

MAY 24 1985

License No. 20-15906-01  
Docket No. 030-09997  
Control No. 18358

Addison Gilbert Hospital  
ATTN: T. A. Sharfenstein  
President  
298 Washington Street  
Gloucester, Massachusetts 01930

SUBJECT: APPLICATION FOR MATERIAL LICENSE RENEWAL DATED OCTOBER 30, 1984,  
AND LETTER DATED MARCH 19, 1985 AND OUR REQUEST FOR ADDITIONAL  
INFORMATION DURING A TELEPHONE DISCUSSION ON APRIL 2, 1985

Gentlemen:

This refers to your request for renewal of your license. A check of our files indicates that we have not received a response from you to date. On April 2, 1985 we contacted F. X. Masse in reference to your renewal application. We requested during this conversation that a correction be made in your dose calibrator procedures, specifically Item No. 10, paragraph 4.5.4 on page 16. This correction would involve removing the word "should" in the last sentence of this paragraph and replacing it with the word "shall". This change in wording would make the procedure addressed in this paragraph a commitment by your department rather than an optional procedure.

A second request by our office was that the correct and complete name of Dr. Krukonis be submitted, so we may grant authorization for those procedures for which he is qualified.

Please address these two items in a response letter to this office.

If we do not receive a reply within 30 days, it may be necessary to deny your application and terminate your license. Such action would require that you divest yourself of all licensed material.

Sincerely,

Original Signed By:  
John E. Glenn

John E. Glenn, Ph.D., Chief  
Nuclear Materials Safety Section B  
Division of Radiation Safety  
and Safeguards

RI:DRSS  
Joustra/mlb  
5/2/85

RI:DRSS  
Glenn  
5/23/85

OFFICIAL RECORD COPY

857JOSTRA5/8/85 - 0001.0.0  
05/21/85

8507260332 850628  
REQ1 LIC30  
20-15906-01 PDR

ML10

4/2/85

10:00

TELEPHONE OR VERBAL CONVERSATION RECORD

☒ INCOMING CALL

☐ OUTGOING CALL

☐ VISIT

PERSON CALLING

F.X. Masse

OFFICE/ADDRESS

PHONE NUMBER

EXTENSION

617-245-6600

PERSON CALLED

J.A. Soustra

OFFICE/ADDRESS

Region I

PHONE NUMBER

EXTENSION

5257

SUBJECT

clarification of application and follow-up deficiency letter response.

SUMMARY

1. F.X. Masse will change should to shall in dose calibration procedures, item 4.5.4
2. send the correct name for Dr. Krutkovis.

"OFFICIAL RECORD COPY"

ML10

REFERRED TO:

ACTION REQUESTED

☐ ADVISE ME OF ACTION TAKEN.

INITIALS

DATE

ACTION TAKEN

INITIALS

DATE