

10
MEDICAL & SCIENTIFIC DESIGNS, INC.
273 WEYMOUTH STREET
ROCKLAND, MA 02370
(617) 871-4442

December 22, 1983


Material Licensing Branch
U. S. Nuclear Regulatory Commission
Washington, D.C. 20555

Dear Sir or Madam:

In reference to Control No. 162282, attached is a sketch of our proposed additional facility at 333 Weymouth Street, as requested.

The instrument production and Q.C. areas will use sealed calibrator sources of less than 0.2 uCi each for testing purposes. The reagent production facility will be used for assembly of RIA kits. Manufacture bottling and testing of radioactive tracer will remain at our 273 Weymouth Street facility.

Sincerely,



Kenneth L. Hoffman
Radiation Safety Officer

KLH:az

Attachment

83 DEC 27 AM 1:42

8801220180 870819
REG1 LIC30
20-19999-01 PDR

COPY SENT [illegible]

EXISTING
BUILDING
OTHER OCCUPANT

M & SD
OPEN WAREHOUSE

FUTURE REAGENT

30

LUNCHROOM

INSTRUMENT
PRODUCTION

MGR. OF
MATERIALS
OFFICE

✓ MEN'S
R.R.

LADIES
R.R.

FINANCIAL
ACCOUNTS

V.P. of MFG

DIRECTOR
FINANCIAL
& ADMIN.

OFFICE
ENTRANCE

WEYMOUTH STREET (LAYOUT NOT TO SCALE)
9000 SQ FT.

3000 SQ FT

WAREHOUSE

HEATMAKER BOILER
INC

PRODUCTION FACILITY

000 SQ FEET

RADIOACTIVE
MATERIAL



RADIOACTIVE
MATERIAL

TEST

DETECTOR

PRODUCTION

TI
APERTURE
CARD

Also Available On
Aperture Card

TESTING

STATION

Q.C. INSTRUMENT
TEST AREA



RADIOACTIVE
MATERIAL

RECEIVING
OVERHEAD

EMPLOYEE
ENTRANCE

DOOR

8801220180-01

Med + Scientific, Reagan

CONVERSATION RECORD

TIME

DATE

12/15/83

TYPE

☐ VISIT

☐ CONFERENCE

☒ TELEPHONE

☐ INCOMING

☒ OUTGOING

ROUTING

NAME/SYMBOL

INT

Location of Visit/Conference:

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

Mr. Hoffman

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

TELEPHONE NO.

SUBJECT

Continental 16282

SUMMARY

Mr. Hoffman wire mail
sketch (2 copies) of new facility.

ACTION REQUIRED

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

J. M. Smith

DATE

12/15/83

ACTION TAKEN

SIGNATURE

TITLE

DATE

CONVERSATION RECORD

TIME

1:15 pm

DATE

11/28/83

TYPE

☐ VISIT

☐ CONFERENCE

☒ TELEPHONE

☐ INCOMING

☒ OUTGOING

ROUTING

NAME/SYMBOL

INT

Location of Visit/Conference:

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

ORGANIZATION (Office, dept., bureau)

TELEPHONE NO.

Ken Hoffman

Medical & Scientific Design

617-871-4442

SUBJECT

Letter dated 11/10/83 - License 20-9999-01 and -02b

SUMMARY

I asked Mr. Hoffman if the new address would also be used for distribution. He said the distribution would not ~~be~~ done there - only from the address already listed on the -02b license.

ACTION REQUIRED

Void 16272 + return check for Co 57 request on -02b license

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

B. Jackson

11/28/83

ACTION TAKEN

SIGNATURE

TITLE

DATE