

CONVERSATION RECORD			TIME 9:30 @	DATE 5/22/95																
TYPE	<input type="checkbox"/> VISIT <input type="checkbox"/> CONFERENCE <input checked="" type="checkbox"/> TELEPHONE	<input type="checkbox"/> INCOMING <input checked="" type="checkbox"/> OUTGOING	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center; padding: 5px;">ROUTING</th> </tr> <tr> <th style="width: 80%; padding: 5px;">NAME/SYMBOL</th> <th style="width: 20%; padding: 5px;">INT</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		ROUTING		NAME/SYMBOL	INT												
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Location of Visit/Conference:																				
NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU	ORGANIZATION (Office, dept., bureau, etc.)	TELEPHONE NO.																		
Stephen Bindon, RSO	Tricon	(810) 960-7700																		
SUBJECT																				
CN 96544																				

**SUMMARY**

- ① Mammoth Laboratory and provide the NRC lic. No. or Agreement State lic. which auth. them to provide this service. (Boissay Program).
- ② Need Diagram of facility (Detailed with work areas, storage areas, etc.).
- ③ Survey Program - More detailed. (See check list.) Name of lab which analyses samples. - Decon procedure. - in rupture situation analysis. Records of surveys.
- ④ Ordering Procedures - must be placed through RSO.
- ⑤ Receipt procedure - off-duty procedure. Notify RSO of damaged PKGS. Damaged PKG. procedures.
- ⑥ Gen. Lab instructions -

**ACTION REQUIRED**

- ⑦ Training - length of training Workers and Workers to contact with RAM.

NAME OF PERSON DOCUMENTING CONVERSATION	SIGNATURE <i>L.F. Mad</i>	DATE 5/22/95
ACTION TAKEN Respond in 30 days use CN 96544		
SIGNATURE	TITLE	DATE