

CONVERSATION RECORD  
(time) (date)

TIME | DATE  
| 10/10/07

VISIT  CONFERENCE TELEPHONE X

INCOMING  
 OUTGOING

NAME OF PERSON(S) CONTACTED OR IN CONTACT ORGANIZATION (OFFICE, DEPT. ETC.) TELEPHONE NO.  
Bill Yelon Ideal Source Quality Assurance 573-445-8147

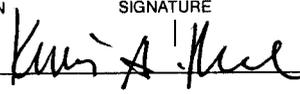
SUBJECT  
C/N 316580

SUMMARY

Regarding your locations of use listed in the application, do you object to issuing the license without identifying the specific locations of use on the license.

Dr. Yelon did not object to issuing the license in this manner

ACTION REQUIRED  
Issue amendment once licensee determines total possession limits.

NAME OF PERSON DOCUMENTING CONVERSATION SIGNATURE DATE  
Kevin Null  10/10/07

ACTION TAKEN

SIGNATURE TITLE DATE

CONVERSATION RECORD  
(time) (date)

TIME | DATE  
| 8/2/07

VISIT  CONFERENCE TELEPHONE

INCOMING  
 OUTGOING

NAME OF PERSON(S) CONTACTED OR IN CONTACT  
William Yelon, Ph.D., RSO

ORGANIZATION (OFFICE, DEPT. ETC.)  
Ideal Sources, Int'l.

TELEPHONE NO.  
573-445-8147

SUBJECT

C/N 316378

SUMMARY

I contacted Dr. Yelon to discuss his application for a new license to possess irradiated/activated topaz gemstones incident to exempt distribution. My review was conducted using NUREG-1556, Volume 7, and I requested that Dr. Yelon supply the following additional information:

Since you are acting on behalf of Ideal Source to run the possession and distribution operations in Columbia, MO, the application form 313 must be re-submitted with a signature by an agent of Ideal Source.

Describe who is activating the gemstones, where they come from, and how they determine the activity of the stones before they arrive at your facility to verify that they are not shipping quantities that will not be authorized on your license. Also, describe how the shipper will confirm that there is no removable contamination before they are shipped.

In your application you reference the possession of sources of gemstones that will be used for calibration purposes. What are the nuclides and activities of these sources?

Identify any authorized users that will be on the license other than yourself. Provide a description of their training and experience in handling radioactive materials.

Describe how Ideal Sources will verify the activity of the gemstones before they are distributed to confirm that the levels are below exempt quantities. Specifically, Describe how your counting equipment will be used for "verification of the topaz quantities" before they are shipped as exempt quantities.

Submit a copy of your training program for our review. Also submit a copy of the exam that will be provided. Since visitors will not receive training, please confirm that visitors will have escorted access through your facility at all times.

Re-submit a copy of your facility diagram. The copy that was FAXED on 7/31 was of poor quality and difficult to read. (Also, submit a copy of the lease agreement for the facility.)

Submit the make and model numbers of all radiation detection measurement instrumentation that will be used to demonstrate compliance with your license and the regulations. Also, describe calibration procedures and frequencies. [Ref. NUREG-1556, Volume 7, item 8.10.2].

Develop and submit procedures for material receipt and accountability, and commit to conducting a physical inventory of all material every 6 months. [Ref. NUREG-1556, Volume 7, item 8.10.3].

Submit a response to item 8.10.4, "Occupational Dose", to NUREG-1556, Volume 7. Submit your procedure and frequency for calibrating self-reading ionization chambers.

Develop and submit procedures for the safe use of radionuclides and emergency procedures. [Ref. NUREG-1556, Volume 7, item 8.10.6].

Develop and submit a description of your survey program. [Ref. NUREG-1556, Volume 7, item 8.10.6].

OK  
1. signed by Anna O.  
2. OK

regarding your waste program, please submit evidence that the irradiation facility is authorized, or agrees to receive back, irradiated fragments as waste product. Also, describe how you will dispose of any stones that may be determined to be contaminated, as well as other waste-related products, e.g., contaminated gloves, contaminated supplies, etc.

*see notes on his response*

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ACTION REQUIRED

Submit response within 15 days

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NAME OF PERSON DOCUMENTING CONVERSATION  
Kevin Null

SIGNATURE

*Kevin A. Null*

DATE

8/2/07

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ACTION TAKEN

SIGNATURE

TITLE

DATE

CONVERSATION RECORD  
(time) (date)

TIME | DATE

8/31/07

VISIT       CONFERENCE       TELEPHONE X

INCOMING  
 OUTGOING

NAME OF PERSON(S) CONTACTED OR IN CONTACT      ORGANIZATION (OFFICE, DEPT. ETC.)      TELEPHONE NO  
William Yelon, Ph.D., RSO      Ideal Source      573-445-8147

SUBJECT  
Letter received 8/14/07, in response to our telephone deficiency of 8/2/07

SUMMARY

I completed the review of Dr. Yelon's response to my deficiency telephone call from 8/2/07 and have determined that I will need additional information/clarification as follows. The items are numbered in accordance with those of my 8/2/07 conversation record, and Dr. Yelon's initial response:

2. You briefly described your irradiation and QA programs and made a reference that some of the information in your application for an exempt distribution license submitted to NRC HQ is proprietary and should not be publically disclosed. Is there any info in the application material that you submitted to Region III that is proprietary? If so please specifically identify the material and address the criteria/procedures described in 10 CFR 2.390 so that we can do a proper evaluation of your request to determine if the material meets the criteria for protection from public disclosure.
6. In item 6 of our initial deficiency telephone call you did not address our request that you confirm that visitors will have escorted access through your facility at all times. Please submit a response.
7. In item 7 of our initial deficiency telephone call you did not submit a copy of your lease agreement. Please submit a copy of your lease agreement for your location of use.
12. You did not include routine surveys of storage areas and/or areas where a large number of stones are accumulated as part of your survey program (reference item 11 of your response where you stated that accumulated stones may reach levels of a few mrem/hr). Also, please describe your program for conducting smear surveys for contamination since you made the statement that "any (radiation levels) above background would be taken as evidence for contamination." Include a description of frequencies for conducting all surveys, i.e., surveys for radiation levels and contamination (reference NUREG-1556, Volume 7, Appendix Q for acceptable frequencies).
13. You made a statement that workers will not wear gloves due to lack of removable contamination. However, we noted in item 12 that you also made a statement that radiation level readings above background would indicate the presence of contamination. It appears that there is a possibility that you may receive contaminated gemstones that would necessitate wearing protective clothing, therefore please submit procedures for the safe use of radionuclides (reference Item 8.10.6 of NUREG-1556, Volume 7). Also, describe how you will handle and dispose of radioactive waste generated from handling and cleaning contaminated gemstones.

ACTION REQUIRED

NAME OF PERSON DOCUMENTING CONVERSATION      SIGNATURE      DATE  
Kevin Null      *Kevin Null*      8/31/07

ACTION TAKEN

*discussed - mailed to Dr. Yelon on 8/31*