

VOID SHEET

TO: License Fee Management Branch
FROM: Region III
SUBJECT: VOIDED APPLICATION

Control Number: 395762

Applicant: Southwest Detroit Hospital

Date Voided: 2-17-94

Reason for Void: Licensee no longer
wants to terminate this license but
plans a change of ownership in about
3 months. Information Notice 89-25
re change of ownership FAX'd to them. Licensee
in Chapter 11 bankruptcy since 1991. No material
on hand

Tom J. Hunter 2-17-94
Signature Date

Attachment:
Official Record Copy of
Voided Action

FOR LFMB USE ONLY

Final Review of VOID Completed:

- Refund Authorized and processed
- No Refund Due
- Fee Exempt or Fee Not Required

140071

Comments: _____

Log completed
Processed by:

9403210103 940217
PDR ADDCK 03010836
C PDR

ML 30
DR
SAC
3/3/94

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

LICENSE FEE MANAGEMENT BRANCH, ARM
AND
REGIONAL LICENSING SECTIONS

PROGRAM CODE: 02120
STATUS CODE: 0
FEE CATEGORY: 7C
EXP. DATE: 19950731
FEE COMMENTS:
DECOM FIN ASSUR: RECD
.....T.....

LICENSE FEE TRANSMITTAL

A. REGION

- 1. APPLICATION ATTACHED
 APPLICANT/LICENSEE: SOUTHWEST DETROIT HOSPITAL
 RECEIVED DATE: 930920
 DOCKET NO: 3010836
 CONTROL NO.: 395762
 LICENSE NO.: 21-16327-01
 ACTION TYPE: TERMINATION

R8

- 2. FEE ATTACHED
 AMOUNT: *\$*
 CHECK NO.: *---*

3. COMMENTS

SIGNED *P. DeClaff*
DATE *7-21-93*

B. LICENSE FEE MANAGEMENT BRANCH (CHECK WHEN MILESTONE IS ENTERED /_/_/)

- 1. FEE CATEGORY AND AMOUNT: *7C* **FEE EXEMPT**
- 2. CORRECT FEE PAID. APPLICATION MAY BE PROCESSED FOR:
 AMENDMENT
 RENEWAL
 LICENSE

- 3. OTHER *---*
 SIGNED *JA*
 DATE *9-24-93*

1993 SEP 23 AM 11:30

RECEIVED

SEP 29 1993

REGION III

24/95 km
Material Spec Section

NRC Region III 799 Roosevelt Rd. 60137
Glen A. Elynn Illinois Copy atm Karen Porter

NRC FORM 314
0-93
10 CFR 30.36(e)(1)(iv)
10 CFR 40.42(e)(1)(iv)
10 CFR 70.36(e)(1)(iv)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0028
EXPIRES: 06/31/95

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST: 30 MINUTES. THIS MANDATORY SUBMITTAL IS USED BY NRC AS PART OF THE BASIS FOR ITS DETERMINATION THAT THE FACILITY HAS BEEN CLEARED OF RADIOACTIVE MATERIAL BEFORE THE FACILITY IS RELEASED FOR UNRESTRICTED USE. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (MIBB) 7714, U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20565-0001, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0028), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.

CERTIFICATE OF DISPOSITION OF MATERIALS

INSTRUCTIONS: ALL ITEMS MUST BE COMPLETED - PRINT OR TYPE
SEND THE COMPLETED CERTIFICATE TO THE NRC OFFICE SPECIFIED ON THE REVERSE

LICENSEE NAME AND ADDRESS

Southwest Detroit Hospital
2401 20th Street
Detroit, Michigan 48216

LICENSE NUMBER
21-16327-01

LICENSE EXPIRATION DATE
7/31/95

A. MATERIALS DATA (Check one and complete as necessary)

THE LICENSEE OR ANY INDIVIDUAL EXECUTING THIS CERTIFICATE ON BEHALF OF THE LICENSEE CERTIFIES THAT:
(Check and/or complete the appropriate item(s) below.)

