NRC FORM 699	U.S. NUCLEAR REGULATORY COMMISSION		DATE OF SIGNATURE
CONVERSATION RECORD			8/6/18
NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH Y	OU	DATE OF CONTACT	TYPE OF CONVERSATION
Laura T. Speer Smith		07/13/2018	E-MAIL TELEPHONE
E-MAIL ADDRESS		TELEPHONE NUMBER	✓ TELEPHONE INCOMING
laura.smith5@ascension.org		(586) 808-3058	OUTGOING
ORGANIZATION	DOCKET NUMBER(S)		
St. John Macomb-Oakland Hospital	030-02005		
LICENSE NUMBER(S)	CONTROL NUMBER(S)	
21-01190-05	609092	•	
SUBJECT			
Request for Additional Information			
SUMMARY			:
On 7/13/18, M. Gryglak contacted Ms. Speer Smit ML 18165A247). Specifically, Ms. Speer Smith cobe housed in the exact same room as the other HD	onfirmed that there is no Transfer of	Control involved and	
	• · · · · · · · · · · · · · · · · · · ·		
Continue on Page 2 ACTION REQUIRED (IF ANY)			
		* 9.	
Continue on Page 3			
NAME OF PERSON DOCUMENTING CONVERSATION			
M. Gryglak			
EIGNATURE COMPL			
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