

CONVERSATION RECORD

TIME 2pm	various
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DATE	10/26/07
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<input type="checkbox"/> VISIT	<input type="checkbox"/> CONFERENCE	<input checked="" type="checkbox"/> TELEPHONE
		<input type="checkbox"/> INCOMING
		<input checked="" type="checkbox"/> OUTGOING

NAME OF PERSON CONTACTED	Rob Williams, Clinical Supervisor of medical Imaging
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ORGANIZATION	Memorial Medical Center of West Michigan
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TELEPHONE	231-843-2591
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SUBJECT	Amendment Request received 10/9/07
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SUMMARY	The reviewer asked Mr. Williams whether or not they currently possessed and material under 35.300. Mr. Williams advised the reviewer that they did not. Therefore, since this licensee currently has no authorized user for 35.300 material, this authorization was removed. Mr. Williams was in agreement with this solution
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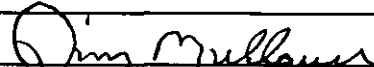
ACTION REQUIRED	Remove 35.300 authorization. The licensee will amend their license if they wish this authorization to be reinstated.
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NAME OF PERSON DOCUMENTING CONVERSATION	James Mullauer
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SIGNATURE	/RA/ James Mullauer
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DATE	10/26/07
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ACTION TAKEN	Issue amend to remove Dr. Blount and 35.300 authorization from this license
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SIGNATURE	
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TITLE	Health Physicist
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DATE	10/26/07
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