



CONVERSATION RECORD

07/02/2014

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU Daniel J. Rogers		DATE OF CONTACT 07/02/2014	TYPE OF CONVERSATION <input type="checkbox"/> E-MAIL <input checked="" type="checkbox"/> TELEPHONE <input type="checkbox"/> INCOMING <input checked="" type="checkbox"/> OUTGOING
E-MAIL ADDRESS drogers@indianapolistestinglab.com		TELEPHONE NUMBER (317) 322-9500	

ORGANIZATION Radiation Safety Officer Chicago Testing Laboratory, Inc.	DOCKET NUMBER(S) 030-38067
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LICENSE NUMBER(S) 13-32754-01	CONTROL NUMBER(S) 584169
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SUBJECT
Additional Documentation Requested

SUMMARY

In your request, you have indicated that your RSO will be leaving the company. Please note that you will not be able to change and name your RSO internally; NRC must do that for you via the amendment process. Please provide the following additional information:

Please provide written, signed (by both senior management and the proposed RSO) and a currently dated statement that stipulates your proposed RSO accepts the position and understands the duties and responsibilities associated with the position. A sample Delegation of Authority memo is attached to this document in Attachment 1.

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ACTION REQUIRED (IF ANY)

Please submit your response by July 7, 2014, and reference it to my attention as "additional information to control number 584169" to facilitate proper handling in our office. Your response must be currently dated and signed by a senior management representative. If you have any questions or require clarification of any of the information stated above, please do not hesitate to contact me at 630-829-9607

In accordance with 10 CFR 2.390 of the NRC's "Rules of Practice," a copy of this letter and its enclosure will be available electronically for public inspection in the NRC Public Document Room or from the NRC's Agencywide Documents Access and Management System (ADAMS), accessible from the NRC Web site at <http://www.nrc.gov/reading-rm/adams.html>.

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NAME OF PERSON DOCUMENTING CONVERSATION
Jennifer L. Bishop

SIGNATURE

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