



CONVERSATION RECORD

NAME OF PERSON(S)/TITLE CONTACTED OR IN CONTACT WITH YOU Alan M. Jackson, M.S., CHP	DATE OF CONTACT 3/24/2020	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 alanj@rad.hfh.edu	TELEPHONE NUMBER (313) 916-8456	
ORGANIZATION Henry Ford Hospital	DOCKET NUMBER(S) 030-03043	
LICENSE NAME AND NUMBER(S) Henry Ford Hospital License No. 21-04109-16	MAIL CONTROL NUMBER(S) 617977	
SUBJECT Henry Ford Hospital Amendment Request - Additional Information Required		
SUMMARY AND ACTION REQUIRED (IF ANY) This is a summary of the conversations between Laura Cender and Alan Jackson of Henry Ford Hospital regarding the amendment request dated February 13, 2020. Per our discussion today, additional information is required to continue processing the submitted amendment request. Please address each of the following items and provide your response to me directly via email by no later than Friday, April 10, 2020. 1. Shielding Evaluation - PET Suite a.) Please provide a simple and complete shielding calculation, to demonstrate that radiation levels in all adjacent areas, including above, the proposed PET suite will not exceed the levels permitted in 10 CFR 35.1301 for members of the public and radiation workers. Please show your work, define calculation inputs, and explain any assumptions made. Please clearly indicate all points for which dose levels are calculated with points on the facility diagram so corroboration of independent calculations is possible.		
NAME OF PERSON DOCUMENTING CONVERSATION Laura B. Cender		
SIGNATURE	DATE OF SIGNATURE 3/24/2020	

CONVERSATION RECORD (continued)

LICENSE NAME AND NUMBER(S)

Henry Ford Hospital
License No. 21-04109-16

MAIL CONTROL NUMBER(S)

617977

SUMMARY AND ACTION REQUIRED (IF ANY) (Continued)

b.) In preparing your calculations please ensure that all of the following parameters are clearly defined:

- Radioisotopes used (ex. F-18)
- Maximum activity administered per patient treatment (mCi)
- Maximum number of patient treatments per day. Account for the number of patients assumed to be treated in each room (i.e. 10 patients in Uptake Room 1 per day, 16 patients in PET/CT Room 1 per day)
- Duration of uptake and scan times in minutes
- Number of days per week patient treatments are performed.
- Occupancy factors for surrounding areas
- Shielding type and thickness of material for each barrier

Please ensure that facility diagrams provided clearly indicate the distances used that correspond to values used in calculations. Please ensure the the use of surrounding areas is clearly labeled (i.e. corridor, waiting room, etc.)

2. Future PET/CT Area

The diagrams provided in the letter dated Feb. 13, 2020 have an area labeled as "Future PET/CT." Additionally, many of your written assumptions account for a second PET/CT area. Please note that the diagrams provided do not provide complete shielding or dimensional information for this area. If you are requesting for this second area to be approved at this time please ensure that all information requested in Item 1.B. is provided for this area.

3. Addition of New HDR Suite

- a.) Define authorized personnel who will have access to the HDR device or suite when the device is not in use.
- b.) Please explain where and how the HDR source unit key, console key, HDR suite key, and the secure storage closet keys will be stored and controlled. Describe any methods or procedures in place to ensure that console keys will be inaccessible to unauthorized persons when the device is unattended.
- c.) Describe any radiation area postings or signs that will be present in the suite area or on the device.
- d.) Describe any emergency response equipment that will be available at the proposed suite.