

CONVERSATION RECORD

(time) (date)

|TIME |DATE

2/3/14

VISIT

CONFERENCE

TELEPHONE

INCOMING  
 OUTGOING

NAME OF PERSON(S) CONTACTED OR IN CONTACT

ORGANIZATION (OFFICE, DEPT. ETC.)

TELEPHONE NO.

Regis Greenwood

ARC

314-991-4545

SUBJECT

C/N 582820 – request to name Don Lite as the RSO, and keep current RSO (Regis Greenwood) on as the assistant RSO as described in section 3.3.5 of the licensee's Radiation Protection Program.

SUMMARY

Please describe the estimated number of hours per week that Mr. Greenwood will allocate towards performing duties as the assistant RSO.

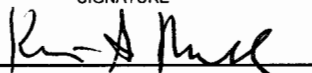
Submit a letter in response, signed by Dr. Gupta

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

Kevin Null



2/3/14

ACTION TAKEN

SIGNATURE

TITLE

DATE