



CONVERSATION RECORD

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|--|--|------------------------|---|--|
| NAME OF PERSON(S)/TITLE CONTACTED OR IN CONTACT WITH YOU | | DATE OF CONTACT | TYPE OF CONVERSATION | |
| Ann H. Maitz, M.S. | | 07/27/2021 | <input type="checkbox"/> E-MAIL <input checked="" type="checkbox"/> TELEPHONE <input type="checkbox"/> INCOMING <input checked="" type="checkbox"/> OUTGOING | |
| E-MAIL ADDRESS | | TELEPHONE NUMBER | | |
| ann.maitz@beaumont.org | | 248-551-1194 | | |
| ORGANIZATION | | DOCKET NUMBER(S) | | |
| Beaumont Health System | | 030-37359 | | |
| LICENSE NAME AND NUMBER(S) | | MAIL CONTROL NUMBER(S) | | |
| Beaumont Health System 21-01333-02 | | 626888 | | |
| SUBJECT | | | | |
| Pending NRC License Amendment Request - Additional Information Required | | | | |
| SUMMARY AND ACTION REQUIRED (IF ANY) | | | | |
| <p>This is a record of the conversation between Laura Cender and Ann Maitz of Beaumont Health System regarding the license amendment request dated May 25, 2021.</p> <p>Please provide your response to the following items by no later than Friday, August 6, 2021. You may send your signed and dated response to me directly as an attachment via email.</p> <ol style="list-style-type: none"> Provide a course syllabus or overview for the University of Pittsburgh "Principles and Practice of Gamma Knife Radiosurgery PFX/ICON Training" course. Please ensure that course information provided is detailed enough to document training in hands-on device operation, safety procedures, clinical use, and the operation of a treatment planning system for the ICON unit. Additionally, please ensure that provided course information describes the differences in device operation, safety procedures, clinical use, and the operation of a treatment planning system of the Icon™ and other gamma stereotactic radiosurgery units for which the individual is authorized <p>Please indicate if this training was completed in person or through virtual means. If training was completed virtually please describe how the hands-on portions of required training were met.</p> <ol style="list-style-type: none"> Provide a Delegation of Authority memo for Robert Halford, M.S. The form should be signed by both Mr. Halford and their senior management. | | | | |
| NAME OF PERSON DOCUMENTING CONVERSATION | | | | |
| Laura B. Cender | | | | |
| SIGNATURE | | DATE OF SIGNATURE | | |
| Laura B. Cender Digitally signed by Laura B. Cender Date: 2021.07.27 12:48:37 -05'00' | | 07/27/2021 | | |