CONVERSATION RECORD

TIME: 9:30 @ | DATE: 5/22/95

TYPE: ☐ VISIT ☐ CONFERENCE ☒ TELEPHONE ☐ INCOMING ☒ OUTGOING

ROUTING

NAME/SYMBOL	INT

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU: Stephen Bindong, RSO

ORGANIZATION (Office, dept., bureau, etc.): Trijcon

TELEPHONE NO: (810) 960-7700

SUBJECT: CN 96544

SUMMARY

(1) Name the Laboratory and provide the NRC Lic. No. or Agreement State lic. which auth. them to provide this service. (Bioassay Program).

(2) Need Diagram of facility (Detailed with work areas, storage areas, etc).

(3) Survey Program - More detailed. (See check list.) Name of lab which analyzes samples. - Decon procedure. - in Rupure situation urinalysis. Records of surveys.

(4.) Ordering Procedures - must be placed through RSO.

(5.) Receipt procedure - off-duty procedure Notify RSO of damaged PKGS. Damaged PKG. procedures. -

(6.) Gen. Lab instructions -

ACTION REQUIRED

(7.) Training - length of training Workers and Workers to contact with RAM?

NAME OF PERSON DOCUMENTING CONVERSATION: | SIGNATURE: L.F. Mad | DATE: 5/22/95

ACTION TAKEN

Respond c in 30 days use CN 96544

SIGNATURE | TITLE | DATE

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OPTIONAL FORM 271 (12-76) DEPARTMENT OF DEFENSE