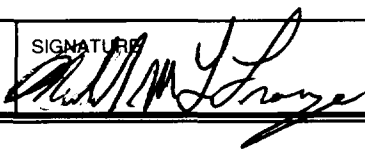


<b>CONVERSATION RECORD</b>		TIME:	DATE: 9/8/2006
<b>TYPE</b> <input type="checkbox"/> VISIT <input type="checkbox"/> CONFERENCE <input checked="" type="checkbox"/> TELEPHONE <span style="float: right;"><input type="checkbox"/> INCOMING <input checked="" type="checkbox"/> OUTGOING</span>			
NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU Dr. Brian Kennedy - RSO		ORGANIZATION (Office, dept., bureau, etc.) Indiana University School of Medicine	TELEPHONE NO. 219-980-6520
<b>SUBJECT</b> Request additional information regarding decommissioning questions of a former facility where RAM was stored/used.			
<b>SUMMARY</b>  The licensee was asked to provide the following additional information to the NRC so that an adequate review could be completed concerning the demolition of a building in 2004 where RAM was stored/used.  1. Request historical information concerning the demolished building such as records or any RAM spills in the building, former nuclide usage and disposal of material via the sewer system.  2. Request drawings/blueprints of sewer disposal system to identify locations where licensed material may have accumulated (traps, or other water retention areas).  License No.: 13-18384-01 Docket No.: 030-14970			
<b>ACTION REQUIRED</b>  Licensee indicated that the information would be provided within 2 weeks of the date of this telephone conversation. If not, the licensee will contact NRC to provide additional time estimates.			
NAME OF PERSON DOCUMENTING CONVERSATION Michael LaFranzo - MIB Radiation Specialist		SIGNATURE 	DATE 9/8/06
<b>ACTION TAKEN</b>			
SIGNATURE	TITLE	DATE	