



CONVERSATION RECORD

NAME OF PERSON(S)/TITLE CONTACTED OR IN CONTACT WITH YOU Dawn Edwards	DATE OF CONTACT 10/03/2019	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 dedwards@mpcphysics.com	TELEPHONE NUMBER (734) 662-3197	
ORGANIZATION West Michigan Cardiology, P.C.	DOCKET NUMBER(S) 030-34906	
LICENSE NAME AND NUMBER(S) West Michigan Cardiology, P.C. 21-32147-01	MAIL CONTROL NUMBER(S) 613625	
SUBJECT Renewal of NRC License 21-32147-01 - Additional Information Required		
SUMMARY AND ACTION REQUIRED (IF ANY) This is a summary of the conversation that occurred between Laura Cender and Dawn Edwards on October 3, 2019 regarding the license renewal request for West Michigan Cardiology, P.C. dated July 9, 2019. Per our conversation today, please submit your appropriately signed and dated response to the following items by no later than Friday November 8, 2019. Your response may be submitted via fax to 630-515-1078. 1. Please submit a copy of the delegation of authority memo formally appointing Tejinder S. Mander, M.D. to the position of Radiation Safety Officer. The memo is to be signed by both yourself and your executive management responsible for oversight of the radiation safety program. The memo must be prepared in accordance with the requirements of 10 CFR Parts 35.24(b), 35.24(e), and 35.24(g). A model Delegation of Authority memo has be attached to this record for your convenience and may also be located in Appendix I, "Typical Duties and Responsibilities of the Radiation Safety Officer and Sample Delegation of Authority," of NUREG 1556 Vol. 9, Rev. 3. 2. Please provide the medical license number and issuing entity (e.g. state or territory) for Tejinder S. Mander, M.D., H. Paul Singh, M.D., and William M. Merhi, D.O.		
NAME OF PERSON DOCUMENTING CONVERSATION Laura B. Cender		
SIGNATURE <i>Laura B. Cender</i>	DATE OF SIGNATURE 10/03/2019	

CONVERSATION RECORD (continued)

LICENSE NAME AND NUMBER(S)

West Michigan Cardiology, P.C.
21-32147-01

MAIL CONTROL NUMBER(S)

613625

SUMMARY AND ACTION REQUIRED (IF ANY) (Continued)

3. Please provide the following statement regarding training for individuals working in or frequenting restricted areas:

"We have developed and will implement and maintain written procedures for a program for training required under 10 CFR 19.12 for each group of workers, including (i) topics covered, (ii) qualifications of the instructors, (iii) method of training, (iv) method for assessing the success of the training, (v) initial training, and (vi) annual refresher training."

4. Please supplement your response to section 8.15 of your renewal application to include the manufacturer and model number of your dose calibrator, well counter, survey meters, and any other radiation monitoring or survey equipment.

5. Please provide a facility diagram for your office at 743 E. Beltline NE that includes the following items:

- a.) Include and describe areas above, adjacent to, and below the hot lab, camera room, and treadmill room. Specifically, the diagram provided does not indicate where the camera room and treadmill room are located in relation to the hot lab.
- b.) Provide room numbers for the camera room, treadmill room, and hot lab.
- c.) Provide a legend describing the items labeled as 1-6 in the hot lab.
- d.) Indicate the areas and specify which doors are access controlled (i.e. locked)
- e.) Indicate the direction North on the diagram.

6. The facility diagram provided for the facility located at 709 S. Greenville West Drive, Greenville MI has been sized in a manner that cuts off the statement at the bottom of the page which appears to describe security access. Please resubmit this diagram to include this statement.

- a.) Please also indicate the room numbers of the camera room, hot lab, and treadmill room.

7. Please provide the following statement regarding occupational dose:

- a.) "We will maintain, for inspection by the NRC, documentation demonstrating that unmonitored individuals are not likely to receive a radiation dose in excess of the limits in 10 CFR 20.1502."

or

- b.) "We will monitor individuals in accordance with the criteria in the section titled, 'Radiation Safety Program—Occupational Dose' in NUREG-1556, Vol. 9, Rev. 3, 'Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Medical Use Licensees.'

8. Please provide the following statement regarding material receipt and accountability:

- a.) "We will develop, implement, and maintain written procedures for licensed material accountability and control to ensure that:
 - license possession limits are not exceeded
 - licensed material in storage is secured from unauthorized access or removal
 - licensed material not in storage is maintained under constant surveillance and control
 - records of receipt (either from the licensee's own production operations or from another licensee), transfer, and disposal of licensed material, are maintained."

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CONVERSATION RECORD (continued)

LICENSE NAME AND NUMBER(S)

West Michigan Cardiology, P.C.
21-32147-01

MAIL CONTROL NUMBER(S)

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SUMMARY AND ACTION REQUIRED (IF ANY) (Continued)

9. Please provide the following statement regarding safe use of unsealed licensed material:

- a.) "We have developed and will implement and maintain written procedures for safe use of unsealed byproduct material that meet the requirements of 10 CFR 20.1101 and 10 CFR 20.1201."

10. Please provide the following statement regarding waste management:

- a.) "Contact the appropriate NRC Regional Office for guidance on treatment or disposal of waste by incineration or compaction."

Cender, Laura

To: Cender, Laura
Subject: RE: Re: Re: NRC License Renewal for West Michigan Cardiology, P.C. - License No. 21-32147-01; Additional Information Required

From: Cender, Laura
Sent: Thursday, October 03, 2019 1:31 PM
To: Dawn Edwards <dedwards@mpcphysics.com>
Subject: RE: Re: Re: NRC License Renewal for West Michigan Cardiology, P.C. - License No. 21-32147-01; Additional Information Required

Hello Dawn,

Thank you for taking time out of your day to discuss the pending NRC license renewal request for West Michigan Cardiology, P.C. As we discussed, a record of our conversation is attached. Please let me know if you have any difficulties accessing the conversation record.

Please submit your response with an appropriately signed cover letter or NRC Form 313 by no later than Nov. 8, 2019. You may submit your response directly to our regional office via fax to 630-515-1078.

Please feel free to reach out to me at 630-829-9712 or via email if you have any questions.

Thank you,
Laura Cender

Laura Cender
U.S. Nuclear Regulatory Commission
Materials Licensing Branch
E-mail: Laura.Cender@nrc.gov
Phone: (630) 829-9712