



## CONVERSATION RECORD

DATE OF SIGNATURE

05/21/2015

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU

Ronald C. Lutsic, D.O.

DATE OF CONTACT

05/21/2015

TYPE OF CONVERSATION

☐

E-MAIL

☐

TELEPHONE

☐

INCOMING

☐

OUTGOING

E-MAIL ADDRESS

rlutsic@lutsicrta.com

TELEPHONE NUMBER

(734) 522-8540

ORGANIZATION

Radiation Safety Officer  
Radiation Therapy Associates, P.C.

DOCKET NUMBER(S)

030-33353

LICENSE NUMBER(S)

21-26536-01

CONTROL NUMBER(S)

585549

SUBJECT

Additional Information Needed for License Renewal

## SUMMARY

During our review of your application to renew your NRC license dated May 29, 2014, it appeared that your application had not been completely prepared in accordance with the guidance in NUREG 1556, Vol. 9, Rev. 2, "Consolidated Guidance about Materials Licenses: Program-Specific Guidance about Portable Gauge Licenses, dated January 2008." This has resulted in an incomplete application.

Please provide the additional information listed below:

1. In Item 9, "Dose Calibrator and Other Dosage Measuring Equipment," you did not address how you will determine and record the activity of each dosage before medical use.

Please respond with a description of how you will determine the activity of each dosage before medical use. If you will be directly measuring the dosage, please respond with the following statement "Equipment used to measure dosages will be calibrated in accordance with nationally recognized standards or the manufacturer's instructions."

**Continue on Page 2**

## ACTION REQUIRED (IF ANY)

Please submit your response by June 5, 2015, and reference it to my attention as "additional information to control number 585549" to facilitate proper handling in our office. Your response must be currently dated and signed. If you have any questions or require clarification of any of the information stated above, please do not hesitate to contact me at 630-829-9607

In accordance with 10 CFR 2.390 of the NRC's "Rules of Practice," a copy of this letter and its enclosure will be available electronically for public inspection in the NRC Public Document Room or from the NRC's Agencywide Documents Access and Management System (ADAMS), accessible from the NRC Web site at <http://www.nrc.gov/reading-rm/adams.html>.

**Continue on Page 3**

NAME OF PERSON DOCUMENTING CONVERSATION

Jennifer L. Bishop

SIGNATURE

## CONVERSATION RECORD (continued)

SUMMARY: (Continued from page 1)

2. In Item 9, "Radiation Monitoring Instruments," you did not include a description of the instrumentation and you did not include a statement to allow the upgrading of your equipment. This could make your license overly restrictive.

Please respond with a description of your radiation monitoring instrumentation and either with the following "We reserve the right to upgrade our survey instruments as necessary as long as they are adequate to measure the type and level of radiation for which they are used," or provide a description of how you will approve new radiation monitoring equipment.

3. In Attachment 9.2, "Other Equipment and Facilities," you provide the emergency response equipment for performing manual brachytherapy treatments as an attachment to the application, however the equipment listed does not appear to address all equipment that would be needed, for example how the sources would be retrieved. Please provide a more specific description of the emergency response equipment used when performing manual brachytherapy treatments.



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

**TELEFAX TRANSMITTAL**

DATE: 05/22/2015

NUMBER OF PAGES: 3  
(including this page)

SEND TO: Dr. Ronald Lutsic, D.O.

LOCATION: Radiation Safety Officer, Padiation Therapy Associates, P.C.

FAX NUMBER: (734) 522-5405 ☐ **VERIFY BY CALLING SENDER**

FROM: Jennifer Bishop, Nuclear Regulatory Commission  
(SENDER)

TELEPHONE NUMBER: (630) 829-9607 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**

Attached you will find a conversation record with the additional information we will need to complete our reviewer of your license renewal request. Please provide a response by June 5, 2015. If you need additional time or have any questions, please contact me at 630-829-9607.

Sincerely,

Jennifer Bishop  
U.S. Nuclear Regulatory Commission  
jennifer.dalzell-bishop@nrc.gov  
630-829-9607

**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.

TRANSMISSION VERIFICATION REPORT

TIME : 05/21/2015 21:05  
 NAME : USNRC RI11  
 FAX : 6308299782  
 TEL :  
 SER. # : 000A7J925774

DATE, TIME  
 FAX NO. /NAME  
 DURATION  
 PAGE(S)  
 RESULT  
 MODE

05/21 21:04  
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NRC FORM 386 (RI11)  
 (4-2004)



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 NUCLEAR REGULATORY COMMISSION  
 REGION III  
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