

From: John Jankovich
To: TSK
Date: Fri, Jul 30, 1999 1:54 PM
Subject: acceptance reviews

Traci,

I have done the performance reviews for 99-46 (Mb-Microtech) and 99-47 (Metorex) amendments. Both are acceptable. J.J.

NRC FORM 567
(8-93)

U. S. NUCLEAR REGULATORY COMMISSION

REQUEST FOR A SEALED SOURCE OR DEVICE EVALUATION

JK

INSTRUCTIONS: Send this request AND a copy of all related letters/applications and drawings to: The Sealed Source Safety Section, ATTN: Chief, OWFN Mail Stop 6 H3. Change the License Tracking System milestone to 19 and assign to reviewer code I-5.
NOTE: Retain a copy of this request with the application and background files.

REQUESTER <i>mb-microtec</i>		REGION/LOCATION: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> HQ <input type="checkbox"/> LFDCB	
TELEPHONE NUMBER	DATE	TYPE OF ACTION REQUESTED (Check as appropriate)	
APPLICANT'S NAME		<input type="checkbox"/> SOURCE REVIEW	<input checked="" type="checkbox"/> AMENDMENT OF REGISTRATION SHEET NUMBER(S)
MAIL CONTROL NUMBER(S)		<input type="checkbox"/> DEVICE REVIEW	
LETTER/APPLICATION DATE <i>7-1-99</i>	LICENSE NUMBER(S) <i>31-23712-01-E</i>	<input type="checkbox"/> CUSTOM REVIEW	<i>NR-446-D-103-E</i>

COMMENTS:
*P.O. Box 1174
North Tonawanda, NY 14120-9174*

FOR SSSS USE ONLY

REVIEWER <i>Jarkovick</i>	MODEL NUMBERS <i>100/4</i>	NUMBER ASSIGNED <i>99-46</i>
DATE RECEIVED <i>7-20-99</i>	DATE ASSIGNED <i>7-20-99</i>	DATE TO FEES <i>7-20-99</i>

TYPE OF ACTION (Indicate the number of each type)

COMMERCIAL DISTRIBUTION (FORMAL)		USE BY A SINGLE APPLICANT (CUSTOM)	
SOURCE (9C)	DEVICE (9A)	SOURCE (9D)	DEVICE (9B)
<input type="checkbox"/> NEW AMENDMENT	<input checked="" type="checkbox"/> NEW AMENDMENT	<input type="checkbox"/> NEW AMENDMENT	<input type="checkbox"/> NEW AMENDMENT
<input type="checkbox"/> NO SAFETY EVALUATION REQUIRED NO FEES REQUIRED		<input type="checkbox"/> LICENSING ACTION REQUIRED IF KNOWN	
<input type="checkbox"/> OTHER (Specify)		<input type="checkbox"/> YES <input type="checkbox"/> NO	

TOTAL NUMBER OF REVIEW HOURS	NOTES
NUMBER OF DEFICIENCY LETTERS	
NUMBER OF DEFICIENCY CALLS	

FOR BILLING PURPOSES ONLY

<input type="checkbox"/> NAME CHANGE	<input type="checkbox"/> ADDRESS CHANGE	<input type="checkbox"/> NEW REGISTRATION -- ADD TO BILLING	<input type="checkbox"/> PRODUCT INACTIVE -- REMOVE FROM BILLING
--------------------------------------	---	---	--

FOR FEE USE ONLY

TYPE OF FEE	FEE CATEGORY <input type="checkbox"/> 9A <input type="checkbox"/> 9B <input type="checkbox"/> 9C <input type="checkbox"/> 9D		
AMOUNT RECEIVED	CHECK NUMBER	<input type="checkbox"/> MATANN UPDATED AS REQUIRED	
DATE OF CHECK	LOG	<input type="checkbox"/> MATSYS UPDATED AS REQUIRED	
APPROVED BY	DATE RETURN	DATE	

COMMENTS