



# Advanced Medical Systems, Inc.

1020 London Road  
Cleveland, OH 44110  
(216) 692-3270

March 4, 1997

Mr. Roy Caniano  
U. S. Nuclear Regulatory Commission  
801 Warrenville Road  
Lisle, Illinois 60532-4351

Dear Mr. Caniano:

In the Emergency Plan for Advanced Medical Systems, Inc. (AMS), your organization is listed as a first responder to certain types of emergencies at the London Road facility. As required in that Plan, AMS must provide annual radiation safety training for first responders. This training will include a review of items of mutual interest and relevant changes in the Plan, instruction in emergency procedures, radiation protection guidelines, and your agency's anticipated role in an emergency. During the training session, the emergency response team activation scheme, notification procedures, and overall response coordination process will be reviewed. Your attendance at this training session is essential if we are to maintain an effective emergency response program.

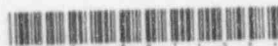
AMS has scheduled the next annual training session for Wednesday, March 12, 1997 at 1:00 p.m. The location of the session will be at AMS's London Road facility, and the duration will be approximately three (3) hours. A make-up session will be given on Wednesday, March 19, 1997 at 1:00 p.m. for those agencies unable to attend the primary session.

Attached is a form that you may use to indicate your intent to participate in the training session and the listing of individuals from your agency that will be attending. Kindly complete this form and return it to me at the address shown above. In the meantime, if you have any questions or if I can provide you with additional information, please call me at (216) 692-3270. Thank you in advance for your participation. I am looking forward to seeing you at London Road for the training session.

Sincerely,

Stephen J. Haddock, R.S.G.

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**ADVANCED MEDICAL SYSTEMS, INC.  
EMERGENCY RESPONSE TRAINING**

<b>Agency Name:</b>			
<b>Agency Address:</b>			
<b>Name of Primary Contact:</b>			<b>Telephone:</b>
The following individuals will attend Emergency Response Training at the AMS London Road facility on behalf of this agency			
Name (print)	Telephone	Preferred Session (check one)	
		<input type="checkbox"/> 3/12/97	<input type="checkbox"/> 3/19/97
		<input type="checkbox"/> 3/12/97	<input type="checkbox"/> 3/19/97
		<input type="checkbox"/> 3/12/97	<input type="checkbox"/> 3/19/97
		<input type="checkbox"/> 3/12/97	<input type="checkbox"/> 3/19/97
		<input type="checkbox"/> 3/12/97	<input type="checkbox"/> 3/19/97

Please return your completed form to: Stephen J. Haddock, R.S.O.  
 Advanced Medical Systems, Inc.  
 1020 London Road  
 Cleveland, Ohio 44110

Each attendee will receive a telephone call to confirm his/her attendance at the preferred session approximately two (2) weeks before the session.