

From: [Jason Kelly](mailto:Jason.Kelly@nrc.gov)
To: cdzanbazoff@mpcphysics.com
Subject: U.S. NRC Materials License #21-16656-01 - Request for Additional Information
Date: Tuesday, April 30, 2024 3:46:00 PM

Ms. Dzanbazoff:

I have reviewed the letter dated March 19, 2024, signed by Katie Baker, Executive Management, Beaumont Hospital – Trenton, requesting the release to unrestricted use of the areas previously designated for Tc-99m lymphoscintigraphy injections. Upon review, I identified that the referenced facility diagram identifying the locations where surveys and removable contamination smears were obtained was not included with the request or was otherwise distorted. Please resubmit the request providing the referenced facility diagram.

Provide a written and signed response to this request within 15 calendar days. To ensure proper routing, please include a reference to your institution's U.S. NRC Materials License No. 21-16656-01 along with Control No. 640043. Once you are ready to submit the response, you may forward it to me via e-mail. If you do not receive a prompt acknowledgement of receipt, you are also welcome to send a confirming hardcopy by U.S. Mail to the address in my signature block below. As you will not receive a hardcopy of this request, please respond to this e-mail verifying that you have received it. Please contact me at (630) 829-9737 or Jason.Kelly@nrc.gov if you have any questions or if you need additional time to respond to this request.

Jason M. Kelly, MPH, CPH
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Martha Pavon

From: Jason Kelly
Sent: Tuesday, April 30, 2024 4:56 PM
To: Martha Pavon
Cc: Sandy Pavon
Subject: Materials License No. 21-16656-01 - Request for Additional Information
Attachments: Request for Additional Information (E-mail) - 4-30-2024.pdf; Form 665 (RAI E-mail - 4-30-2024).pdf

Martha,

Attached is a Request for Additional Information (E-mail) dated April 30, 2024 for Materials License No. 21-16656-01 (Beaumont Hospital Trenton), Docket No. 03011427, for Control No. 640043. I have also completed and attached a Form 665.

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