

CONVERSATION RECORD
(time) (date)

TIME | DATE
2/4/10

VISIT CONFERENCE TELEPHONE

INCOMING
 OUTGOING

NAME OF PERSON(S) CONTACTED OR IN CONTACT ORGANIZATION (OFFICE, DEPT. ETC.) TELEPHONE NO.
David Kreuger, Corp, RSO PETnet 818-620-6569

SUBJECT

C/N's 318526 and 318527

SUMMARY

After review of PETNET's resubmittal of applications for new pharmacy and cyclotron licenses at their Indianapolis locations, I requested that Mr. Kreuger submit the following additional information:

1. Delete reference to Room no. 001 on the location of use from both applications.
2. Commit to providing refresher training for ancillary staff or confirm that they will only do work under supervision of an individual named on the license, and that refresher training will be provided at any time there is a change made to the program that they would need to be made aware of. (both applications)
- N/A*
PR 318526 3. Address Item 8.11.1, of volume 13 on pages 8-11 and 8-62 that discusses procedure for handling returned waste from customers." (pharmacy application only).
4. Submit make and model numbers for all sealed sources that are above exempt quantity and must be listed on the licenses. (both applications)
5. Define who "Department" is as discussed in procedures for calibrating eqpt. on page 29 of the cyclotron application.

ACTION REQUIRED

NAME OF PERSON DOCUMENTING CONVERSATION SIGNATURE DATE
Kevin Null *Kevin Null* 2/4/10

ACTION TAKEN

SIGNATURE TITLE DATE