- 1. NO MATERIALS HAVE EVER BEEN PROCURED OR POSSESSED BY THE LICENSEE UNDER THIS LICENSE.
- OR
- 2. ALL MATERIALS PROCURED AND/OR POSSESSED BY THE LICENSEE UNDER THE LICENSE NUMBER CITED ABOVE HAVE BEEN DISPOSED OF IN THE FOLLOWING MANNER. (If additional space is needed, use the reverse side or provide attachments.)

Describe specific material transfer actions and, if there were radioactive wastes generated in terminating this license, the disposal actions including the disposition of low-level radioactive waste, mixed waste, Greater-than-Class-C waste, and sealed sources, if applicable.

For transfers, specify the date of the transfer, the name of the licensed recipient, and the recipient's NRC license number or Agreement State name and license number.

All sealed sources have been transferred to Hutzel Hospital (21-03001-01)

If materials were disposed of directly by the licensee rather than transferred to another licensee, licensed disposal site or waste contractor, describe the specific disposal procedures (e.g., decay in storage).

RECEIVED BY LFDCEB
Date Sept 23, 1993
Log Sept 13 '93
By JAC

B. OTHER DATA

- 1. OUR LICENSE HAS NOT YET EXPIRED; PLEASE TERMINATE IT.
- 2. A RADIATION SURVEY WAS CONDUCTED BY THE LICENSEE TO CONFIRM THE ABSENCE OF LICENSED RADIOACTIVE MATERIALS AND TO DETERMINE WHETHER ANY CONTAMINATION REMAINS ON THE PREMISES COVERED BY THE LICENSE. (Check one)
 - NO (Attach explanation)
 - YES, THE RESULTS (Check one)
 - ARE ATTACHED, or
 - WERE FORWARDED TO NRC ON (Date)

Date Completed 9/24/93

3. THE PERSON TO BE CONTACTED REGARDING THE INFORMATION PROVIDED ON THIS FORM
NAME: Ray A. Carlson, M.S.
TELEPHONE NUMBER (Include Area Code): 313-455-4730

RECEIVED

4. MAIL ALL FUTURE CORRESPONDENCE REGARDING THIS LICENSE TO
FREE EXEMPT
for nonradioactive

SEP 20 1993

CERTIFYING OFFICIAL

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

PRINTED NAME AND TITLE: Linda Bartlett
SIGNATURE: Linda Bartlett
DATE: 9/14/93

WARNING: FALSE STATEMENTS IN THIS CERTIFICATE MAY BE SUBJECT TO CML AND/OR CRIMINAL PENALTIES. NRC REGULATIONS REQUIRE THAT SUBMISSIONS TO THE NRC BE COMPLETE AND ACCURATE IN ALL MATERIAL RESPECTS. 18 U.S.C. SECTION 1001 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

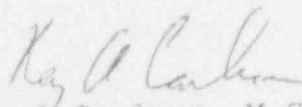
RADIOLOGICAL PHYSICS SERVICE, INC.

CLOSE OUT SURVEY

Southwest Detroit Hospital
2402 20th Street
Detroit, Michigan 48216

1. Date of survey: July 16, 1993
2. Diagram of the department and the wipe tests results are attached.
3. The survey meter readings were less than 0.02 mr/hr for all areas.
4. The survey meter background reading was 0.02 mr/hr.
5. The survey meter used was a Bicron 2000 (Serial no. A038Q) with a thin end-window GM probe. It was last calibrated on 9/16/92.
6. The wipe tests were assayed on a Atomic Products well counter with a 2" crystal.
7. The survey was performed by Ray A. Carlson, M.S., Medical Nuclear Physicist, ABR Certified, of Radiological Physics Service, Inc. (NRC license no. 21-26253-01).

The location is certified to be free of radioactive material and contamination and may be released for unrestricted use with the approval of the N.R.C.



