



CONVERSATION RECORD

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|--|--|------------------------|--|---|--|
| NAME OF PERSON(S)/TITLE CONTACTED OR IN CONTACT WITH YOU | | DATE OF CONTACT | | TYPE OF CONVERSATION | |
| Michelle Kritzman | | 11/26/2021 | | <input checked="" type="checkbox"/> E-MAIL <input type="checkbox"/> TELEPHONE <input type="checkbox"/> INCOMING <input checked="" type="checkbox"/> OUTGOING | |
| E-MAIL ADDRESS | | TELEPHONE NUMBER | | | |
| mkritzman@mpcphysics.com | | 734-662-3197 | | | |
| ORGANIZATION | | DOCKET NUMBER(S) | | | |
| McLaren Northern Michigan d/b/a Heart & Vascular Specialists | | 030-35824 | | | |
| LICENSE NAME AND NUMBER(S) | | MAIL CONTROL NUMBER(S) | | | |
| McLaren Northern Michigan d/b/a Heart & Vascular Specialists 21-32345-01 | | CN 628413 | | | |
| SUBJECT | | | | | |
| Pending NRC License Renewal - Additional Information Required | | | | | |
| SUMMARY AND ACTION REQUIRED (IF ANY) | | | | | |
| <p>This is a record of the conversation between Laura Cender and Michelle Kritzman representing McLaren Northern Michigan d/b/a Heart & Vascular Specialists regarding their pending NRC license renewal request.</p> <p>Please submit your response to the following items by no later than Friday, December 24, 2021.</p> <p>1. Consultant Radiation Safety Officer</p> <p>a.) Identify other commitments of the consultant-RSO for other NRC or Agreement State licensed facilities, along with a description of how the consultant-RSO will allocate time to permit the performance of the duties of the RSO as described in the regulations. State the consultant-RSO's minimum amount of onsite time (hours per week or days per quarter, as appropriate for the program).</p> <p>b.) Identify an in-house representative who will serve as the point of contact during the RSO's absence.</p> <p>c.) Describe the overall availability of the consultant-RSO to respond to questions or operational issues that arise during the conduct of the radiation safety program and related regulatory requirements.</p> <p>d.) Specify the maximum amount of time it will take the consultant-RSO to arrive at the facility in the event of an emergency that requires his/her presence.</p> <p>2. Facilities</p> <p>Please provide replacement copies of facility diagrams for both the permanent and mobile facilities as they did not come through well due to the quality of the fax. Please ensure that locked or otherwise access controlled doors are indicated.</p> | | | | | |
| NAME OF PERSON DOCUMENTING CONVERSATION | | | | | |
| Laura B. Cender | | | | | |
| SIGNATURE | | | | DATE OF SIGNATURE | |
| | | | | 11/26/2021 | |
| | | | | | |

CONVERSATION RECORD (continued)

LICENSE NAME AND NUMBER(S)

McLaren Norther Michigan
d/b/a Heart & Vascular Specialists
21-32345-01

MAIL CONTROL NUMBER(S)

CN 628413

SUMMARY AND ACTION REQUIRED (IF ANY) (Continued)

3. Area Surveys

Provide the following statement: "We have developed and will implement and maintain written procedures for area surveys in accordance with 10 CFR 20.1101 that meet the requirements of 10 CFR 20.1501 and 10 CFR 35.70."

Mobile Medical Service Provider Specific Commitments (NUREG 1556 Vol. 9 Rev. 3 Appendix V)

4.) Facilities

In the provided application you state that secure facilities are available for the storage or byproduct or radioactive waste. Please provide a brief description of these facilities. Indicate if these facilities are used even if the van or trailer is not disabled.

5. Training for Individuals Working in or Frequenting Restricted Areas

Provide a statement confirming that drivers and technologists (or therapists) will be properly trained in applicable transportation regulations and emergency procedures, in addition to the training requirements of 10 CFR 19.12 and 10 CFR 35.27. The training for these individuals will include, at a minimum, DOT regulations, shielding, as low as is reasonably achievable (ALARA), basic radiation protection, and emergency response.

6. Emergency Procedures

Provide a statement committing to develop, implement, and maintain emergency procedures in accordance with the radiation protection program required by 10 CFR 20.1101. Mobile medical providers should develop emergency procedures that include the elements listed under NUREG 1556 Vol. 9 Rev. 3 Appendix V "Emergency Procedures", as listed on pages V-9 through V-10.

7. Transportation

Provide a statement committing to develop, document, and implement procedures to ensure that the following takes place:

- a.) Radioactive material is transported in accordance with 49 CFR Parts 171 -177, "Transportation." Procedures will include use of approved packages, use of approved labeling, conduct of proper surveys, complete and accurate shipping papers, bracing of packages, security provisions, and written emergency instructions.
- b.) Management (or management's designee) will perform audits, at least annually, of transportation documentation (e.g., shipping papers and survey reports) and activities at client facilities.
- c.) Licensed material is secured during transport and use at the client's facilities.
- d.) Radioactive waste is handled properly during transport. Describe the method of storage and final disposal.
- e.) The transport vehicle, including the driver's compartment, if separate, will be secured at all times from any unauthorized access when the vehicle is unattended.