

CONVERSATION RECORD

TIME

1050

DATE

11-5-90

TYPE

☐ VISIT

☐ CONFERENCE

☒ TELEPHONE

☐ INCOMING

☒ OUTGOING

ROUTING

NAME/SYMBOL

INT

Location of Visit/Conference:

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

Jack Faust ^{Director} OH+S ~~RS~~

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

Princeton

TELEPHONE NO.

609
258-5294

SUBJECT

MC 113478

SUMMARY

I requested a current copy of the Radiation Safety Guide.

ACTION REQUIRED

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

Glen Roberts

DATE

11-5-90

ACTION TAKEN

OFFICIAL RECORD COPY

ML 10

ITEM #

75

SIGNATURE

TITLE

DATE

A/74