

June 23, 2009

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 U.S. Nuclear Regulatory Commission's (NRC) Sealed Source and Device Evaluation Program. Based on your qualifications and expertise in this area, you have been chosen to lead this 3-member team. To participate on this review team, you will be required to travel to Rockville, Maryland, for the on-site portion of this review. The on-site portion of the IMPEP review of the NRC's Sealed Source and Device Evaluation Program is scheduled for October 19-23, 2009.

Enclosed are the Travel Instructions to Agreement State IMPEP Team Members. 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 or the responsibilities of the team leader for this review, please contact me at (630) 829-9650 or [aaron.mccraw@nrc.gov](mailto:aaron.mccraw@nrc.gov).

Thank you for your continued support of IMPEP.

Sincerely,

*/RA/*

Aaron T. McCraw  
IMPEP Project Manager  
Agreement State Program 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

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

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Sincerely,  
 /RA/  
 Aaron T. McCraw  
 IMPEP Project Manager  
 Agreement State Program 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

Distribution: DCD (SP05)  
 MSSA RF  
 BUilton, FSME/MSSA  
 DJanda, RI/RSOA

**ML091730032**

OFFICE	FSME/MSSA						
NAME	ATMcCraw:knm1						
DATE	06/ 23 /09						

**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 (866) 250-2160; normal business hours are 8:00 a.m. - 6:00 p.m Eastern Time, Monday - Friday. Carlson Wagonlit Travel will e-mail you an electronic itinerary after the reservation has been made. Travel by car will be reimbursed at a rate of \$0.55 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, including a meal and incidental per diem. Lodging and per diem rates are based on locality. 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.

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, IMPEP Project Manager, at (630) 829-9650.

**- 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.