

FILE COPY

MAY 17 1985

Parma Podiatry, Incorporated
ATTN: Mark Hayes, D.P.M.
5275 Pearl Road
Parma, OH 44129

Gentlemen:

Enclosed is your NRC License Number 34-24490-01 in accordance with your request.

Please review the enclosed document carefully and be sure that you understand all conditions. You must conduct your program involving radioactive materials in accordance with the conditions of your NRC license, representations made in your license application, and NRC regulations. In particular, note that you must:

1. Operate in accordance with NRC regulations 10 CFR Part 19, "Notices, Instructions and Reports to Workers; Inspections," 10 CFR Part 20, "Standards for Protection Against Radiation," and other applicable regulations.
2. Possess radioactive material only in the quantity and form indicated in your license.
3. Use radioactive material only for the purpose(s) indicated in your license.
4. Notify NRC in writing of any change in mailing address.
5. Request and obtain appropriate amendment if you plan to change ownership of your organization, change locations of radioactive material, or make any other changes in your facility or program which are contrary to your license conditions or representations made in your license application and any supplemental correspondence with NRC. Any amendment request should be accompanied by the appropriate fee specified in 10 CFR Part 170.
6. Submit a complete renewal application with proper fee or termination request at least 30 days before the expiration date on your license. You will receive a reminder notice approximately 90 days before the expiration date. Possession of radioactive material after your license expires is a violation of NRC regulations.
7. Request termination of your license if you plan to permanently discontinue activities involving radioactive material prior to your expiration date.

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You will be periodically inspected by NRC. Failure to conduct your program in accordance with NRC regulations, license conditions and representations in your license application will result in enforcement action against you in accordance with the General Policy and Procedures for NRC Enforcement Actions, 10 CFR Part 2, Appendix C.

If you have any questions or require clarification of any of the above stated information, contact us at (312) 790-5625.

Sincerely,

Original Signed By
George M. McCann
Materials Licensing Section

Enclosure(s):

1. License No. 34-24490-01
2. 10 CFR Parts 19 and 20
3. 10 CFR Part 2, Appendix C
4. NRC-3

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05/16/85*

McCann/ld
05/10/85

CONVERSATION RECORD

TIME

11:20am

DATE

10 May 1985

TYPE

☐ VISIT

☐ CONFERENCE

☐ TELEPHONE

☐ INCOMING

☐ OUTGOING

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU

Mark Hayes, DPM

ORGANIZATION (Office, dept., bureau, etc.)

Parma Podiatry, Inc
Parma, Ohio

TELEPHONE NO.

(216) 661
6300

SUBJECT

Control No 78716

ROUTING

NAME/SYMBOL

INT

SUMMARY

Inquired if it is the licensee's intent to transport to temporary job-sites other than the 2 locations named on their application

Dr. Hayes understands that use limited to his two offices and that it's necessary to amend his license each time to add new location. We briefly discussed authorization for general use at unspecified temporary job-sites.

He will transport between his own offices only.

ACTION REQUIRED

NAME OF PERSON DOCUMENTING CONVERSATION

Mark Hayes

SIGNATURE

Mark Hayes

DATE

05/10/85

ACTION TAKEN

SIGNATURE

TITLE

DATE