

CONVERSATION RECORD
(time) (date)

TIME | DATE

1/28/14

VISIT CONFERENCE TELEPHONE

INCOMING
 OUTGOING

NAME OF PERSON(S) CONTACTED OR IN CONTACT
David Trump

ORGANIZATION (OFFICE, DEPT. ETC.)
Spectron

TELEPHONE NO.
574-271-2800

SUBJECT

C/N's 582697 (License number 13-32726-02) and 582699 (License number 13-32726-01MD)

SUMMARY

Regarding your request to include an alternate procedure to calibrate the exhaust gas monitoring system, please provide the following additional information:

1. Provide the radionuclide that will be used for the calibration process, the activity level, and describe how and from where it will be obtained.
2. Describe how you will measure the activity level of the radionuclide that will be used for the calibration procedure. Describe any equipment that is used to measure the radionuclide.
3. Describe how you will calibrate the equipment that will be used to measure the activity of the radionuclide to assure accuracy of the measurement.

ACTION REQUIRED

Submit a written response within 10 days and refer as additional information to Control Numbers 582697 and 582699.

NAME OF PERSON DOCUMENTING CONVERSATION
Kevin Null

SIGNATURE

DATE
1/28/14



ACTION TAKEN

SIGNATURE

TITLE

DATE