



CONVERSATION RECORD

NAME OF PERSON(S)/TITLE CONTACTED OR IN CONTACT WITH YOU Victor D. Hosfeld, MS, DABR	DATE OF CONTACT 03/30/2020	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 victor.hosfeld@midmichigan.org	TELEPHONE NUMBER (989) 839-1407	
ORGANIZATION MidMichigan Health	DOCKET NUMBER(S) 030-02013	
LICENSE NAME AND NUMBER(S) MidMichigan Health 21-01549-01	MAIL CONTROL NUMBER(S) 618037	
SUBJECT Pending NRC License Amendment Request - Additional Information Required		
SUMMARY AND ACTION REQUIRED (IF ANY) This is a record of the conversation that occurred between Laura Cender and Victor Hosfield, MS regarding the license amendment request dated February 10, 2020 and additional information required for completion of the licensing action. Per our discussion today, please provide a response to the following items by no later than Friday, April 17, 2020. Due to the current ongoing national emergency please submit your response to me directly via email to laura.cender@nrc.gov . 1. Request to approve a new location of use: a.) Please provide a facility diagram that indicates access controlled doors and restricted areas. b.) From the facility diagrams provided, it appears that Area A and Area B may be directly accessible without any barriers in place. Please describe how these locations meet the definition of being a restricted area and what controls are in place to limit access. c.) Provide a description of the following available safety measures in place at the proposed location of use: - Warning systems and restricted area controls (e.g., locks, signs, warning lights and alarms, interlock systems) for each therapy treatment room		
NAME OF PERSON DOCUMENTING CONVERSATION Laura B. Cender		
SIGNATURE	DATE OF SIGNATURE 03/30/2020	

CONVERSATION RECORD (continued)

LICENSE NAME AND NUMBER(S)

MidMichigan Health
21-01549-01

MAIL CONTROL NUMBER(S)

618037

SUMMARY AND ACTION REQUIRED (IF ANY) (Continued)

- Area radiation monitoring equipment
- Viewing and intercom systems
- Steps that will be taken to ensure that no two units can be operated simultaneously, if other radiation-producing equipment (e.g., linear accelerator, X-ray machine) is in the treatment room
- Methods to ensure that whenever the device is not in use or is unattended, the console keys will be inaccessible to unauthorized persons
- Emergency response equipment available

2. Decommissioning a Former Area of Use

Inventory Log records are not sufficient information to verify licensed material has been transferred from the facility.

Please provide a copy of the final leak test result for each sealed source that was transferred as well as a copy of an acknowledgment of receipt from the licensed entity who took possession of the source, with an appropriate level of detail to identify the source and recipient.