

TRANSMISSION VERIFICATION REPORT

TIME : 06/21/2006 07:52  
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DATE, TIME  
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OK  
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UNITED STATES  
NUCLEAR REGULATORY COMMISSION  
REGION III  
2443 WARRENVILLE ROAD, SUITE 210  
LISLE, ILLINOIS 60532-4352

TELEFAX TRANSMITTAL

DATE: June 21, 2006 NUMBER OF PAGES: 2  
(Including this page)

SEND TO: James Deering, D.O.- Radiation Safety Officer

LOCATION: Mid-Michigan Physicians, P.C.

FAX NUMBER: (517) 913-<sup>6550</sup>~~3601~~  
☒ VERIFY BY CALLING  
SENDER

FROM:  
(SENDER) Bill Reichhold

TELEPHONE NUMBER (630) 829-9839 FAX NUMBER (630) 829-9782  
or  
(630) 515-1259

If you do not receive the complete fax transmittal, please contact the sender as



UNITED STATES  
NUCLEAR REGULATORY COMMISSION  
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2443 WARRENVILLE ROAD, SUITE 210  
LISLE, ILLINOIS 60532-4352

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SEND TO: James Deering, D.O.- Radiation Safety Officer

LOCATION: Mid-Michigan Physicians, P.C.

FAX NUMBER: (517) 913-3801

☒ VERIFY BY CALLING  
SENDER

FROM:  
(SENDER) Bill Reichhold

TELEPHONE NUMBER (630) 829-9839 FAX NUMBER (630) 829-9782  
or  
(630) 515-1259

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MESSAGE

Please see attached.

NOTICE

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, or exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the employee responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone and return the original to the above address, by U.S. Mail. Thank you.

**The following additional information is needed to complete the review of your request.**

- 1. Please specify if you had any history of leaking sealed sources. If you had no history of leaking sealed sources, please state so.**
- 2. The information for the ambient radiation level and contamination surveys for the close-out survey for the facility at 1200 East Michigan Avenue, Suite 400, Lansing, Michigan, was incomplete or missing from the documents you submitted. Please submit the following:**
  - A. Please submit a diagram of your facility located at 1200 East Michigan Avenue, Suite 400, Lansing, Michigan, and show the results of the ambient radiation level surveys at specific locations in the facility.**
  - B. Specify the name of the person who performed the ambient radiation level surveys.**
  - C. Specify the name of the person who performed the wipe tests for contamination.**
  - D. Specify the date of the ambient radiation level surveys.**
  - E. Specify the instrument(s) used for the ambient radiation level surveys.**
  - F. Specify the instrument(s) used for the analysis of the wipe tests.**
  - G. Specify the date the survey instrument(s) were last calibrated.**

**Please send a facsimile of your response to the above within 7 days and refer to control 315387. Please call me at 630-829-9839 if you have any questions.**

*From the desk of:*

*Bill Reichhold*

*Bill Reichhold*