

TRANSMISSION VERIFICATION REPORT

TIME : 08/09/2006 09:32
NAME : USNRC
FAX : 6308299782
TEL : 6308299782

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
RESULT
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08/09 09:32
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02
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UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION III
2443 WARRENVILLE ROAD, SUITE 210
LISLE, ILLINOIS 60532-4352

TELEFAX TRANSMITTAL

DATE: August 9, 2006 NUMBER OF PAGES: 2
(Including this page)

SEND TO: Linda Brown, Radiation Safety Officer

LOCATION: Community Health Center of Branch County

FAX NUMBER: (517) 279-5441

☒ **VERIFY BY CALLING
SENDER**

FROM:
(SENDER) **Bill Reichhold**

TELEPHONE NUMBER (630) 829-9839 FAX NUMBER (630) 829-9782
or
(630) 515-1259

If you do not receive the complete fax transmittal, please contact the sender as soon as possible at the telephone number provided above.



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MESSAGE

Please see attached.

NOTICE

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, or exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the employee responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone and return the original to the above address, by U.S. Mail. Thank you.

The following additional information is needed to complete the review of your request.

1. Please provide a history of all radionuclides used in your "old" nuclear medicine department.
2. Please confirm that there was no history of leaking sealed sources in the "old" nuclear medicine department.

3.

Please send a facsimile of your response to the above within 7 days and refer to control 315472. Please call me at 630-829-9839 if you have any questions.

From the desk of:

A handwritten signature in cursive script, appearing to read "Bill Reichhold".

Bill Reichhold