

The University of Michigan
Radiation Control Service
1101 North University Building
Ann Arbor, MI 48109-1057
July 20, 1985

U.S. Nuclear Regulatory Commission
Region III
Licensing Section
799 Roosevelt Road
Glenn Ellyn, IL 60137

Attention Dr. William Adams

Re Control 79070

Dear Dr. Adams:

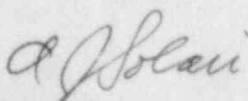
This letter is to confirm our telephone conversation of June 19, 1985. You asked for clarification of the training course for the people who would be using the blood irradiator. We are planning a four-hour didactic session and a four-hour hands-on experience. The instruction for the course will be supplied by the staff of Radiation Control Service and Suzanne Butch.

We verified that a copy of both the operating and emergency procedures will be provided to each user.

The manufacturer has given us radiation levels which indicate that personnel monitoring would not be required by 20.202 (1) and (2). We plan to issue personnel monitoring equipment to the individuals as well as to make measurements on the unit which we receive. With this information as a basis for our evaluation we will then determine whether or not to continue the use of personnel monitoring equipment.

I appreciate your cooperation in processing this application. If any questions remain, please feel free to contact me.

Yours truly,



A. J. Solari

AJS/dl

xc: Suzanne Butch
Radiation Policy Committee

RECEIVED

JUN 24 1985

REGION III

JUN 24 1985

8507190525 850628
REG3 LIC30
21-00215-04 PDR

CONVERSATION RECORD

TIME

9:30A

DATE

6/19/85

TYPE

☐ VISIT

☐ CONFERENCE

☒ TELEPHONE

☐ INCOMING

☒ OUTGOING

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU

A. Solari

ORGANIZATION (Office, dept., bureau, etc.)

U. of Michigan

TELEPHONE NO.

313
764-4420

SUBJECT

C/W 79070

ROUTING

NAME/SYMBOL

INT

SUMMARY

Requested following info.:

1.) Training course

- length of course

- " " "hands-on" training

- name(s) of instructors

2.) Confirm that a copy of the operating & emergency procedures will be provided to each user

3.) provide personnel monitoring to each user

ACTION REQUIRED

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

W. J. Adams

DATE

6/19/85

ACTION TAKEN

SIGNATURE

TITLE

DATE