

April 18, 2002

Mr. Oscar Shirani

SUBJECT: ALLEGATION - NMSS-2002-A-0002 (R111-2002-A-0005)
U. S. Tool and Die / Holtec

Dear Mr. Shirani:

On March 13, 2002, you met with Mr. Wayne Hodges of the staff of the U. S. Nuclear Regulatory Commission (NRC), to discuss your concerns about certain activities involving U. S. Tool and Die and Holtec International. During that conversation, you stated that you would be providing additional specific information to support your concerns. To date we have not received any additional information from you. I would appreciate your contacting me (toll-free) at 1-800-368-5642 at your earliest convenience to discuss this matter so that we may proceed with our inquiry. If I am not available at the time of your call, please leave a message so I can return your call.

Sincerely,

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Robert L. O'Connell
Allegation Coordinator
Office of Nuclear Material Safety
and Safeguards

CERTIFIED MAIL P373 829 974
RETURN RECEIPT REQUESTED

DISTRIBUTION:
NMSS-2002-A-0002

Information in this record was deleted
in accordance with the Freedom of Information
Act, exemptions 7C
FOIA 2003-395

OFC	NMSS OAC	SFPO
NAME	RLO'Connell	MWHodges
DATE	04/17/02	04/18/02

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D/3

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SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

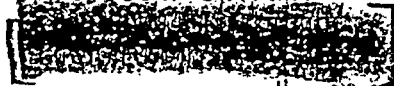
I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mr. Oscar Shirani



4a. Article Number

P 373 869 974

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

XL Oscar Shirani

8. Addressee's Address (Only if requested and fee is paid)

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