



CONVERSATION RECORD

08/01/17

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU

Jim Botti

DATE OF CONTACT

07/31/2017

TYPE OF CONVERSATION

☐ E-MAIL☒ TELEPHONE☐ INCOMING☒ OUTGOING

E-MAIL ADDRESS

jbotti@mpcphysics.com

TELEPHONE NUMBER

ORGANIZATION

Thoracic & Cardiovascular Institute

DOCKET NUMBER(S)

030-18237

LICENSE NUMBER(S)

21-20313-01

CONTROL NUMBER(S)

599768

SUBJECT

Additional information request.

SUMMARY

Mr. Botti,

As discussed on the phone earlier, the information below is needed for the amendment request. Please provide this information, with a signed and dated cover letter, by August 1, 2017.

- 1) Leak test results for Ba-133 sealed source, currently only Cs-137 and Co-157 are provided.
- 2) Updated map indicated all survey locations.

Once received the amendment will be processed.

Respectfully,

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ACTION REQUIRED (IF ANY)

Licensee to send requested information.

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NAME OF PERSON DOCUMENTING CONVERSATION

DANIEL STROHMEYER

SIGNATURE