NRC FORM 699
(11-2017)

U.S. NUCLEAR REGULATORY COMMISSION

CONVERSATION RECORD

NAME OF PERSON(S)/TITLE CONTACTED OR IN CONTACT WITH YOU	DATE OF CONTACT	TYPE OF CONVERSATION
Ann H. Maitz, M.S.	12/18/2018	☐ E-MAIL ☑ TELEPHONE ☐ INCOMING ☑ OUTGOING
E-MAIL ADDRESS	**TELEPHONE NUMBER**	
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 Icon

SUMMARY AND ACTION REQUIRED (IF ANY)

1. Please, confirm the new maximum possession limit only for Icon. If you request an activity slightly less than 10,000 Ci we will be able to take off the financial assurance condition of your license in the future.

2. Please submit the training documentation for the AUs, AMPs and RSO from the vendor as we discussed in accordance with the guidance, "Leksell Gamma Knife Perfexion and Leksell Gamma Knife Icon", Revision 0.

3. Please resubmit commitments from the referenced guidance, Rev. O (pages 11, 12, 13, 14)

4. Please resubmit the table with the treatment room and the adjacent areas indicating whether a room is restricted or unrestricted.

5. Please resubmit the diagram of the treatment room providing the dimensions of the room and the distances from the Icon unit to the adjacent barriers/walls and ceiling.

NAME OF PERSON DOCUMENTING CONVERSATION
MAGDALENA GRYGIAK

SIGNATURE Magdalena Grygiel

DATE OF SIGNATURE 12/18/18