

SARA A.B. FORSTER
MATERIALS LICENSING BRANCH



TELECON & FAX TRANSMITTAL

TO: file

COMPANY: N/A

NUCLEAR REGULATORY COMMISSION
REGION III
2443 WARRENVILLE ROAD
LISLE, ILLINOIS 60532-4351
(630) 829-9892 FAX: (630) 515-1078

PAGES: 1 TEL.: (734) 395-7361

EMAIL: N/A

CONVERSATION RECORD

NAME OF PERSON(S) CONTACTED	TELEPHONE NO.	TIME	DATE
Ray A. Carlson, M.S.	(734) 395-7361	12:00 pm	November 22, 2011
REPRESENTED PERSON or PERSONS		ORGANIZATION	
Bruce D. Goethe, M.D., Radiation Safety Officer		Bronson Lakeview Hospital	
		Bronson Lakeview Hospital	
		(formerly Lakeview Community Hospital)	
SUBJECT			
License No.: 21-26716-01		Control No.: 575605	

SUMMARY

We have reviewed your requesting license renewal application and find that we are unable to continue this action until we have received information regarding the following:

1. The submitted facility diagram for this application lacks dimensions and does not clearly indicate facility details. Please resubmit the diagram, drawn to scale and indicating what that scale is. The diagram also should show use areas and any room numbers, and describe what is adjacent to the radioactive materials use areas.
RESPONSE: The contact person indicated, via phone conversation on November 22, 2011, that the requested diagram would be submitted on or before December 22, 2011, via facsimile. The updated diagram was received via facsimile on December 11, 2011. Accordingly, no additional information is required for this item.
2. The license application indicates that the license should be updated by deleting 9 Authorized Users and retaining 27 others. The application is silent as to the other 4 Authorized Users.
RESPONSE: The contact person confirmed, via phone conversation on 12/19/2011, that 4 AU s – Drs. Pawlik, Williams, Jacobs, and Schonder – should be retained on the license. No additional information is required at this time.
3. Under 10 CFR 35.24, a licensee's management shall appoint a Radiation Safety Officer in writing. Please provide a current, signed RSO Memorandum of Understanding/Delegation of Authority, which conforms to the requirements specified in 10 CFR 35.24(b) and 10 CFR 35.24(e). No such written statement was included with the renewal application.
RESPONSE: Licensee contact indicated, via phone conversation on November 22, 2011, that the requested responses would be submitted via facsimile. The requested document was received on December 19, 2011. No additional response is required.

We have requested that you submit the referenced items –

- Updated facility diagram
- Signed MOU/DOA

– via facsimile, to (630) 515-1078. Please reference the Control No. 575605, as listed at the top of this memo. The requested information was received. No additional information is required at this time.

For future reference, please always include the name, phone number and fax number of at least one person whom we may contact for additional information when reviewing your licensing correspondence and requests.

Please submit the requested information within 30 days of this record. Include reference control number 575605, Please FAX your response to my attention at (630) 515-1078. You may also scan your response and send to me via email, as a pdf file.

Please direct any questions you have to me at (630) 829-9892 or sara.forster@nrc.gov.

NAME OF PERSON DOCUMENTING CONVERSATION
Sara A.B. Forster

SIGNATURE

Sara A.B. Forster

DATE

01/06/2012