



CONVERSATION RECORD

6/4/15

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

Liesje Myers

DATE OF CONTACT

06/04/2015

TYPE OF CONVERSATION

☐ E-MAIL☒ TELEPHONE☐ INCOMING☒ OUTGOING

E-MAIL ADDRESS

ldotson@bjc.org

TELEPHONE NUMBER

(573) 815-3729

ORGANIZATION

Boone Hospital Center

DOCKET NUMBER(S)

030-02304

LICENSE NUMBER(S)

24-01565-01

CONTROL NUMBER(S)

585900

SUBJECT

Our review of your license renewal application dated January 28, 2015.

SUMMARY

We have reviewed your license renewal application and find that we are unable to continue this action until we have received additional information outlined below. Include your response in a signed and dated cover letter. The letter can either be faxed to 630-515-1078 or it can be scanned into a pdf and emailed to the email address below.

If you have any questions, you can reach me at (630) 829-9862 or vered.shaffer@nrc.gov.

As discussed, we expect to receive your written response on or before June 26, 2015.

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ACTION REQUIRED (IF ANY)

SUMMARY and ACTION REQUIRED

The NRC has received your license renewal application and we need additional information pertaining to:

- 1) A Delegation of Authority between the RSO and the license's management was not included with the application received. It is a required part of your application. Please provide a signed and dated Delegation of Authority. A sample of a Delegation of Authority can be found in NUREG-1556, Vol. 9, Rev. 2, Appendix I. (<http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/v9/r2/>)
- 2) Submit surveys and/or calculations for the outside of the PET quiet room showing that the dose is not greater than 2 mR/hr to individuals outside of the room with maximum patients in the quiet room.
- 3) For manual brachytherapy, provide a description of the emergency response equipment.

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NAME OF PERSON DOCUMENTING CONVERSATION

Vered A. Shaffer, Materials Licensing Branch, Region III Office, 2443 Warrenville Road, Suite 210, Lisle, Illinois 60532

SIGNATURE