

Conversation Record



TO: Mark Zakrzewski

COMPANY: Hull & Associates, Inc.

Date: April 23, 2012

Jennifer Bishop
Materials Licensing Branch
U.S. Nuclear Regulatory Commission
Region III
2443 Warrenville Road, Suite 210
Lisle, Illinois 60532-4351
Jennifer.Dalzell-Bishop@nrc.gov

PAGES: 3 TEL. : 440-232-9945

FAX #: 440-232-9946

(630) 829-9607 FAX: (630) 515-1078

EMAIL: mzakrzewski@hullinc.com

CONVERSATION RECORD

TIME	DATE
2:45 pm	5/1/2012 (Date Contacted)
	5/1/2012 (Date Transmitted)

NAME OF PERSON(S) CONTACTED	TELEPHONE NO.	ORGANIZATION
Mark Zalrzewski	440-232-9945	Corporate Health and Safety Officer

SUBJECT

License No.: 34-24957-02

Control No.: 577358

SUMMARY

This refers to your letter to amend your license, dated April 9, 2012 (with attachments) and the phone conversation between Mark Zakrzewski and Jennifer Bishop on May 1, 2012.

In your letter, you requested that the Radiation Safety Officer be changed to yourself. In support of this request, you submitted training completion certificates. However, the NRC no longer allows the Radiation Safety Officer to be self appointed by the licensee.

RESPONSE: Please respond with a written, signed (by both senior management and the proposed RSO) and a currently dated statement that stipulates your new RSO accepts the RSO position and understands the duties and responsibilities associated with the position

Please also submit a new "Delegation of Authority" for your RSO that is signed by a senior management official. A sample memo can be found in Attachment 1 of this document.

We will be unable to continue processing your request until we receive this information. In accordance with 10 CFR 2.390 of the NRC's "Rules of Practice," a copy of this letter will be available electronically in the NRC Public Document Room or from the Publicly Available Record (PARS) component of NRC's document system (ADAMS) accessible from the NRC

Website at <http://www.nrc.gov/reading-rem/adams.html>.

Submit the requested information within 30 calendar days (by May 31, 2012) by referencing control number 577358 to facilitate proper handling in our office. Please contact me if you need to make alternative response arrangements.

Please also be reminded of the provisions in 10 CFR 30.9(a), "Completeness and accuracy of information,"..."(a) Information provided to the Commission by an applicant for a license or by a licensee or information required by statute or by the Commission's regulations, orders, or license conditions to be maintained by the applicant or the licensee shall be complete and accurate in all material respects."

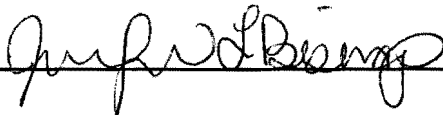
PLEASE DIRECT ANY QUESTIONS YOU MAY HAVE TO ME AT (630) 829-9607.

For future reference, please always include the name, phone number and fax number of at least one person whom we may contact for additional information when reviewing your licensing correspondence and requests. Providing an email address for the contact person is also very helpful.

NAME OF PERSON DOCUMENTING
CONVERSATION

SIGNATURE
DATE

Jennifer Bishop



5/1/2012

Attachment 1

Model Delegation of Authority:

Memo To: Radiation Safety Officer
From: Chief Executive Officer
Subject: Delegation of Authority

You, _____, have been appointed Radiation Safety Officer and are responsible for ensuring the safe use of radiation. You are responsible for managing the Radiation Protection Program; identifying radiation protection problems; initiating, recommending, or providing corrective actions; verifying implementation of corrective actions; stopping unsafe activities; and ensuring compliance with regulations. You are hereby delegated the authority necessary to meet those responsibilities, including prohibiting the use of byproduct material by employees who do not meet the necessary requirements and shutting down operations where justified to maintain radiation safety. You are required to notify management if staff does not cooperate and does not address radiation safety issues. In addition, you are free to raise issues with the Nuclear Regulatory Commission at any time. It is estimated that you will spend ___ hours per week conducting radiation protection activities.

Signature of Management Representative

Date

I accept the above responsibilities,

Signature of Radiation Safety Officer

Date

cc: Affected department heads