



CONVERSATION RECORD

NAME OF PERSON(S)/TITLE CONTACTED OR IN CONTACT WITH YOU		DATE OF CONTACT	TYPE OF CONVERSATION	
Ann H. Maitz, M.S.		02/05/2019	<input type="checkbox"/> E-MAIL	<input type="checkbox"/> INCOMING <input checked="" type="checkbox"/> OUTGOING
E-MAIL ADDRESS	TELEPHONE NUMBER		<input checked="" type="checkbox"/> TELEPHONE	
Ann.Maitz@beaumont.org		248-551-1194		
ORGANIZATION		DOCKET NUMBER(S)		
Beaumont Health System		030-37359		
LICENSE NAME AND NUMBER(S)		MAIL CONTROL NUMBER(S)		
Beaumont Health System, 21-01333-02		610456		

SUBJECT
Additional information required regarding the requested use of a new gamma knife

SUMMARY AND ACTION REQUIRED (IF ANY)
During phone discussion with Ms. Maitz on 2/5/19, reviewer requested the licensee to provide a specific commitment in the NRC guidance, "Leksell Gamme Knife Perfexion and Leksell Gamme Knife Icon Licensing Guidance", Revision 1, Section 6.5, if in the future the licensee would like to make changes to its radiation safety program for the use of the Icon.

NAME OF PERSON DOCUMENTING CONVERSATION
MAGDALENA OBYG LAK

SIGNATURE Magdalena P. Obylak	DATE OF SIGNATURE 2/5/19
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