

From: Lanzisera, Penny
Sent: Thursday, July 14, 2011 10:09 AM
To: dgervais@nmcinc.org
Cc: sgregoire@nmcinc.org
Subject: Northwestern Medical Center Request for Additional Information

Licensee: Northwestern Medical Center
License No. 44-16669-02
Docket No. 03038450

Mr. Gervais,

Please provide the following additional information, signed by management, to support the new license application:

1. Will the RSO/NMT and authorized user be full time at Northwestern Medical Center? If either individual will be consultants, please provide the detailed information requested in our email dated June 20, 2011.
2. Confirm that the RSO will review the model procedures in NUREG-1556 and revise any existing procedures, if necessary.
3. Provide the facility diagrams.
4. With regards to the training and experience provided for the RSO, please submit a signed (i.e., electronic not acceptable) letter from Mr. Izzo describing the 200 hours (i.e., not 40) of classroom and laboratory training and experience. In addition, since this training was more than 7 years ago, please submit any recent classroom and laboratory training and experience, with certificates, to document recentness of training.
5. Provide the RSO's work email, fax, and phone number.

You may submit the above information to my attention via fax to 610-337-5269. Please refer to Mail Control No. 575133 in your response. Sincerely,

Penny Lanzisera