



## 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 <input type="checkbox"/> E-MAIL <input checked="" type="checkbox"/> TELEPHONE <input type="checkbox"/> INCOMING <input type="checkbox"/> 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)			
Continue on Page 3			
NAME OF PERSON DOCUMENTING CONVERSATION Magdalena Grylak			
SIGNATURE 			

## **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