



CONVERSATION RECORD

6/14/17

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

Dennis Aurand

DATE OF CONTACT

06/14/2017

TYPE OF CONVERSATION

E-MAIL

TELEPHONE

INCOMING

OUTGOING

E-MAIL ADDRESS

daurand@mhc.net

TELEPHONE NUMBER

(231) 392-8612

ORGANIZATION

Munson Healthcare Manistee Hospital

DOCKET NUMBER(S)

030-10713

LICENSE NUMBER(S)

21-16277-01

CONTROL NUMBER(S)

599621

SUBJECT

Conversation Record- Request for Additional Information

SUMMARY

See attached email

Continue on Page 2

ACTION REQUIRED (IF ANY)

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NAME OF PERSON DOCUMENTING CONVERSATION

Magdalena Gryglak

SIGNATURE

Magdalena R. Gryglak

Gryglak, Magdalena

From: Gryglak, Magdalena
Sent: Wednesday, June 14, 2017 2:49 PM
To: 'Aurand, Dennis'
Subject: NRC License no. 21-16277-01 termination request

Mr. Aurand,

After review of your request to terminate NRC license no. 21-16277-01, additional information is needed to complete my review. Specifically, as discussed with you on June 14, 2017, please provide the following:

1. Documentation of radioisotopes used and quantities,
2. A list of sealed sources and leak test results with confirmation that no sources are leaking,
3. A sample of weekly wipe tests keyed to specific locations within the facility including the background reading, trigger levels,
4. Instrumentation used including the manufacturer's name and model number for counting the weekly wipe test results, last calibration date and efficiency,
5. Date and name/s of individuals performing wipe tests.

Please submit your response in a signed and dated letter by June 16, 2017. Please do not hesitate to call if you have questions.

Thank you
Magdalena Gryglak
U.S. NRC Region III
630-829-9875