



General Foam
Corporation

13 Manor Rd.
E. Rutherford, N.J. 07073
(201) 933-8540

Mail Control No. 104217

August 21, 1985

MS 16
P9

Mr. Ed Wyrzt
Nuclear Material Safety Section B
Region I
631 Park Avenue
King of Prussia, PA 19406

Dear Sir:

With reference to our discussion of the application form NRC - 313 (I) on 8/21/85 the following sections are clarified.

Section 6 : All employees who use the Ohmart Corp. device will be required to complete the Ohmart training program before they are allowed to use the density gage on the machine. We expect to train at least two of the shift foremen as well as the Foam manager, Cas Sikorski, who will be responsible for the proper "lock-out" procedures on the unit.

Section 8 : The maximum output of the source should be corrected to 1-300 MCI (not to exceed 1500 MCI) there was a typing error on the original form.

Section 15: Final emergency procedures with the names of the authorities to be contacted have not been completed. We are aware of our responsibilities in contacting N.R.C., local health offices, fire emergency depts. and our device supplier when possible damage to the unit has occurred.

Thank you for your assistance in completing the form. Please call if more clarification is required.

Sincerely,

Leo M. Lamb

Leo M. Lamb

04217

8512220467 851028
REG1 LIC30
29-20895-01 PDR

"OFFICIAL RECORD COPY"

ML18

AUG 26 1985

8/21/85

TELEPHONE OR VERBAL CONVERSATION RECORD

TIME

11:00

☒ A.M.
☐ P.M.

☐ INCOMING CALL

☐ OUTGOING CALL

☐ VISIT

PERSON CALLING

E. Wintz

OFFICE/ADDRESS

RI

PHONE NUMBER

EXTENSION

PERSON CALLED

Leo Lamb

OFFICE/ADDRESS

General Foam Corp.

PHONE NUMBER

EXTENSION

(201) 933-8540

CONVERSATION

SUBJECT

Licensing Deficiency

SUMMARY

- ① Lamb will send letter confirming that:
- ① All individuals using device will receive training by Mfg;
 - ② Lock-out procedures will be provided to all personnel;
 - ③ The name of the responsible individual who will ensure that lock-out procedures are followed.

"OFFICIAL RECORD COPY" ML10

REFERRED TO:

ACTION REQUESTED

ACTION TAKEN

☐ ADVISE ME OF ACTION TAKEN.

INITIALS

DATE

INITIALS

DATE