Ray A Carlson, M.S.
Medical Nuclear Physicist
ABR Certified

CONTROL NO. 895762

WIPE TEST RESULTS

Location: Southwest Detroit Hospital
 2401 20th Street
 Detroit, Michigan 48216

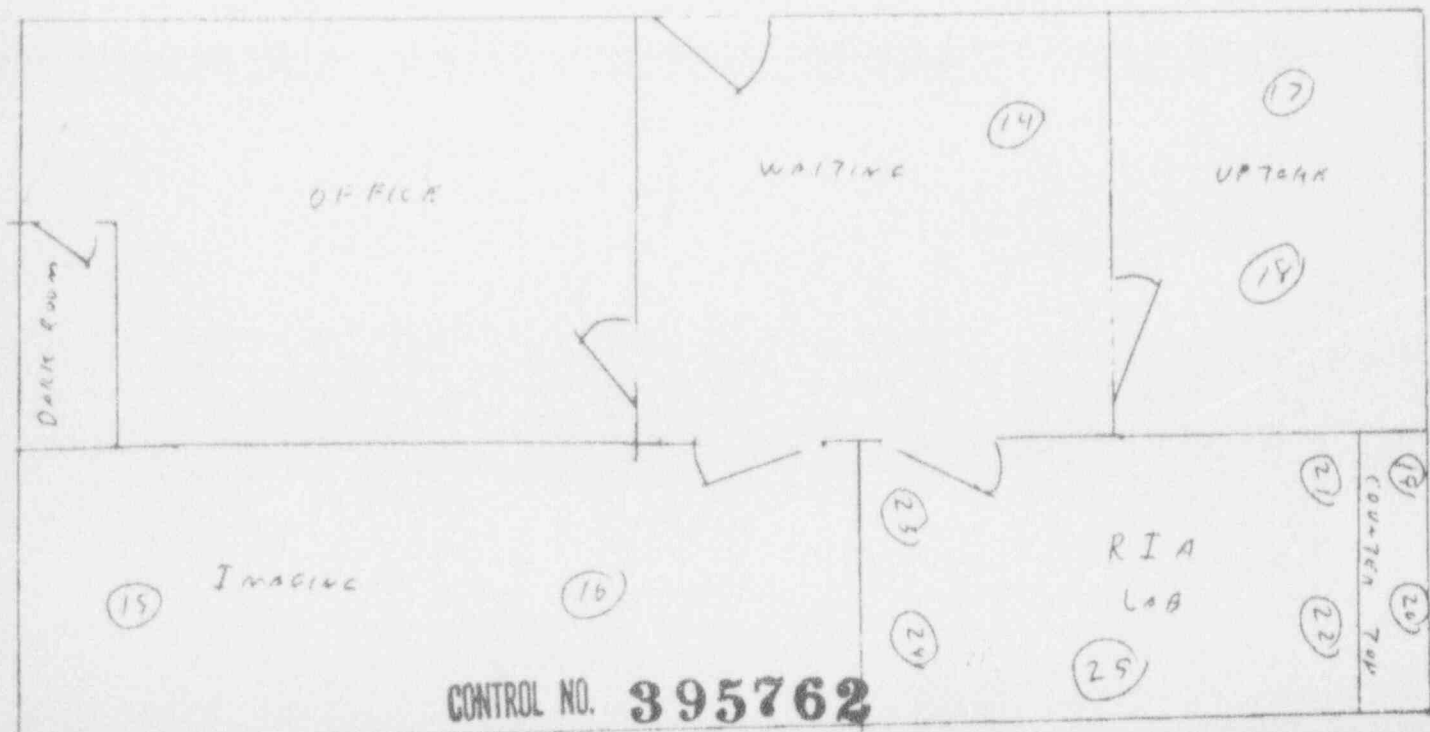
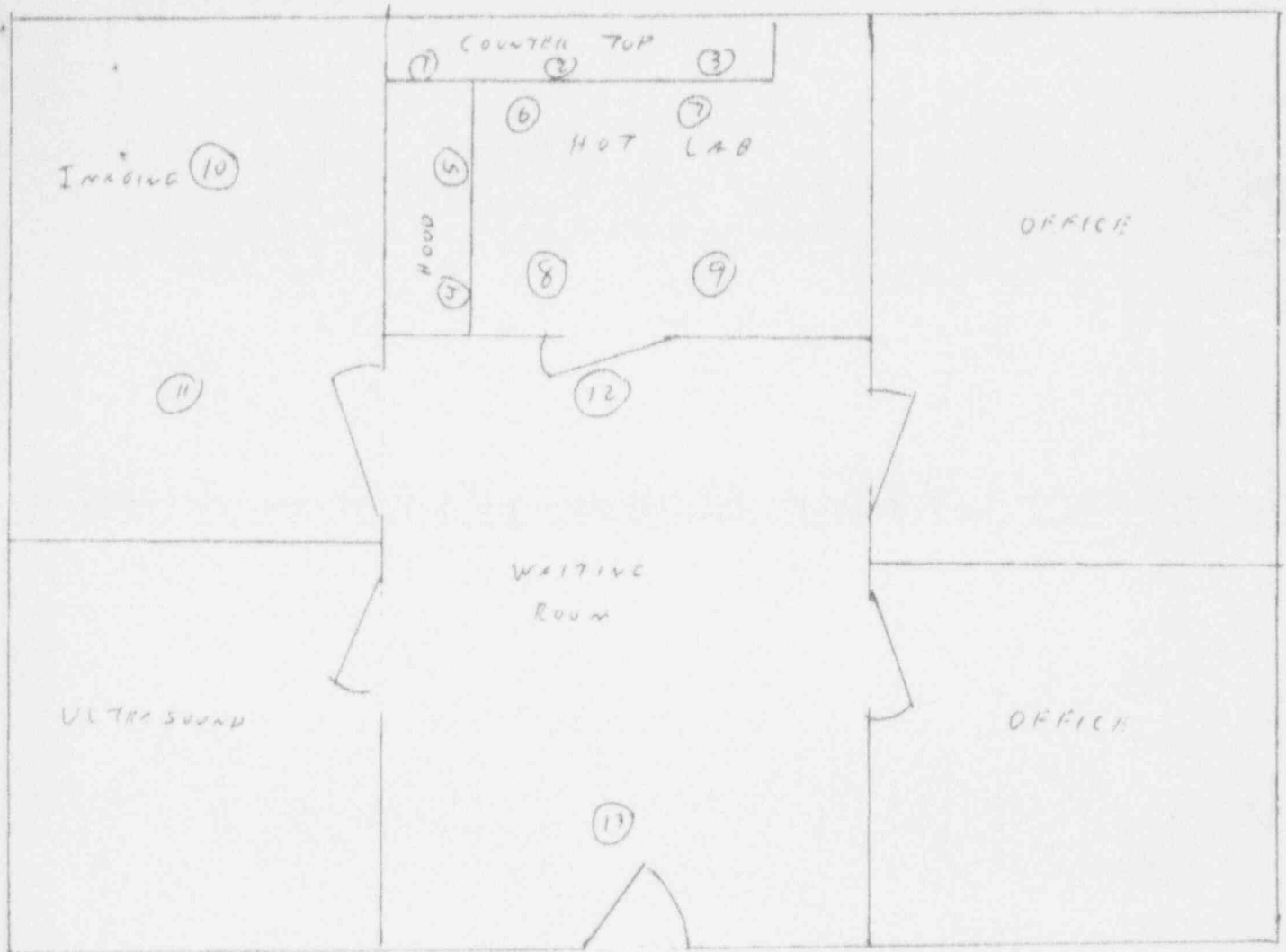
Date: July 16, 1993

