



CONVERSATION RECORD

DATE OF SIGNATURE

06/24/2015

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

Edward Wroblewski

DATE OF CONTACT

06/24/2015

TYPE OF CONVERSATION

☐ E-MAIL☒ TELEPHONE☐ INCOMING☒ OUTGOING

E-MAIL ADDRESS

edspmp.edward@gmail.com

TELEPHONE NUMBER

(317) 755-9688

ORGANIZATION

Radiation Safety Officer
American Health Network of Indiana, LLC

DOCKET NUMBER(S)

030-36851

LICENSE NUMBER(S)

13-32555-01

CONTROL NUMBER(S)

586425 and 586774

SUBJECT

Additional Information Requested

SUMMARY

While reviewing your request to renew and amend your license, we have identified the following questions that will need to be addressed:

1. In your amendment request to remove one location of use from your NRC license you did not include the leak test results for any sealed sources stored at that location.

Please provide the most recent leak test results.

2. In the application, the name on the company is not the same as the name currently listed on the license.

Please confirm the correct name for the company that should be listed on the license.

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ACTION REQUIRED (IF ANY)

Please submit your response by July 8, 2015 and reference it to my attention as "additional information to control number 586425/586774" 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>.

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NAME OF PERSON DOCUMENTING CONVERSATION

Jennifer L. Bishop

SIGNATURE

CONVERSATION RECORD (continued)

SUMMARY: (Continued from page 1)

3. For the location of use in Muncie, Indiana, the address provided in the application is not the same as what is currently listed on the license.

Please confirm the correct address for the location of use that should be listed on the license.

4. In your license renewal application, you provided shielding calculation for the use of PET radionuclides at your facility. These calculations do not clearly identify where additional shielding is required. For example, you have provided a list of locations A-L where calculations have been completed, however there is no corresponding drawing to show what is at each location.

Please resubmit your shielding calculations, including more details which areas of your facility were evaluated and on how you arrived at the values provided.