

From: [Gryglak, Magdalena](#)
To: Rachel.Burdette@stelizabeth.com
Subject: Request to name a new RSO, NRC license no. 13-17327-01 for St. Elizabeth Dearborn
Date: Monday, November 29, 2021 4:09:00 PM
Attachments: [Model Delegation of Authority to RSO.pdf](#)

Good afternoon,

I have reviewed your request dated 10/8/21 to name a new Radiation Safety Officer, Gary M. Schmitt, PhD.

Please provide a signed and dated cover letter and a Delegation of Authority Memo signed by Dr. Schmitt and management by December 13, 2021.

I have attached a sample Delegation of Authority memo.

You may provide the letter and the Delegation of Authority memo directly to me via email.

Please acknowledge receipt of this email.

Thank you

Magdalena R. Gryglak
Health Physicist
U.S. NRC Region III
630-829-9875

Model Delegation of Authority to Radiation Safety Officer

Memo To: Name of Radiation Safety Officer
From: Name of Chief Executive Officer/Senior Management
Subject: Delegation of Authority

You, _____, have been appointed the Radiation Safety Officer for our U.S. NRC license no. XXXXX and you are responsible for ensuring the safe and secure use of radiation and radioactive material. You are responsible for managing the radiation protection program; identifying radiation protection problems; initiating, recommending, or providing corrective actions; verifying implementation of corrective actions; stopping unsafe activities; and ensuring compliance with regulations. You are hereby delegated the authority necessary to meet those responsibilities, including prohibiting the use of byproduct material by employees who do not meet the necessary requirements and shutting down operations, when justified, to maintain radiation safety. You are required to notify management if staff does not cooperate and does not address radiation safety issues. In addition, you are free to raise issues with the U.S. Nuclear Regulatory Commission at any time.

_____ Signature of Management Representative Print name/Title	_____ Date
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I accept the above responsibilities,

_____ Signature of Radiation Safety Officer Print name/ RSO	_____ Date
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cc: Affected department heads