<u>Area</u>	<u>CPM</u>	<u>Net CPM</u>	<u>DPM</u>
Background	725		
1	711	0	0
2	720	0	0
3	687	0	0
4	700	0	0
5	677	0	0
6	675	0	0
7	699	0	0
8	718	0	0
9	699	0	0
10	701	0	0
11	710	0	0
12	692	0	0
13	677	0	0
14	704	0	0
15	699	0	0
16	698	0	0
17	695	0	0
18	702	0	0
19	706	0	0
20	699	0	0
21	705	0	0
22	687	0	0
23	694	0	0
24	700	0	0
25	705	0	0

All wipes were below the 200 DPM limit.

All wipe areas were surveyed with a GM survey meter and all areas recorded less than 0.02 mr/hr.

CONTROL NO. 895762



CONTROL NO. 395762

DATE: 9/20

CORRESPONDENCE CLARIFICATION SHEET

REVIEWER: Huetter
LICENSEE: Southwest Detroit Hosp
LICENSE NUMBER: 21-16327-01
MAIL CONTROL NUMBER: _____

The following correspondence has been received from the above licensee and it is not clear what action(s) is(are) required: Please review this correspondence and indicate which of the following applies, and please return to _____, as soon as possible.

Additional Information to Control No. _____
Process in as a new action, additional information, and no fee required.

Process as new licensing action. Review has already been started on Control No. _____ and this information cannot be combined with current in-house action.

Can be combined with Control No. _____. Review has not been started.

Appears to be a(n) Termination per L. Huetter

Other: File charged out to you!

Thanks For Your Help!!!

CONTROL NO. 395762

DATE: _____

DEFICIENCY MILESTONE TICKLER

REVIEWER: _____

The following licensing action has reached its suspense tickler date of _____ and needs further followup action:

MILESTONE: 14 (Deficiency Letter)

OR

15 (Deficiency Phone Call)

LICENSEE: _____

LICENSE NUMBER: _____

MAIL CONTROL NUMBER: _____

Please indicate which action is required, or should be taken, in the space(s) provided below. Include pending file and other documentation, as appropriate. Please return to _____.

Action Required (Check One)

_____ Change/extend tickler date to _____.

_____ A TAR is required, as attached.

_____ A threat to abandon letter has been prepared and is attached.

_____ Action voided by reviewer. A void sheet is attached.

_____ Other: _____

000000

CONVERSATION RECORD

TIME

DATE

2-17-94

VISIT

CONFERENCE

TELEPHONE

INCOMING

OUTGOING

NAME OF PERSON(S) CONTACTED OR IN CONTACT

ORGANIZATION (OFFICE, DEPT. ETC.)

TELEPHONE NO.

Linda Bartlett

Southwest Detroit
Hospital

313-
964-1133

SUBJECT

CN 95762

SUMMARY

I called Linda to discuss status of their termination request and their failure to respond to my telephone inquiry on 9-15-93 requesting written documentation for her to sign for the hospital. She said they no longer wish to ~~set~~ terminate the license as they expect sale of the hospital in about 12 weeks. She concurred that we void the termination request. I told her I would send her a copy of Information Notice 89-25 which would need to be properly addressed before change of ownership occurs. She also confirmed that they still have no material on site and that Ray Carlson, the consultant, contacts her about monthly and that he will notify us before the program is reactivated.

ACTION REQUIRED

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

Loren Hunter

2-17-94

ACTION TAKEN

FAXED copy of IN-89-25
to 313-964-4267

TITLE

DATE

SIGNATURE

Loren Hunter 2-17-94

CONVERSATION RECORD

TIME

DATE

11-2-93

VISIT

CONFERENCE

TELEPHONE

INCOMING

OUTGOING

NAME OF PERSON(S) CONTACTED OR IN CONTACT

ORGANIZATION (OFFICE, DEPT. ETC.)

TELEPHONE NO.

Ray Carlson - Consultant Southwest Detroit Hosp

SUBJECT

CN 95762

SUMMARY

Ray informed me that the bankruptcy court was again expecting an imminent sale of the hospital and that they would not be wanting to terminate licensure after all. He said he would keep me informed.

