



CONVERSATION RECORD

NAME OF PERSON(S)/TITLE CONTACTED OR IN CONTACT WITH YOU		DATE OF CONTACT	TYPE OF CONVERSATION	
Rick Phillips		08/13/2021	<input type="checkbox"/> E-MAIL <input checked="" type="checkbox"/> TELEPHONE <input type="checkbox"/> INCOMING <input checked="" type="checkbox"/> OUTGOING	
E-MAIL ADDRESS		TELEPHONE NUMBER		
richard.phillips@ascension.org		(989) 362-9480		
ORGANIZATION		DOCKET NUMBER(S)		
Ascension St. Joseph Hospital		030-17606		
LICENSE NAME AND NUMBER(S)		MAIL CONTROL NUMBER(S)		
Ascension St. Joseph Hospital 21-18979-01		CN 626838		
SUBJECT				
Pending NRC License Renewal Request - Additional Information Required				
SUMMARY AND ACTION REQUIRED (IF ANY)				
<p>This is a record of the conversation between Laura Cender and Rick Phillips of Ascension St. Joseph Hospital regarding the pending NRC license renewal request dated May 12, 2021.</p> <p>1. Please provide a statement confirming that patients are always releasable per the requirements of 10 CFR 35.75. If patients may not be released in certain circumstances following treatment per the requirements of 10 CFR 35.75 please provide a description of the rooms where patients will be housed.</p> <p>2. Please correct your response provided in "Section 8.10.12: Area Surveys" to state the following: "We have developed and will implement and maintain written procedures for area surveys in accordance with 10 CFR 20.1101 that meet the requirements of 10 CFR 20.1501 and 10 CFR 35.70."</p> <p>Please provide your signed and dated response to the following items by no later than Friday, September 3, 2021. You may provide your response to me directly as an attachment via email.</p>				
NAME OF PERSON DOCUMENTING CONVERSATION				
Laura B. Cender				
SIGNATURE			DATE OF SIGNATURE	
			08/13/2021	