February 11, 2010

Mr. Tristan Timm
Environmental Health Specialist
Bureau of Radiation Control
Department of Health
4052 Bald Cypress Way, Bin C21
Tallahassee, FL 32399-1741

Dear Mr. Timm:

Your participation is requested on the Integrated Materials Performance Evaluation Program (IMPEP) review of the Colorado Agreement State Program. As the team leader for this review, I have assigned you as the lead reviewer for two performance indicators: 1) Technical Quality of Incident and Allegations Activities and 2) Sealed Source and Device Evaluation Program. To participate on this review team, you will be required to travel to Denver, Colorado, for the on-site portion of this review. The on-site portion of the IMPEP review of the Colorado Agreement State Program is scheduled for April 12-16, 2010. To facilitate an early start to the review on Monday, April 12, 2010, you will be required to travel on Sunday, April 11, 2010.

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 questions regarding the Colorado IMPEP review or general questions regarding the IMPEP process, please contact me at (630) 829-9650 or Aaron.McCraw@nrc.gov.

Thank you for your continued support of IMPEP.

Sincerely,

/RA/
Aaron T. McCraw
IMPEP Project Manager
Agreement State Programs 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

February 11, 2010

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IMPEP Project Manager
Agreement State Programs Branch
Division of Materials Safety and State Agreements
Office of Federal and State Materials
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Enclosure:
Travel Instructions to Agreement State
IMPEP Team Members

Distribution: DCD (SP08)
MSSA RF
RErickson, RI/RSAO
BUsilton, FSME/MSSA
MBeardsley, FSME/MSSA

ML100420032

OFFICE	FSME/MSSA							
NAME	ATMcCraw:knm							
DATE	2/11/10							

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 $0.50 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. Instructions for completing a voucher to claim your expenses is available at the following website: http://nrc-stp.ornl.gov/special/voucher.pdf. 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.