



## CONVERSATION RECORD

NAME OF PERSON(S)/TITLE CONTACTED OR IN CONTACT WITH YOU Ann H. Maitz, M.S.	DATE OF CONTACT 01/29/2019	TYPE OF CONVERSATION <input type="checkbox"/> E-MAIL <input checked="" type="checkbox"/> TELEPHONE <input type="checkbox"/> INCOMING <input checked="" type="checkbox"/> OUTGOING	
E-MAIL ADDRESS Ann.Maitz@beaumont.org	TELEPHONE NUMBER 248-551-1194		
ORGANIZATION Beaumont Health System	DOCKET NUMBER(S) 030-37359		
LICENSE NAME AND NUMBER(S) Beaumont Health System, 21-01333-02	MAIL CONTROL NUMBER(S) 610456		
SUBJECT Additional information required regarding the requested use of a new gamma knife			
SUMMARY AND ACTION REQUIRED (IF ANY) During phone discussion with Ms. Maitz on 1/19/19, reviewer requested additional information:  1) Please define whether point D (planning) is restricted or unrestricted area;  2) Please resubmit facility procedures in accordance with 10 CFR 35.610 providing steps to be taken in case of emergency situations (scenarios).			
NAME OF PERSON DOCUMENTING CONVERSATION HABDALENA GRIVOLAK			
SIGNATURE 		DATE OF SIGNATURE 1/29/19	