

TRANSMISSION VERIFICATION REPORT

TIME : 09/18/2007 10:04
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UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION III
2443 WARRENVILLE ROAD, SUITE 210
LISLE, ILLINOIS 60532-4352

TELEFAX TRANSMITTAL

DATE: September 18, 2007 NUMBER OF PAGES: 2
(Including this page)

SEND TO: Cassi Henry - Nuclear Medicine Department

LOCATION: Morgan Hospital & Medical Center

FAX NUMBER: (765) 349-5415

☒ **VERIFY BY CALLING
SENDER**

FROM:
(SENDER) **Bill Reichhold**

TELEPHONE NUMBER (630) 829-9839 FAX NUMBER (630) 515-1078

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.

Please described the availability of the Radiation Safety Officer (RSO):

- a. Please describe the amount of time each week Dr. Peter Arfken will spend at Morgan Hospital & Medical Center, performing his duties as RSO.
- b. Please indicate the maximum amount of time it will take for Dr. Peter Arfken to respond to an emergency involving radioactive materials when he is not at Morgan Hospital & Medical Center.
- c. Please describe any previous commitments Dr. Peter Arfken has as the RSO and/or authorized user at any other NRC licensed facility.
- d. Since Dr. Peter Arfken will be the RSO at two facilities, please describe any adverse impact this will have on his duties as the RSO at Morgan Hospital & Medical Center. If there will be no adverse impact, please state so, and why.
- e. Please describe how Dr. Peter Arfken will divide his time between both facilities, Morgan Hospital & Medical Center and Northwest Radiology Network so that he will be able to adequately perform his duties as the Radiation Safety Officer.

Please send a facsimile of your response to the above within 6 days and refer to control 316360. Please call me at 630-829-9839 if you have any questions.

From the desk of:



Bill Reichhold