CONVERSATION RECORD

TIME

DATE 4/9/84

TYPE

☐ VISIT ☐ CONFERENCE ☒ TELEPHONE ☐ INCOMING ☐ OUTGOING

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU	ORGANIZATION (Office, dept., bureau, etc.)	TELEPHONE NO.
Swartz	College Pharmacy	(317) 283-9326

SUBJECT Renewal 13-01865-02 C# 79186

ROUTING	
NAME/SYMBOL	INT

SUMMARY

1. Source Strength of source used to calibrate survey meters
   ~~to buy~~ new source / check on
2. Confirm that surveys will be performed prior to disposal
   in normal trash
   will confirm
3. ~~Following labeling~~ surveys will be performed.
   not labeling / will confirm
   now

ACTION REQUIRED

NAME OF PERSON DOCUMENTING CONVERSATION	SIGNATURE	DATE
	Simmons	4/9/84

ACTION TAKEN

8607030239 860509
REG3 LIC30
13-01865-01 PDR

SIGNATURE	TITLE	DATE

50271-101

CONVERSATION RECORD

OPTIONAL FORM 271 (12-76)
DEPARTMENT OF DEFENSE