



## CONVERSATION RECORD

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU	DATE OF CONTACT	TYPE OF CONVERSATION	
Matthew Trusner	04/15/2016	<input type="checkbox"/> E-MAIL	<input type="checkbox"/> INCOMING
E-MAIL ADDRESS	TELEPHONE NUMBER	<input checked="" type="checkbox"/> TELEPHONE	<input type="checkbox"/> OUTGOING
mtrusner@zevacor.com	(217) 433-7902		
ORGANIZATION	DOCKET NUMBER(S)		
Zevacor Molecular	030-38903		
LICENSE NUMBER(S)	CONTROL NUMBER(S)		
13-35179-03	590094		
SUBJECT			
Application for a cyclotron production license: Review of applicant's 4/7/16 response to our 3/21/16 RFI			
SUMMARY AND ACTION REQUIRED (IF ANY)			
<p>1. Sealed Sources</p> <p>The sealed source model numbers that you provided appear to be exempt quantity sources and as such, do not need to be listed on your license. Also, Eckert &amp; Ziegler stated that the two serial numbers that you provided for the mixed gamma sources do not match anything that they have. Please clarify which qualify as exempt sources, and whether or not you want them listed on your license.</p> <p>2. Decommissioning Financial Assurance (DFA)</p> <p>Please submit a standby trust agreement which is a requirement to accompany your executed bond for decommissioning financial assurance.</p> <p>3. Training program</p> <p>Describe the overall length of the training session and approximate time that will be spent on each topic. Also describe how attendees' understanding will be evaluated at the end of the training.</p> <p>4. Occupational Dosimetry</p> <p>Please justify your statement that only workers who work with curie levels of licensed material will be assigned extremity dosimetry on both hands.</p> <p>5. Air Monitoring in the Workplace</p> <p>Commit to continuous air monitoring outside of the cyclotron vault area while operations are being conducted to detect an unexpected airborne release into worker breathing zones.</p> <p>6. Public Dose from Air Effluent</p> <p>Describe a pressure drop value across filters that would necessitate filter change-out.</p> <p>7. Waste Management</p> <p>Modify your procedure for storing short lived waste for decay to include a step that requires the waste be surveyed before disposal.</p>			

CONVERSATION RECORD (continued)

LICENSE NUMBER(S)

13-35179-03

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SUMMARY AND ACTION REQUIRED (IF ANY) (Continued)

NAME OF PERSON DOCUMENTING CONVERSATION

Kevin Null

SIGNATURE

*Kevin Null*

DATE OF SIGNATURE

04/15/2016