

CONVERSATION RECORD			TIME <u>1430</u>	DATE <u>7/26/95</u>
TYPE <input type="checkbox"/> VISIT <input type="checkbox"/> CONFERENCE <input checked="" type="checkbox"/> TELEPHONE			<input type="checkbox"/> INCOMING <input type="checkbox"/> OUTGOING	
Location of Visit/Conference:				
NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU <u>Michael Green</u>		ORGANIZATION (Office, dept., bureau, etc.) <u>Union Carbide</u>	TELEPHONE NO. <u>304</u> <u>747-5314</u>	
SUBJECT <u>Deficiency Telephone Conversation</u>			CONTROL <u>DOCKET</u>	
			256327	
			030-06652	

SUMMARY

LICENSE NUMBER 47-00260-0.

Spoke w him on leak-testing, instrument calibration and gauge servicing for other than his home facility. They provide these services, excepting source housing servicing, for other U.C. locations.

Sent him RG's on above. He will compare with program & send in corrections, and also state if needed services will be provided to other licensees.

ACTION REQUIRED

[SEE OVER Y N]

DUE DATE

Hold for response.

NAME OF PERSON DOCUMENTING CONVERSATION

David J. Collins

SIGNATURE

David J. Collins

DATE

7/26/95

ACTION TAKEN

SIGNATURE

TITLE

DATE

A-117