

FILE COPY

FEB 5 - 1986

Holy Family Hospital  
ATTN: Sister Patricia Ann  
100 North River Road  
Des Plaines, IL 60016

Dear Sister:

Enclosed is Amendment No. 30 renewing your NRC License Number 12-13614-01 in accordance with your request.

Please note that Condition 14. has been added to your license. That condition requires you to record the results of dose calibrator tests and daily area surveys.

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.

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REQ3 LIC30  
12-13614-01 PDR

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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.

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  
R. J. Caniano  
Materials Licensing Section

Enclosure(s): Amendment No. 30

RIII

*RJC*  
Caniano/cm

1/ /86

2/4/86

## CONVERSATION RECORD

TIME

10<sup>25</sup>

DATE

2/3/86

TYPE

☐ VISIT☐ CONFERENCE☒ TELEPHONE☐ INCOMING☐ OUTGOING

ROUTING

NAME/SYMBOL INT

Location of Visit/Conference:

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

Chuck Gianosso

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

Nuc Med Associates

TELEPHONE NO.

216-841-5799

SUBJECT

Renewal of Holy Family Hospital  
Catal 79796

SUMMARY

Mr. Gianosso called me and informed me that Holy Family wishes to delete all references to Dadelin-153 from their application at this time.

ACTION REQUIRED

Info only

NAME OF PERSON DOCUMENTING CONVERSATION

R. Caniano

SIGNATURE

R. Caniano

DATE

2/3/86

ACTION TAKEN

SIGNATURE

TITLE

DATE

50271-101

\* (SFO) 1 1981 O - 861-525 (7227)

CONVERSATION RECORD

OPTIONAL FORM 271 (12-76)  
DEPARTMENT OF DEFENSE

## CONVERSATION RECORD

TIME

3:40

DATE

1/30/86

TYPE

☐ VISIT☐ CONFERENCE☒ TELEPHONE☐ INCOMING☒ OUTGOING

ROUTING

NAME/SYMBOL

INT

Location of Visit/Conference:

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

CHRIS WAGNER

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

Nrc McAssoc

TELEPHONE NO:

216-841  
5788

SUBJECT

Holy Family Personal

SUMMARY

① We need procedures for source exchange  
for ID source

Repose: The hospital may wish to delete  
ID from license renewal. This will  
call me back 2/2/86 with following  
info:

① Hospital will or will not report  
to add ID 153 (OR)

② If, he will submit the procedures.

ACTION REQUIRED

Will call me 2/3/86

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

R. CAVANO

ACTION TAKEN

SIGNATURE

TITLE

DATE

# CONVERSATION RECORD

TIME

DATE

8 40 AM

1/27/86

TYPE

☐ VISIT

☐ CONFERENCE

☒ TELEPHONE

☐ INCOMING

☒ OUTGOING

ROUTING

NAME/SYMBOL

INT

Location of Visit/Conference:

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

CHRIS WAGNER

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

NVA Med Assoc.

TELEPHONE NO

216-641-5799

SUBJECT

Ftto Re: Holy Family Hospital  
Renewal Request

SUMMARY

① Who will provide specific instruction on DD-153 source ephage?

Device Manufacturer will provide that training. I will condition license.

② Has any decision been made on DD-153 device yet? No decision made as of yet. I'll list all 4 devices as "OK".

③ Application submitted record keeping for dose calibration tests & daily area surveys. Discussed it with Chris. He was aware of it and O.K. to Condition License.

ACTION REQUIRED

Swill condition license to above facts.

NAME OF PERSON DOCUMENTING CONVERSATION

R. CARIANO

SIGNATURE

R. CARIANO

DATE

1/27/86

ACTION TAKEN

SIGNATURE

TITLE

DATE