



CONVERSATION RECORD

02/03/2016

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU Kip A. Lacey		DATE OF CONTACT 02/02/2016	TYPE OF CONVERSATION <input type="checkbox"/> E-MAIL <input checked="" type="checkbox"/> TELEPHONE <input type="checkbox"/> INCOMING <input checked="" type="checkbox"/> OUTGOING
E-MAIL ADDRESS kalacey@freemanhealth.com		TELEPHONE NUMBER (417) 347-3567	
ORGANIZATION Freeman - Oak Hill Health System	DOCKET NUMBER(S) 030-12360		
LICENSE NUMBER(S) 24-17205-01	CONTROL NUMBER(S) 589803		
SUBJECT Our review of your request for an amendment dated December 22, 2015.			
SUMMARY <p>We have reviewed your amendment request 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 630-515-1259 or it can be scanned into a pdf and emailed to the email address below.</p> <p>If you have any questions, you can reach me at (630) 829-9862 or vered.shaffer@nrc.gov.</p> <p>As discussed, we expect to receive your written response on or before March 4, 2016.</p> <p>Continue on Page 2</p>			
ACTION REQUIRED (IF ANY) SUMMARY and ACTION REQUIRED The NRC has received your application for a new license and we need additional information. Please provide the following: 1). Provide the proposed authorized user(s) for 35.600 HDR use. Include any training information if applicable. 2). Provide a detailed diagram of the area around the HDR room. Include a detailed diagram of the HDR room and include the type and thickness of the shielding (i.e. walls, floors, ceiling, door, etc.) for the HDR room. Please make sure to include on the diagram where North is and where the HDR unit will be located. Provide the shielding calculations showing that in unrestricted areas surrounding the HDR room, the dose will not exceed 2 mrem/hr. 3). Please provide any additional radiation safety training information for your RSO, Dr. Paul Jones, in regards to 35.600 HDR use. <p>Continue on Page 3</p>			
NAME OF PERSON DOCUMENTING CONVERSATION Vered A. Shaffer, Materials Licensing Branch, Region III Office, 2443 Warrenville Road, Suite 210, Lisle, Illinois 60532			
SIGNATURE <i>Vered Shaffer</i>			

CONVERSATION RECORD (continued)

SUMMARY: (Continued from page 1)

4). Please provide operating procedures, safety and security procedures, and emergency procedures for the HDR unit. Include in your procedures information on periodic spot checks, restricting access, instructions to individuals, postings, warning systems, area controls (locks, signs, alarms, interlock system), area radiation monitoring equipment, viewing/intercom system, and emergency response equipment. For guidance, please reference NUREG-1556 Volume 9, Rev. 2. Helpful section is on pages 8-50 to 8-51 <http://pbadupws.nrc.gov/docs/ML0734/ML073400289.pdf>