



CONVERSATION RECORD

DATE OF SIGNATURE

08/09/2016

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

Gary Dillon

DATE OF CONTACT

08/09/2016

TYPE OF CONVERSATION

☐ E-MAIL☒ TELEPHONE☐ INCOMING☒ OUTGOING

E-MAIL ADDRESS

gdillon6633@gmail.com

TELEPHONE NUMBER

(219) 983-6107

ORGANIZATION

Porter Regional Hospital

DOCKET NUMBER(S)

030-12150

LICENSE NUMBER(S)

13-17073-01

CONTROL NUMBER(S)

591398

SUBJECT

Additional Information Requested

SUMMARY

During our review of your amendment request to add a high dose rate remote afterloading device to your license dated June 22, 2106, we noted several items that were not included in your request:

1. In your request, you provided the sealed source manufacturer and model number, however you did not provide the device manufacturer and model number. Please respond with what model HDR device you plan to receive.
2. In your request, you ask to add Drs. Quackenbush and Sarma to the license as authorized users for 10 CFR 35.600, however you did not provide their training documentation or documentation showing they are listed on another license for 10 CFR 35.600. Please provide either documentation that these doctors are listed on another license for the same uses, or provide an NRC form 313A(AUS).
3. In your request you did not provide procedures in accordance with 10 CFR 35.643. Please provide the procedures as specified in the regulations.

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ACTION REQUIRED (IF ANY)

Please submit your response by August 24, 2016 and reference it to my attention as "additional information to control number 591398" to facilitate proper handling in our office. 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)

4. In your request, you provided a description of the location of the room where you intend to use the HDR, however you did not provide a description of the other equipment that is required in 10 CFR 35.615. Please respond with a description of how you will meet 10 CFR 36.615.

5. In your request, you provided an emergency procedure for abnormal conditions. However you did not provide all the procedures as required in 10 CFR 35.610. Please respond with the procedures required in 10 CFR 36.610.