

CITY HOSPITAL ADMINISTRATION DEPT
1515 LAFAYETTE
ST LOUIS MO 63104 27AM

Western
Union Mailgram



4-0328208178003 06/27/85 ICS IPMBNGZ CSP CGBB
2 3146225119 MGM TDRN ST LOUIS MO 06-27 0325P EST

WILLIAM ADAMS
NUCLEAR REGULATORY COMMISSION
799 ROOSEVELT RD
GLEN ELLYN IL 60127

THIS IS A CONFIRMATION COPY OF A TELEGRAM ADDRESSED TO YOU:

UNUSAL CIRCUMSTANCES REQUIRE THAT WE REQUEST THAT THE CHARTER
HOSPITAL LICENSE CONTROL NO. 79054 BE AMENDED TO REFLECT;
1. TREMSRI BARTON M.D. IS THE ONLY AUTHORIZED USER AND TEMPORARY
RADIATION SAFETY OFFICER
2. DELETE OUR REQUEST XENON AT THIS TIME EFFECTIVE THIS DATE TO
INSURE CONTINUED MEDICAL SERVICES TO CITY HOSPITAL AND CHARTER
HOSPITAL PATIENTS.

PLEASE CALL ADMINISTRATION AT CITY HOSPITAL 314-622-5119 UPON YOUR
RECEIPT OF THIS MESSAGE.

HAROLD SMALL, ADMINISTRATOR, CHARTER HOSPITAL
1515 LAFAYETTE
ST LOUIS MO 63104

IN THE EVENT OF ANY SERVICE INQUIRIES, PLEASE DIRECT CORRESPON-
DENCE TO:

NATIONAL CONSUMER SERVICE CENTER
C/O WESTERN UNION TELEGRAPH COMPANY
308 WEST ROUTE 38
MOORESTOWN, NJ 08057

15:26 EST

MGMCOMP

8507240237 850702
REG3 LIC30
24-24518-01 PDR

RECEIVED
JUL 01 1985
REGION III

JUL 1 1985

CONVERSATION RECORD

DATE 18 June 1985 TIME 1:27

ROUTING		NAME/SYMBOL		INT	
INCOMING		OUTGOING		TELEPHONE	
ORGANIZATION (Office, dept., bureau, etc.)		TELEPHONE NO.		ST. Louis, Mo	
Director of Radiology		(314) 361 1212		St. Louis, Mo	
NAME OF PERSON(S) CONTACTED OR IN CONTACT		WITH YOU		SUBJECT	
John Golden		c/n 79054		Director of Radiology	
LOCATION OF VISIT/CONFERENCE:		VISIT		CONFERENCE	
TYPE		ROUTING		NAME/SYMBOL	

SUMMARY

1) Re: Drs Garcia and Thomas for Group IV

a) Need to obtain and submit completed Supplement B's

signed by their preceptors

b) Submit completed Supplement A

2) Re: St. Luke's license -

They were formerly authorized Group IV and DV

where are the x new?

b) Under separate license - went allow sharing ~~except~~ unless

by specific license condition

3) Diagrams appear different from last renewal; was close-out

done before release of old lab? Submit data

4) Re: exam 133

a) Steps taken in event of accident/release? Procedures for radiation use?

b) Commit to semi-annual ventilation of system c) Any other air supplies

exhausts? changes? d) assure door to hot lab kept open e) trap

ACTION REQUIRED

5) saturation test and calibration of trap monitor f)

Requested reply within 30 days

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

George W. McLean

DATE

06/18/85

ACTION TAKEN

make up exam

TITLE

DATE

SIGNATURE

CONVERSATION RECORD

OPTIONAL FORM 271 (12-76)
DEPARTMENT OF DEFENSE

50271-101 GPO : 1981 O - 361-526 (7227)