



## CONVERSATION RECORD

NAME OF PERSON(S)/TITLE CONTACTED OR IN CONTACT WITH YOU		DATE OF CONTACT		TYPE OF CONVERSATION	
Vrinda Narayana, Ph.D.		08/04/2021		<input type="checkbox"/> E-MAIL <input checked="" type="checkbox"/> TELEPHONE <input type="checkbox"/> INCOMING <input checked="" type="checkbox"/> OUTGOING	
E-MAIL ADDRESS		TELEPHONE NUMBER			
vrinda.narayana@ascension.org		(248) 849-8622			
ORGANIZATION		DOCKET NUMBER(S)			
Providence Hospital		030-33776			
LICENSE NAME AND NUMBER(S)		MAIL CONTROL NUMBER(S)			
Providence Hospital 21-26632-01		625455			
SUBJECT					
Pending NRC License Renewal - Additional Information Requested					
SUMMARY AND ACTION REQUIRED (IF ANY)					
<p>This is a record of the conversation between Laura Cender and Vrinda Narayana, Ph.D. of Providence Hospital regarding the pending license renewal request dated April 19, 2021.</p> <p>Please provide your response to the following items by no later than Friday, August 27, 2021.</p> <ol style="list-style-type: none"><li>1. Please provide a copy of a Delegation of Authority memo formally appointing Vrinda Narayana, Ph.D. as the Radiation Safety Officer (RSO). A copy of the original agreement on file or an updated copy are both acceptable responses. A sample memo is attached for your convenience.</li><li>2. Sealed Sources in Therapy Unit - Calibration and Use<ol style="list-style-type: none"><li>a.) In accordance with 10 CFR 35.643(a)(3) provide spot-check procedures that clearly direct the use of the procedure following each source installation.</li><li>b.) In accordance with 10 CFR 35.643(d)(4) provide spot-check procedures that assure the proper operation and presence of emergency response equipment.</li><li>c.) In accordance with 10 CFR 35.643(e) provide spot check procedures that clearly direct staff of the actions to take if the results of the system checks indicate the malfunction of any system. The procedures provided in Attachment 3 Section III only provide further direction in the case of a failed interlock system.</li></ol></li></ol>					
NAME OF PERSON DOCUMENTING CONVERSATION					
Laura B. Cender					
SIGNATURE		Digitally signed by Laura B. Cender Date: 2021.08.04 14:06:29 -05'00'		DATE OF SIGNATURE	
Laura B. Cender				08/04/2021	

**CONVERSATION RECORD (continued)**

LICENSE NAME AND NUMBER(S)

Providence Hospital  
21-26632-01

MAIL CONTROL NUMBER(S)

625455

**SUMMARY AND ACTION REQUIRED (IF ANY) (Continued)**

**3. Other Equipment and Facilities**

- a.) Provide the room number for the HDR vault if one is present.
- b.) Confirm that replacement sources received are secured in the indicated locked cabinet prior to installation. If replacement sources are stored in any other areas please provide a facility diagram that includes the storage location and a description of nearby surrounding areas (i.e. hallway, exam room, etc.). Please indicate any room numbers if present and include the direction North on the diagram.
- c.) In response Item J you indicate that a shielded emergency container, portable survey meter, stop watch, and personal dosimeter will be available for emergency source retrieval. The emergency procedures provided also require the availability of long handled tongs, pliers, and an emergency kit containing scissors, cable cutters, and a minor surgery kit. Please respond confirming that these additional items will be available at all times.