ACTION REQUIRED

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

Loren Hunter

11-2-93

ACTION TAKEN

SIGNATURE

TITLE

DATE

CONVERSATION RECORD

TIME

DATE

9-20-93

VISIT

CONFERENCE

TELEPHONE

INCOMING

OUTGOING

NAME OF PERSON(S) CONTACTED OR IN CONTACT

ORGANIZATION (OFFICE, DEPT. ETC.)

TELEPHONE NO.

Linda Bartlett
Admin. Appointed by HUD

Southwest Detroit Hosp.

313-
964-1133

SUBJECT

CH 95762

SUMMARY

Requested she send us a written document showing that she was duly authorized to sign the NRC Form 314 submitted and signed by her on 9-14-93 requesting termination of the license. I noted that she had given neither her title or authorization. She stated she would provide the written authorization in next couple of days.

ACTION REQUIRED

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

Loren Hunter

9-20-93

ACTION TAKEN

SIGNATURE

TITLE

DATE

CONVERSATION RECORD

TIME

DATE

7-27-93

VISIT

CONFERENCE

TELEPHONE

INCOMING

OUTGOING

NAME OF PERSON(S) CONTACTED OR IN CONTACT

ORGANIZATION (OFFICE, DEPT. ETC.)

TELEPHONE NO.

Linda Bartlett
Admin from HUD

Southwest Detroit Hospital

313-
964-1133

SUBJECT

Control / disposition of Licensed material - Referenced Hospital in Chapter 11

SUMMARY

HUD has taken possession of hospital following failure of anticipated sale of hospital.

I discussed when license should be terminated since authorized user no longer present & the license can apply for a new license later if needed & have qualified users.

She concurred and requested I send NRC Form 314 to her for completion & return to us with close out survey performed by Ray Carlson. However, she stated she could take no action without approval of the court. She said she would seek their approval and keep me informed.

ACTION REQUIRED

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

Loren Hunter

7-27-93

ACTION TAKEN

INFORMATION REQUEST LOG

INSTITUTION: *Linda Bartlett*
40 Southwest Detroit Hospital
2401 20th St.
Detroit, MI 48216

TYPE OF INFORMATION:
(APPLICATION FORM, REG. GUIDES, ETC.)

NRC Form 314

BY PHONE OR LETTER (CIRCLE ONE)

RECEIVED BY:

Loren Hunter

DATE OF REQUEST:

7-27-93

DATE INFORMATION MAILED:

BY WHOM:

COMMENTS:

CONVERSATION RECORD

TIME

DATE

7-22-93

VISIT

CONFERENCE

TELEPHONE

INCOMING

OUTGOING

NAME OF PERSON(S) CONTACTED OR IN CONTACT

ORGANIZATION (OFFICE, DEPT. ETC.)

TELEPHONE NO.

Ray Carlson - consultant Southwest Hospital
 Detroit

SUBJECT

Control/disposition of Licensed Material during bankruptcy proceedings

SUMMARY

1. Previous anticipated sale of hospital did not materialize HUD has taken possession & will try to find another buyer
2. Linda Bartlett, admin from HUD has an office in S.W. and can be contacted at 313-964-1133.
3. Ray just transferred all sources that were in sealed storage at S.W. Hospital to his license at Hutzel Hospital and did close-out survey which he stated showed no radiation level or contamination above background.
 Sources consisted of several old Co-57 dose flood sources max ~1000 MCi
 several rod type sources for well counter cal. activity ~121.0
 several dose calibrator calibr. sources of Co-60, Ba-137, MC
 and Co-57 460 each with activity ~ 200 MCi
 all in 1" lead containers.
4. HUD wants to hold off on license termination until final ruling of Judge.
5. Ray on way out of town, back on Aug 4th. Will complete writing up of close out survey & send us a copy

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

Loren Hunter

7-22-93

ACTION TAKEN

CLOCK TIME

PAGE

PAGE

JUN 10 1992

Southwest Detroit Hospital
ATTN: John E. Cooper
Interim Chief Operating
Officer
2401 20th Street
Detroit, MI 48216

Dear Mr. Cooper:

