

April 23, 2008

Mr. Joshua Daehler, Radiation Control Officer  
Radiation Control Program  
Department of Public Health  
Schraff and Center, Suite 1M2A  
529 Main Street  
Charlestown, MA 02129

Dear Mr. Daehler:

Your participation is requested on the Integrated Materials Performance Evaluation Program (IMPEP) review of the Louisiana Agreement State Program. The team leader for this review, Donna Janda of the U.S. Nuclear Regulatory Commission's (NRC) Region I Office, has assigned you as the lead reviewer for the non-common performance indicator, Sealed Source and Device Evaluation Program. To participate on this review team, you will be required to travel to Baton Rouge, Louisiana, for the on-site portion of this review. The on-site portion of the IMPEP review of the Louisiana Agreement State Program is scheduled for May 12-16, 2008.

Enclosed are the Travel Instructions to Agreement State IMPEP Team Members. The NRC will pay for your travel, lodging, and per diem expenses for the IMPEP review in accordance with Federal travel regulations. If you have any general questions regarding the IMPEP process, please contact me at (301) 415-1277 or [aaron.mccraw@nrc.gov](mailto:aaron.mccraw@nrc.gov). Specific questions regarding the Louisiana IMPEP review should be directed to Ms. Janda at (610) 337-5371 or [donna.janda@nrc.gov](mailto:donna.janda@nrc.gov).

Thank you for your continued support of IMPEP.

Sincerely,

*/RA/*

Aaron T. McCraw  
IMPEP Project Manager  
State Agreements and Industrial Safety Branch  
Division of Materials Safety and State Agreements  
Office of Federal and State Materials  
and Environmental Management Programs

Enclosure:  
Travel Instructions to Agreement State  
IMPEP Team Members

J. Daehler

April 23, 2008

Distribution: DCD (SP05)  
DMSSA RF  
KLukes, FSME/DMSSA  
BUilton, FSME/DMSSA  
DJanda, Region I

**ML081140317**

OFFICE	FSME/DMSSA						
NAME	ATMcCraw:kk						
DATE	4/23/08						

**OFFICIAL RECORD COPY**

## **TRAVEL INSTRUCTIONS FOR AGREEMENT STATE IMPEP TEAM MEMBERS ON-SITE REVIEW**

### COORDINATION:

Information regarding times, lodging, and location of the IMPEP review that you are scheduled to participate in should be obtained from your team leader. Although you may finalize your travel information when convenient, the accompanying form must be submitted to NRC at least 3 weeks prior to your travel.

### TRAVEL:

Airline reservations can be made directly through Carlson Wagonlit Travel at (301) 415-5006; normal business hours are 8:00 a.m. - 5:00 p.m Eastern time. If you do not choose electronic tickets, tickets will be mailed to you approximately one week before the first day of travel. Travel by car will be reimbursed at a rate of 50.5¢ per mile, not to exceed the minimum airfare.

### EXPENSES:

State participants in IMPEP reviews will be reimbursed for expenses in accordance with Federal travel regulations. A voucher with travel instructions will be provided to you. Receipts are necessary to claim any expenses of \$75.00 or more. Telephone calls will not be reimbursed by NRC.

Any questions about, or changes in, travel should be directed to **Ms. Brenda Usilton at (301) 415-2348**. Any questions on the IMPEP review should be made to your team leader for that review or Aaron McCraw at (301) 415-1277.

**- TRAVEL INFORMATION -  
IMPEP STATE TEAM MEMBER  
ON-SITE IMPEP REVIEW**

**NAME:** \_\_\_\_\_

**STATE:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**WORK ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**SS# (required):** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**IMPEP REVIEW FOR:** \_\_\_\_\_

**REVIEW DATES:** \_\_\_\_\_

**TRAVEL DATES:** \_\_\_\_\_

**DEPARTURE CITY (AIRPORT):** \_\_\_\_\_

**DATE OF DEPARTURE:** \_\_\_\_\_

Please note anything unusual and provide reason:

**DATE OF RETURN:** \_\_\_\_\_

Please note anything unusual and provide reason:

**COST OF AIRFARE** (from Carlson Travel): \_\_\_\_\_

Flight Number (e.g., UA 210) \_\_\_\_\_

Arrival Time (4:23 p.m. July 9) \_\_\_\_\_

**IF YOU ARE DRIVING, INDICATE ROUND TRIP MILES:** \_\_\_\_\_

Please fax or e-mail this information to Brenda Usilton at (301) 415-3502 by 5 pm (EDT) a minimum of 3 weeks prior to the review.