



CONVERSATION RECORD

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU Cari Dzanbazoff		DATE OF CONTACT 09/23/2015	TYPE OF CONVERSATION	
E-MAIL ADDRESS cdz_mpc@comcast.net		TELEPHONE NUMBER (734) 662-3197	<input type="checkbox"/> E-MAIL	<input type="checkbox"/> INCOMING
ORGANIZATION Children's Hospital of Michigan		DOCKET NUMBER(S) 030-13166	<input checked="" type="checkbox"/> TELEPHONE	<input type="checkbox"/> OUTGOING
LICENSE NUMBER(S) 21-03298-05		CONTROL NUMBER(S) 588135		

SUBJECT  
Additional information needed in order to release a radioactive material storage room

SUMMARY AND ACTION REQUIRED (IF ANY)

Regarding the licensee's request to release a waste storage room, please provide the following:

1. A list of nuclides, both sealed sources and unsealed, that were stored in the room. Include quantities for each at the time of disposal.
2. If there were no nuclides in the room at the time of disposal, then please provide a list of radionuclides that were stored in the room (sealed and unsealed) from the last inventory that was conducted.
3. Confirm that there was never any liquid waste disposal performed in the room.
4. Provide the calibration date (prior to the conduct of the surveys) of the liquid scintillation counter and survey meter/pancake probe that were used to analyze smears and conduct surveys.

The information that you provide will be forwarded to our decommissioning branch for review. They may request additional information.

Your response will need to be signed by the licensee. You can e-mail their reply, but the cover letter will need to have an original signature and scanned in and e-mailed to me.

Please confirm receipt of this e-mail.

NAME OF PERSON DOCUMENTING CONVERSATION Kevin Null	
SIGNATURE 	DATE OF SIGNATURE 09/23/2015