request - Additional Information Required				
SUMMARY AND ACTION REQUIRED (IF ANY) This is a record of the conversation between Laura Cender and Patricia Staples of Portage Hospital, LLC regarding the license amendment request dated October 1, 2020. Per our discussion today please provide your response to the following items by no later than Friday, November 20, 2020. Please send your appropriately signed and dated response to me directly as an attachement via email to laura.cender@nrc.gov .				
<ol style="list-style-type: none"> 1. Provide a facility diagram that is to scale, indicates the direction North, and describes the principle use of adjacent areas including areas above, beside, and below PET treatment areas. Indicate any doors that are access controlled, i.e. locked, and describe if surrounding areas are restricted or unrestricted as defined in 10 CFR 20.1003. 2. Resubmit an additional copy of the PET trailer facility diagram as the mailed copy did not scan well enough to read the fine text in our digital management system. 3. Indicate the area where PET injections will occur on the facility diagram. 				
NAME OF PERSON DOCUMENTING CONVERSATION				
Laura B. Cender				
SIGNATURE			DATE OF SIGNATURE	
			11/03/2020	

CONVERSATION RECORD (continued)

LICENSE NAME AND NUMBER(S)

Portage Hospital, LLC
21-18525-01

MAIL CONTROL NUMBER(S)

623327

SUMMARY AND ACTION REQUIRED (IF ANY) (Continued)

4. Please provide simple and complete shielding calculations to demonstrate that radiation levels in all adjacent areas, including above and below the rooms where the material is used will not exceed the levels in 10 CFR 35.1301 for members of the public and radiation workers.
- a. In your evaluation, describe the isotope used (F-18), the maximum activity used for F-18, uptake and scan times per patient, and the anticipated number of patients per day, the number of treatment days each week.
 - b. Provide occupancy factors for surrounding areas
 - c. Describe the type and thickness of shielding material/barriers in each room for all adjacent areas, including above and below (i.e. poured concrete, lead etc.)
 - d. Provide distances from the patient/exposed source to the adjacent areas/rooms which will be occupied in each direction, including above and below.