

TRANSMISSION VERIFICATION REPORT

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UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION III
2443 Warrenville Road, Suite 210
Lisle, Illinois 60532-4352

TELEFAX TRANSMITTAL

DATE: 11/7/2011

NUMBER OF PAGES:
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3

SEND TO: Linda Satkoski, CEO

LOCATION: Indiana University Health Starke Hospital

FAX NUMBER: 574-772-1233 ☒ **VERIFY BY CALLING SENDER**

FROM:
(SENDER) Frank Tran

TELEPHONE NUMBER: 630-829-9623 FAX NUMBER: 630-829-9782

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

MESSAGE

Request for information regarding your license



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TELEFAX TRANSMITTAL

DATE: 11/7/2011 NUMBER OF PAGES: 3
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SEND TO: Linda Satkoski, CEO

LOCATION: Indiana University Health Starke Hospital

FAX NUMBER: 574 - 772 - 1233 ☒ **VERIFY BY CALLING SENDER**

FROM: Frank Tran
(SENDER)

TELEPHONE NUMBER: 630 - 829 - 9623 FAX NUMBER: 630 - 829 - 9782

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

MESSAGE

*Request for information regarding your license
amendment request dated August 3, 2011.*

See attachments.

Please respond as soon as possible.

Thanks,

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.



**UNITED STATES
NUCLEAR REGULATORY COMMISSION**

REGION III
2443 WARRENVILLE ROAD, SUITE 210
LISLE, IL 60532-4352

October 24, 2011

Linda Satkoski, CEO
Indiana University Health Starke Hospital
102 East Culver Road
Knox, IN 46534

Dear Ms. Satkoski:

We have reviewed your license amendment request dated August 3, 2011 for the NRC License number 13-15399-02. To help us understanding the basis of your request for the facility's name change, please respond to the attachment to this letter.

Please respond to this letter as soon as possible. Your response should be dated and signed by authorized personnel and referred to Control Number 575819. We will resume our review once we receive your response. If you have any question, please do not hesitate to contact me as 630-829-9623 or frank.tran@nrc.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Frank Tran", is written over a horizontal line.

Frank P.D. Tran
Materials Licensing Branch

License No. 13-15399-02
Docket No. 030-35485

Note: You could respond by email (frank.tran@nrc.gov) or facsimile (630-829-9782).

Change of Control Information

Control: Control of a license is in the hands of the person or persons who are empowered to decide when and how that license will be used. That control is to be found in the person or persons who, because of ownership or authority explicitly delegated by the owners, possess the power to determine corporate policy and thus the direction of the activities under the license.

Transferee: A transferee is an entity that proposes to purchase or otherwise gain control of an NRC-licensed operation.

Transferor: A transferor is an NRC licensee selling or otherwise giving up control of a licensed operation.

Licensees must provide full information and obtain NRC's **prior written consent** before transferring control of the license. Provide the following information concerning changes of control by the applicant (transferor and/or transferee, as appropriate). If any items are not applicable, so state.

1. Provide a complete description of the transaction (transfer of stocks or assets, or merger). Indicate whether the name has changed and include the new name. Include the name and telephone number of a licensee contact who NRC may contact if more information is needed.
2. Describe any changes in personnel or duties that relate to the licensed program. Include training and experience for new personnel.
3. Describe any changes in the organization, location, facilities, equipment or procedures that relate to the licensed program.
4. Describe the status of the surveillance program (surveys, wipe tests, quality control) at the present time and the expected status at the time that control is to be transferred.
5. Confirm that all records concerning the safe and effective decommissioning of the facility will be transferred to the transferee or to NRC, as appropriate. These records include documentation of surveys of ambient radiation levels and fixed and/or removable contamination, including methods and sensitivity.
6. Confirm that the transferee will abide by all constraints, conditions, requirements and commitments of the transferor or that the transferee will submit a complete description of the proposed licensed program.
7. Provide documentation that the transferor and transferee agree to the change in ownership or control of the licensed material and activity, and the conditions of transfer; and the transferee is made aware of all open inspection items and its responsibility for possible resulting enforcement actions.