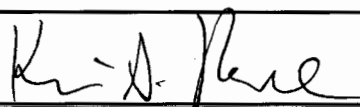




## CONVERSATION RECORD

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU Alan Jackson	DATE OF CONTACT 12/06/2016	TYPE OF CONVERSATION <input type="checkbox"/> E-MAIL <input type="checkbox"/> INCOMING <input checked="" type="checkbox"/> TELEPHONE <input type="checkbox"/> OUTGOING
E-MAIL ADDRESS	TELEPHONE NUMBER (313) 916-2739	
ORGANIZATION Henry Ford Hospital	DOCKET NUMBER(S) 030-02043	
LICENSE NUMBER(S) 13-23331-01	CONTROL NUMBER(S) 592141	
SUBJECT Licensee's request for an amendment to name Alan Jackson as the RSO		
SUMMARY AND ACTION REQUIRED (IF ANY)  Please address the following issues:  1. Resubmit the letter dated October 14, 2016, in which you requested a change in the RSO. The letter needs to be signed by a representative of upper management.  2. Alan Jackson is currently also the RSO for Henry Ford Macomb Hospital, license number 21-11850-01. Please describe the amount of time each week that Mr. Jackson will devote to performing the RSO duties at Henry Ford Hospital. Also describe his availability to respond to an emergency at Henry Ford Hospital.  3. The delegation of authority needs to be signed by Alan Jackson as well. Please resubmit the delegation of authority.		
NAME OF PERSON DOCUMENTING CONVERSATION Kevin Null		
SIGNATURE 		DATE OF SIGNATURE 12/06/2016