



CONVERSATION RECORD

02/05/2015

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU Brian Davidson, <i>proposed RSO</i>		DATE OF CONTACT 02/05/2015	TYPE OF CONVERSATION <input checked="" type="checkbox"/> E-MAIL <input type="checkbox"/> TELEPHONE <input type="checkbox"/> INCOMING <input checked="" type="checkbox"/> OUTGOING
E-MAIL ADDRESS brian.davidson@covance.com		TELEPHONE NUMBER (317) 467-3700	

ORGANIZATION Covance Laboratories, Inc.	DOCKET NUMBER(S) 030-37840
--	-------------------------------

LICENSE NUMBER(S) 13-32713-01	CONTROL NUMBER(S) 585820
----------------------------------	-----------------------------

**SUBJECT**  
Additional information needed to complete the review of amendment request, dated January 20, 2015  
Requested that licensee submit requested information within 14 days of this request.

**SUMMARY**

We have reviewed the license amendment request and find that we are unable to continue this action until we have received additional information outlined in the attached email message.

The licensee was instructed to direct any questions it has to me at (630) 829-9892 or sara.forster@nrc.gov.

When submitting additional information, the licensee should reference Control No. 585820, as listed at the top of this memo. The licensee may FAX a response to my attention at (630) 515-1078 OR scan a response and send to me via email, as a pdf file. The licensee was instructed to include a signed and dated cover letter with its response.

We expect to receive a written response on or before February 19, 2015.

**NAME OF PERSON DOCUMENTING CONVERSATION**  
Sara A. Forster, M.S., Health Physicist, Materials Licensing Branch, Region III, 2443 Warrenville Rd., Lisle, IL 60532

**SIGNATURE**  
*Sara A. Forster* *02/05/2015*

## Forster, Sara

---

**From:** Forster, Sara  
**Sent:** Thursday, February 05, 2015 3:42 PM  
**To:** 'Davidson, Brian'  
**Subject:** Additional Information Request for Covance Laboratories, Inc., NRC Lic. No. 13-32713-01  
**Attachments:** NUREG1556Vol11r1AppxE\_MOUDOA.pdf

Dear Mr. Davidson:

We have reviewed the Covance Laboratories, Inc., January 20, 2015, license amendment request to add you as the Radiation Safety Officer (RSO) on the above referenced license. Additional information is needed to complete our review. Accordingly, please provide a current Delegation of Authority/Memorandum of Understanding (DOA/MOU) for your RSO, which should be signed by both you and a senior management official at the organization. In preparing your DOA/MOU document, you may use the attached model document, or prepare a custom document specific to your organization. Please provide your response – under signed and dated cover letter – within 14 days of this message (on or before close of business on February 19, 2015). Additional guidance may be found in NUREG 1556, Vols. 7, “Program Program-Specific Guidance About Academic, Research and Development, and other Licenses of Limited Scope,” and 11, “Program-Specific Guidance About Licenses of Broad Scope” which may be found, respectively at:

<http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/v7/>, and  
<http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/v11/>.

Please note that submission of your response as a pdf file attached to an email or via facsimile will allow for the quickest processing. Do not hesitate to call me with any questions you may have, or if you need additional time to gather and prepare the requested information.

Sincerely,

Sara A. Forster, Health Physicist Licensing Reviewer  
U.S. Nuclear Regulatory Commission - Region III  
Division of Nuclear Materials Safety  
2443 Warrenville Rd. - Ste. 210  
Lisle, IL 60532-4352  
[sara.forster@nrc.gov](mailto:sara.forster@nrc.gov)  
Direct: (630) 829-9892



Please provide a signed copy of a model MOU/DOA document. You may use the sample, below, taken from the draft NUREG 1556, Vol. 11, rev. 1, volume (available at the NRC website), or create a custom document specific to your organization.

**MODEL DELEGATION OF AUTHORITY  
RADIATION SAFETY OFFICER**

**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, when 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 U.S. Nuclear Regulatory Commission at any time. It is estimated that you will spend \_\_\_\_\_ hours per week conducting radiation protection activities.

\_\_\_\_\_  
Signature of Management Representative  
I accept the above responsibilities,

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Radiation Safety Officer

\_\_\_\_\_  
Date

**cc: Affected department heads**