

From: [Gallagher, Robert](#)
To: ["alfredburris@hotmail.com"](mailto:alfredburris@hotmail.com)
Subject: Request for Additional Information - Control No. 589787
Date: Thursday, March 03, 2016 10:20:00 AM
Attachments: [image001.png](#)

PLEASE CONFIRM RECEIPT OF THIS REQUEST FOR ADDITIONAL INFORMATION BY RETURN EMAIL

License No. 08-30897-02
Docket No. 03037103
Control No. 589787

Dr. Burris,

This letter is in reference to your request to renew License No. 08-30897-02 dated December 18, 2015. In order to continue our review more information is necessary.

1. Please confirm that determination of accuracy of the dose calibrator will be performed at installation, after relocation, after repair and at intervals not to exceed six months;
2. Please confirm records of surveys and calibrations required by 10 CFR 20.1501 and 10 CFR 20.1906(b) are retained for 3 years after the record is made [10 CFR 20.2103(a)].

We will continue our review upon receipt of the information requested above. Should you have any questions please contact me at (610) 337-5182.

Regards,

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