

## Exhibit 1 – Telephone Contact Questionnaire

Instructions: Complete this questionnaire as per the program objectives and procedures for Enclosure 2.

Name and title of Interviewer: Bill C. Lin Signature of Interviewer	
Date of this Interview: 07/05/2011, Exit Date-07/14/2011 Date of Previous Interview: n/a	
QUESTIONS	ANSWERS
Licensee Name, Address, and URL	Haynes International Inc. 1020 W. Park Avenue Kokomo, IN 46904-9013
Licensee's Point of Contact (Name, Address, Phone and FAX Numbers, and URL)	Brian Carver (T) 765-456-6828 1020 W. Park Avenue Kokomo, IN 46904-9013
License Number Docket Number	13-25965-01 030-30781
1. Name and Title of person responsible for radiation safety program:	Brian Carver Radiation Safety Officer
2. Describe how you prevent: (a) use by unauthorized personnel and (b) loss or theft.	The x-ray fluorescence analyzer is locked up and stored in the lab. The analyzer has been in permanent storage since 2000. Only authorized personnel have access to the lab.
3. Describe how you maintain shielding, restrict access, and control contamination from unsealed material to prevent individuals from becoming exposed to radiation.	The x-ray fluorescence analyzer is locked and secured in the lab.
4. Describe how you determine radiation doses to workers and members of the public from licensed activities. What was the maximum dose received since the last NRC telephone contact or inspection?	N/A
5. Describe radiation area surveys around licensed activities. What survey instrument (SI) was used? SI's last calibration date? What were the typical radiation levels and at what distance?	N/A

QUESTIONS	ANSWERS
6. Describe leak testing of the sealed source(s). How often and who analyzed the leak test samples? What were the most recent results?	Wipe test was performed every 6 months up to 2010. Wipe test are not required per the licensee's licensed condition, since the device was in storage and unused. Stan A. Huber Consultant, Inc. analyzed the results. The test results shows all wipes were less than 0.005 micro curie.
7. Describe physical inventory of all byproduct material and NMMSS-reportable materials in your possession. When was the last inventory completed? Were all the sources located?	A physical inventory was performed every 6 months. All the sources were account for.
8. Describe your provisions for repair and maintenance of your device or source holder.	Licensee is no longer using the device. It is locked and in storage. If repair is needed, it will go to the applicable manufacturer.
9. Describe any unusual events involving the byproduct material or the device(s) in which it is used (i.e., fire, explosion, natural disaster.)	No unusual events.