

**From:** [Elliott, Robin](#)  
**To:** [matthew.Kaufman@hhchealth.org](mailto:matthew.Kaufman@hhchealth.org)  
**Subject:** FW: Amendment requests dated September 24, 2021, and November 11, 2021  
**Date:** Tuesday, December 14, 2021 10:58:00 AM

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License No.: 06-11734-02

Docket No: 030-01287

Control No: 629130

Licensee Name: William W. Backus Hospital

This refers to your request to amend your license dated September 24, 2021. In order to continue our review of your request, the following additional information is needed:

1. Please indicate if Dr. Kohanski is authorized to request amendments to your license. If not, please submit a letter indicating your approval of the requests dated September 24, 2021, and November 11, 2021.
2. In support of your request to remove the referenced licensed material use and storage locations, please provide the calibration information for the instrumentation used to analyze the wipe tests and perform the radiation surveys.
3. Additionally, please indicate if sealed sources were used or stored in the locations, and if so, please indicate if any sources leaked, at any time, while in these locations.
4. Please provide room numbers for the locations you are requesting to be removed from authorized use.
5. Please indicate room numbers for the locations that will remain as authorized locations so that your communications dated July 17, 2013 (application) and January 24, 2014 (letter) can be revised to remove the reference to the locations you are removing. It is not clear what you are removing and what areas of use will remain.

Your reply must be an originally signed and dated letter. The letter may be scanned and submitted as a pdf document attached to an email (preferred method); or it may be transmitted by facsimile to (610) 337-5269; or it may be sent by regular mail. If we do not receive a reply from you within 30 calendar days from the date of this e-mail, we will assume that you do not wish to pursue your amendment request.

Please respond by e-mail to acknowledge that you have received the e-mail request for additional information.

I can be reached via the contact information below if you have any questions or concerns regarding this request.

Regards,

*Robin L. Elliott*

(Pronouns: she/her/hers)

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