

CONVERSATION RECORD TIME 1430 DATE 7/26/95

TYPE		<input type="checkbox"/> VISIT	<input type="checkbox"/> CONFERENCE	<input checked="" type="checkbox"/> TELEPHONE	{ } NEW <input checked="" type="checkbox"/> RENEWA { } AMEND
Location of Visit/Conference:					
NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU		ORGANIZATION (Office, dept., bureau, etc.)	TELEPHONE NO.		
<u>Michael Green</u>		<u>Quon Carbide</u>	<u>304</u> <u>747-5314</u>		
SUBJECT		<u>Deficiency Telephone Conversation</u>		<u>CONTROL</u>	<u>256327</u>
				<u>DOCKET</u>	<u>030-06652</u>

SUMMARY LICENSE NUMBER 47-00260-0.

Spoke w him on leak-testing, instrument calibration and gauge servicing for other than his home facility. They provide these services, excepting source housing servicing, for other U.C. locations.

Sent him RG's on above. He will compare with program & send in corrections, and also state if needed services will be provided to other licensees.

ACTION REQUIRED [SEE OVER Y N] DUE DATE

Hold for response.

NAME OF PERSON DOCUMENTING CONVERSATION	SIGNATURE	DATE
<u>David J. Collins</u>	<u>David J. Collins</u>	<u>7/26/95</u>

ACTION TAKEN

A-117

SIGNATURE	TITLE	DATE