



CONVERSATION RECORD

NAME OF PERSON(S)/TITLE CONTACTED OR IN CONTACT WITH YOU		DATE OF CONTACT	TYPE OF CONVERSATION	
Patrick J. Byrne		01/06/2020	<input type="checkbox"/> E-MAIL <input checked="" type="checkbox"/> TELEPHONE <input type="checkbox"/> INCOMING <input checked="" type="checkbox"/> OUTGOING	
E-MAIL ADDRESS		TELEPHONE NUMBER		
pbyrne@mpcphysics.com		(877) 317-5811		
ORGANIZATION		DOCKET NUMBER(S)		
MPC Physics		030-08553		
LICENSE NAME AND NUMBER(S)		MAIL CONTROL NUMBER(S)		
Johnson County Memorial Hospital		617004		
SUBJECT				
Pending Amendment for Johnson County Memorial Hospital - Additional Information Required				
SUMMARY AND ACTION REQUIRED (IF ANY)				
<p>This is a record of the conversation between Laura Cender and Patrick Byrne of Johnson County Memorial Hospital regarding the license amendment request dated November 1, 2019.</p> <p>Per our discussion today, please provide a management signed and dated response to the following items by no later than Friday January 17, 2020. Please contact me at 630-829-9712 or via email if you have any questions.</p> <p>1. 10 CFR 35.12(a) requires that applications submitted to the NRC be signed by the licensee's management. The letter received dated November 1, 2019 was signed by an individual without the persons typed name or title provided. Additionally, the provided Delegation of Authority memo was signed by an individual without a typed name and only the title "Executive Management."</p> <p>In your response, please provide the typed name and title for both of these individuals.</p>				
NAME OF PERSON DOCUMENTING CONVERSATION				
Laura B. Cender				
SIGNATURE			DATE OF SIGNATURE	
<i>Laura B. Cender</i>			01/06/2020	

CONVERSATION RECORD (continued)

LICENSE NAME AND NUMBER(S)

Johnson County Memorial Hospital

MAIL CONTROL NUMBER(S)

617004

SUMMARY AND ACTION REQUIRED (IF ANY) (Continued)

2. As a consultant-RSO for Johnson County Memorial Hospital please address the following items

- Identify other commitments for other NRC or Agreement State licensed facilities, along with a description of how you will allocate time to permit the performance of duties of the RSO as described in the regulations. State the minimum amount of time onsite (i.e. hours per week or days per quarter).
- Identify an in-house representative who will serve as the point of contact during the RSO's absence.
- Describe your overall availability to respond to questions or operational issues that arise.
- Specify the maximum amount of time that it will take you to arrive at the facility in the event of an emergency that requires your presence.

3. Regarding your requested move to a new location please provide the following information:

- Please clarify if PET isotopes will be used at this new location.
- Please indicate the location in the hotlab where 10 CFR 35.300 materials will be stored (ie fume hood, shielded cave, etc.).
- On the facility diagram you state that licensed material will be stored and secured in the hotlab and nuclear material scan room. Please clearly indicate on the diagram which doors are access controlled (i.e. locked).

Cender, Laura

From: Cender, Laura
Sent: Monday, January 06, 2020 10:03 AM
To: pbyrne@mpcphysics.com
Subject: Pending Amendment for Johnson County Memorial Hospital - Additional Information Required
Attachments: Conversation Record to Johnson County Memorial Hospital.pdf

Hello Patrick,

Thank you for taking time out of your morning to discuss the pending license amendment for Johnson County Memorial Hospital. As we discussed today a record of our conversation detailing the additional information required is attached.

As we discussed, please provide your appropriately signed and dated response by Friday, January 17, 2020. Please feel free to contact me at 630-829-9712 or via email if you have any questions.

Licensee: Johnson County Memorial Hospital
License No. 13-14817-01
Control No. 617004

Thank you,
Laura Cender

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