



CONVERSATION RECORD

NAME OF PERSON(S)/TITLE CONTACTED OR IN CONTACT WITH YOU		DATE OF CONTACT	TYPE OF CONVERSATION	
Ann H. Maitz, M.S.		01/29/2019	<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 1/19/19, reviewer requested additional information: 1) Please define whether point D (planning) is restricted or unrestricted area; 2) Please resubmit facility procedures in accordance with 10 CFR 35.610 providing steps to be taken in case of emergency situations (scenarios).				
NAME OF PERSON DOCUMENTING CONVERSATION MARDALENA GRIGOLAK				
SIGNATURE <i>Mardalena Grigolak</i>			DATE OF SIGNATURE 1/29/19	