



CONVERSATION RECORD

NAME OF PERSON(S)/TITLE CONTACTED OR IN CONTACT WITH YOU Alvis Foster, RSO	DATE OF CONTACT 7/26/2019	TYPE OF CONVERSATION <input type="checkbox"/> E-MAIL <input checked="" type="checkbox"/> TELEPHONE <input type="checkbox"/> INCOMING <input type="checkbox"/> OUTGOING
E-MAIL ADDRESS afoster8@iuhealth.org	TELEPHONE NUMBER (765) 747-4440	
ORGANIZATION IU Health Ball Memorial Hospital, Inc.	DOCKET NUMBER(S) 030-01586	
LICENSE NAME AND NUMBER(S) IU Health Ball Memorial Hospital, Inc. /13-00951-03	MAIL CONTROL NUMBER(S) 612572	
SUBJECT Request for Additional Information		
SUMMARY AND ACTION REQUIRED (IF ANY) On 7/26/19, M. Gryglak and A. Foster discussed the additional information needed: 1. Restate the statement on page 2 of your request dated 6/19/19, pertaining to the Authorized Users. 2. Resubmit the facility diagram indicating the following: a) Describe/label each room/area immediately surrounding the HDR room and whether they are restricted (R) or unrestricted areas (U) (see 10 CFR 20.1003 for definitions); b) Describe/label the space above and below the HDR room and whether it is restricted (R) restricted (R) or unrestricted areas (U). c) Provide the thicknesses of each barrier in each direction, including the floor and ceiling and describe the barrier (concrete, lead, etc.). 3. Explain the purpose of the temporary storage (floor lock). How will locking the device to the floor of the room prevent removal of the source from the device?		
NAME OF PERSON DOCUMENTING CONVERSATION Magdalena Gryglak		
SIGNATURE 		DATE OF SIGNATURE 7/26/19

CONVERSATION RECORD (continued)

LICENSE NAME AND NUMBER(S)

MAIL CONTROL NUMBER(S)

IU Health Ball Memorial Hospital, Inc. /13-00951-03

612572

SUMMARY AND ACTION REQUIRED (IF ANY) (Continued)

4. Define authorized personnel who will have access to the HDR when the device is not used.
5. Please explain where and how the HDR source unit key and console key will be stored and who will have access to the keys (i.e. define authorized personnel).
6. Address the control of the temporary storage key.
7. Describe the daily spot checks of emergency equipment, timer accuracy, clock in the unit's computer and decayed source activity in accordance with 10 CFR 35.643.
8. Describe the adequacy of the emergency HDR source container for the activity requested.
9. Please describe a number of emergency scenarios you may encounter.
10. Please provide your emergency procedures, which were not enclosed.
11. Please confirm your understanding of 10 CFR Part 37 requirements. Please confirm that Ir-192 sources will not be aggregated and 10 CFR Part 37 requirements will not be applicable.