



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 <input type="checkbox"/> E-MAIL <input checked="" type="checkbox"/> TELEPHONE <input type="checkbox"/> INCOMING <input checked="" type="checkbox"/> OUTGOING
E-MAIL ADDRESS jbotti@mpcphysics.com		TELEPHONE NUMBER	

ORGANIZATION Thoracic & Cardiovascular Institute	DOCKET NUMBER(S) 030-18237
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LICENSE NUMBER(S) 21-20313-01	CONTROL NUMBER(S) 599768
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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