VARŤAN

## **Notice of Proposed Reciprocity Activity**

JAN = 7 2000

Licensee Name

Varian Medical Systems 911 Hansen Way, MS C-080

Palo Alto, CA 94304

License Information

State of California, Department of Health Services

# 1025-43

Expiration Date: 11/25/97 (timely renewal)

Licensee Contact

Tony Sorensen, Radiation Safety Officer

650-424-6662

650-855-7375 (fax)

Person Authorized to Perform Activity

Richard Nusspickel

Contact #: 800-864-1672

**Description of Device** 

Varian Model VariSource High Dose Rate Remote

Afterloader (CA661D103S)

**Description of Source** 

Omnitron International Model SL-777/777V

(LA0760S102S)

Iridium-192, Special Form, Sealed Source

Maximum Activities:

13 curies (shipped) 10 curies (installed)

Activity to be Performed

PMI/Routine Service

Site Name and Address

Center Community Hospital

1800 east Park Avenue

State College, PA 16803

Site Contact Person

Name Chuck Wild

Telephone 814-234-6729

Licensee/Site Identification Number

Dates on which work will performed

000152

From 1/17/00 to 1/18/00

Comments RTS # 983

I hereby certify that the above information is true and complete.

Signed 7

Signature M. C. Hernandez

Radiation Specialist