

**From:** Lanzisera, Penny  
**Sent:** Friday, January 13, 2012 3:44 PM  
**To:** Peter Mas  
**Subject:** Request for Additional Information for Hartford Hospital Amendment

Licensee: Hartford Hospital  
License No. 06-00253-04  
Docket No. 03001239  
Mail Control 576581

Mr. Mas,

To support the amendment request, we need the following additional information:

1. For Mr. Dwyer, please provide either – (i) the RSC approval documentation and a Nucletron vendor training certificate (or confirmation that Mr. Dwyer will complete Nucletron vendor training prior to unsupervised use of the device) ; or (ii) a completed Item 3.C. of the AMP application form along with a preceptor attestation form. The form may be found at <http://www.nrc.gov/materials/miau/med-use-toolkit.html#forms>.
2. For the release of your old cardiology facility, please: (i) indicate the instruments used during the closeout surveys; (ii) indicate where the sealed sources used at the facility were transferred; and (iii) confirm that all records important to decommissioning of this facility were moved to your main office in Hartford.

You may fax this information to my attention to 610-337-5269. Please refer to Mail Control No. 576581 in your response. If we do not receive a response within 30 days, we will consider that you no longer require the requested changes. Thank you for your assistance,

Penny Lanzisera  
US NRC Region I