Notice of Proposed Reciprocity Activity

MAR - 6 2000

Licensee Name

Varian Medical Systems

911 Hansen Way, MS C-080

Palo Alto, CA 94304

Licensee Contact

Tony Sorensen, Radiation Safety Officer

650-424-6662

650-855-7375 (fax)

Person Authorized to Perform Activity License Information

State of California, Department of Health Services

1025-43

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

Richard Nusspickel

Contact #: 800-864-1672

Description of Device

Varian Model VariSource High Dose Rate Remote

Afterloader (CA661D103S)

Activity to be Performed

PMI/Routine Service

Description of Source

Omnitron International Model SL-777/777V

(LA0760S102S)

Iridium-192, Special Form, Sealed Source

Maximum Activities:

13 curies (shipped) 10 curies (installed)

Site Name and Address

Fairview University Medical Center

500 Harvard Street, S. E.

Minneapolis, MN 55455

Site Contact Person

Name Jerry Staiger

Telephone 612-626-6764

Licensee/Site Identification Number

Dates on which work will performed

000 62le

From 3/10/00 to 3/11/00

Comments RTS # 541

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

Signature

M. C. Hernandez

Title:

Radiation Specialist

Page 1 of 1



UNITED STATES

NUCLEAR REGULATORY COMMISSION

REGION IV

611 RYAN PLAZA DRIVE, SUITE 400 ARLINGTON, TEXAS 76011-8064

MAR - 7 2000

MEMORANDUM. TO:	Shirley Crutchfield License Fee & Accounts Receivable Branch (T9 E10)
FROM:	Christi Hernandez Nuclear Materials Licensing Branch, Region IV
SUBJECT:	FEE TRANSMITTAL
A. Region IV	
Applicar NRC Fo Agreeme Program 2. REVISIO Licensee Agreeme 3. CLARIFIE License	ent State License: CATION ATTACHED e: Varian Medical Systems ent State License: CA 1025-43 CACHED
 Fee Cate Correct F 	EE & ACCOUNTS RECEIVABLE BRANCH gory and Amount: Gee Paid. Submittal may be processed for: License
Sianed	Date