We hereby acknowledge receipt of your January 2, 1992 informing us of the status of your Byproduct Material Program authorized under License No. 21-16327-01, during the suspension of operations at Southwest Detroit Hospital while reorganizing under Chapter 11. We understand through periodic contact with your RSO, Ray Carlson, that efforts continue to find a purchaser so that the hospital may reopen. Please provide us promptly in writing an updated status of the radiation safety program and the scheduled date for reactivation of hospital operations. Also provide relevant information about any planned changes in the Byproduct Material Program (e.g., changes in ownership, authorized users of radioactive materials, Radiation Safety Officer (see enclosures), Radiation Safety Committee, facilities, etc.).

If there are any questions, please call Loren Hueter of my staff at (708) 790-5632.

Sincerely,

George M. McCann, Chief
Materials Licensing Section

Enclosures:

1. NRC Information Notice
No. 89-25
2. 10 CFR Part 30

cc: G. Shear

RIII
JGH
Hueter/ib
06/15/92

RIII *AM*
McCann
06/9/92

Southwest Detroit Hospital
ATTN: John E. Cooper
Interim Chief Operating
Officer
2401 20th Street
Detroit, MI 48216

Dear Mr. Cooper:

We hereby acknowledge receipt of your January 2, 1992 informing us of the status of your Byproduct Material Program authorized under License No. 21-16327-01, during the suspension of operations at Southwest Detroit Hospital while reorganizing under Chapter 11. We understand through periodic contact with your RSO, Ray Carlson, that efforts continue to find a purchaser so that the hospital may reopen. Please provide us promptly in writing an updated status of the radiation safety program and the scheduled date for reactivation of hospital operations. Also provide relevant information about any planned changes in the Byproduct Material Program (e.g., changes in ownership, authorized users of radioactive materials, Radiation Safety Officer (see enclosures), Radiation Safety Committee, facilities, etc.).

If there are any questions, please call Loren Hueter of my staff at (708) 790-5632.

Sincerely,

George M. McCann, Chief
Materials Licensing Section

Enclosures:

1. NRC Information Notice
No. 89-25
2. 10 CFR Part 30

cc: G. Shear

R111
LGH
Hueter/ib
06/05/92

R111
McCann
06/ /92

CONVERSATION RECORD

TIME

DATE

5-15-92

TYPE

 VISIT CONFERENCE TELEPHONE INCOMING OUTGOING

ROUTING

NAME/SYMBOL

INT

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU

Ray Carlson, RSO

ORGANIZATION (Office, dept, bureau, etc.)

Langthorn, ed Det. Host

TELEPHONE NO.

SUBJECT

Status of Chapter II

SUMMARY

Ray stated that the status remained unchanged and that they are still setting a program and he continues to make periodic visits to confirm.

ACTION REQUIRED

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

Loren Hunter

DATE

5-15-92

ACTION TAKEN

SIGNATURE

TITLE

DATE

50271-101

*U.S. GPO: 1989-241-175/80241

CONVERSATION RECORD

OPTIONAL FORM 271 (12-76)
DEPARTMENT OF DEFENSE

CONVERSATION RECORD

TIME

DATE

4-6-92

TYPE

VISIT

CONFERENCE

TELEPHONE

INCOMING

OUTGOING

ROUTING

NAME/SYMBOL	INT

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU *Ray Carlson RSO*

ORGANIZATION (Office, dept., bureau, etc.) *General Hospital Detroit*

TELEPHONE NO. *313-455-4730*

SUBJECT *Status on Chapter II*

SUMMARY

Ray stated that everything is being maintained. His last monthly visit was last week. The licensed program remains inactive. The ^{lockup} hot lab ~~has~~ houses several small reference/calibration sources and some TC-99m waste which has long since decayed to background. Ray says he understands a possible sale of hospital is being negotiated but he has been given no particulars of the plan. I cautioned of the need for NRC approval before any sale and discussed Information Notice No. 89-25: "Unauthorized Transfer of ownership or control of licensed activities."

