



### CONVERSATION RECORD

NAME OF PERSON(S)/TITLE CONTACTED OR IN CONTACT WITH YOU		DATE OF CONTACT	TYPE OF CONVERSATION	
Sebastiano Anzalone		08/27/2021	<input type="checkbox"/> E-MAIL <input checked="" type="checkbox"/> TELEPHONE <input type="checkbox"/> INCOMING <input checked="" type="checkbox"/> OUTGOING	
E-MAIL ADDRESS		TELEPHONE NUMBER		
sebastiano.anzalone@cardinalhealth.com		(402) 290-2391		
ORGANIZATION		DOCKET NUMBER(S)		
Cardinal Health		030-35632		
LICENSE NAME AND NUMBER(S)		MAIL CONTROL NUMBER(S)		
Citizens Memorial Hospital 24-20330-02		CN 624921		
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 Sebastiano Anzalone, consultant for Citizens Memorial Hospital, regarding the pending NRC license renewal application dated April 19, 2021.</p> <p>Please provide your responses to the following items by no later than Friday, September 17, 2021.</p> <p>1.) The Sealed Source and Device Registry (SSDR) for the requested Co-57 calibration sources limits their maximum activity to 25 mCi. Please confirm that the Cobalt-57 calibration sealed sources requested do not exceed 25 mCi per source.</p> <p>2.) In your response to Item 7.2 - Authorized Users (pg. 40) you request that Dr. Gamble be authorized for 10 CFR 35.100, 35.200, 35.300 and 31.11. Dr. Gamble is currently authorized only for 10 CFR 35.100 and 35.200 on this license. Please confirm that you are requesting these two additional authorizations. Additional training and experience records are not required for authorization of 31.11, but would be required for use of materials under 10 CFR 35.300.</p> <p>If 10 CFR 35.300 is requested please revise your response to Item 5 and Item 6 to include 10 CFR 35.300 and specify the maximum possession limit requested.</p>				
NAME OF PERSON DOCUMENTING CONVERSATION				
Laura B. Cender				
SIGNATURE			DATE OF SIGNATURE	
			08/27/2021	

**CONVERSATION RECORD (continued)**

LICENSE NAME AND NUMBER(S) Citizens Memorial Hospital 24-20330-02	MAIL CONTROL NUMBER(S) CN 624921
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**SUMMARY AND ACTION REQUIRED (IF ANY) (Continued)**

3.) A facility diagram showing the entire main hospital floor for both requested facilities was provided with blue highlighting. The diagrams provided did not provide sufficient detail as to the uses of material occurring in those areas. Please provide diagrams that are zoomed in to the respective areas and are labeled to indicate the uses of material in each area.

4.) Provide shielding calculations for PET facilities. Ensure that calculations clearly detail the assumptions used for weekly and hourly workload (procedures per day, number of workdays per week), the distances used in the calculations, the avg. time assumed to be spent by patients in each area, and the areas considered "contolled vs. uncontrolled" i.e. shielded to 10 mrem/wk and 2 mrem/wk as defined in the provided shielding assessment.

The facility diagrams provided were indicated as having colored highlights to indicate shielding, but all images came through as black and white. Please resubmit each shielding diagram in color and ensure that the use of each area is clearly labeled. Provide a description of shielding present on any doors to areas where PET isotopes are used.