ACTION REQUIRED

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

Gordon Hunter

4-6-92

ACTION TAKEN

SIGNATURE

TITLE

DATE

FAX COVER LETTER

FAX To: (708) 790-5665

Date 2-5-92

Please deliver the following faxed copies to the attention of:

Number of Pages 1

TO
First & Last Name

FROM
First & Last Name

LOREN HUETER

RAY A. CARLSON

Company

Company

NUCLEAR REGULATORY COMMISSION

RADIOLOGICAL PHYSICS SERVICE

Unit / Department

Unit / Department

MATERIALS LICENSING SECTION

FAX Content / Message

**SOUTHWEST DETROIT HOSPITAL**

2401 20TH STREET
DETROIT, MICHIGAN 48216
(313) 496-7700

January 2, 1992

U.S. Nuclear Regulatory Commission
Region III
Materials Licensing Section
799 Roosevelt Road
Glen Ellyn, Illinois 60137

Dear Sir:

Effective immediately Southwest Detroit Hospital, which holds Byproduct Material License Number 21-16327-01, has suspended operations while reorganizing under Chapter 11. All radioactive materials are secured in the Nuclear Medicine Department and there is security in the building. The Radiation Officer, Ray A. Carlson, M.S., is available if needed and will continue to perform the quarterly inventories of the sealed sources. The radiation Safety Committee will not meet until the Hospital is ready to reopen in about three months. At that time all required quality control checks of the equipment will be performed.

If there are any questions, please call me at (313) 496-7710 or Mr. Ray A. Carlson, M.S., at (313) 455-4730

Sincerely,

John E. Cooper
Interim Chief Operating Officer

JEC/lbf

CONVERSATION RECORD

TIME

DATE

1-14-92

TYPE

VISIT

CONFERENCE

TELEPHONE

INCOMING

OUTGOING

ROUTING

NAME/SYMBOL

INT

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU

Ray Carlson RSO

ORGANIZATION (Office, dept., bureau, etc.)

Southwest Detroit Hospital

TELEPHONE NO.

313-455-4730

SUBJECT

Status on Chapter 11 and failure to receive from them a letter confirming info relayed to me during a December 11, 1991 telecon regarding status of the licensed program.

SUMMARY

Ray said they sent letter to us (on Southwest Detroit Hospital letterhead) on January 2, 1992. I told him we never received it. We agreed to FAX a copy of it to us.

ACTION REQUIRED

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

Lynn Huetter

1-14-92

ACTION TAKEN

SIGNATURE

TITLE

DATE

CONVERSATION RECORD

TIME

DATE

12-11-91

TYPE

VISIT

CONFERENCE

TELEPHONE

INCOMING

OUTGOING

ROUTING

NAME/SYMBOL

INT

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU

Ray Carlson RSO

ORGANIZATION (Office, dept., bureau, etc.)

Southwest Detroit Hospital

TELEPHONE NO.

313-455-4730

SUBJECT

Status on Chapter 11

SUMMARY

We said business authorized for 35,100, 200 and 300 material filed for Chapter 11 in about June 1991, about 2 weeks after our NRC inspection & promptly notified NRC. They only used 4000 doses and my unused material was returned to pharmacy. The hospital closed its doors at close of business Friday Dec 6th. Plans to reorganize & reopen in 30 to 90 days. only material on hand is some sealed canisters & equipment sources (250 pieces of 137 material activity) and 2000 waste which is near background at this time. all material is locked in Hot Lab. Dept also locked plus building under security. only people in building are 4-5 administrative people. Ray Carlson is still RSO and is to be called at any point of a problem. will notify us when plans to reopen are finalized. Requested to write letter to us confirming above info. said he would get it out today. Ray and he would do a periodic inventory check. per my last NRC call on 12-12-91 when I got RSO's letter, acknowledge it by letter & request more updates letter in 60 days.

ACTION REQUIRED

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

Loren J. Hunter

12-11-91

ACTION TAKEN

SIGNATURE

TITLE

DATE