

APPENDIX A

FORM TI-1 CASE RESOLUTION		
Case Status	<input type="checkbox"/> Open	<input checked="" type="checkbox"/> Closed
RCODE: 62629 _____		
Region: <u>IV</u>		
OLD - Complete Name, Address, Contact, Phone Number: Pioneer Technical Services 250 Valley View Lane Butte, MT		
NEW - Complete Name, Address, Contact, Phone Number: Pioneer Technical Services 63 1/2 West Broadway Butte, MT		
Agreement State Licensee? (Double Check)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Moved to an Agreement State?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Describe Follow-up: (Telephone, Internet, Chamber of Commerce, Other) Telephone call on 1/12/01 with RSO of specific licensee 25-27524-01 (Brad Archibald, 406 782-5177). He stated that 3 or 4 years ago they had leased a TN model 9290 XFA from TN and returned it to TN Technologies after job completion.		
Describe Communication with Registration Vendor: None		
Vendor Follow-up Action: None		
Final Action Taken: None		
Cause of Bad Address/Lesson Learned: Unknown		

FORM TI-2 DEVICE INFORMATION

RCODE: 62629								
ID	Model Number ¹	Serial Number	Isotope	Activity	Sold Date	Vendor	Status (A ² or N ³)	Comments
	9290	unknown	Am-241	5 mCi	none	TN	a2	
For additional GLD's received by the licensee identified during the inspection:								
ID	Model Number	Serial Number	Isotope	Activity	Sold Date	Vendor	How obtained	Comments

FORM TI-3 GENERAL LICENSEE INSPECTION DOCUMENTATION	
RCODE: _____	
General Licensee Information:	

¹Include only registerable gauges identified by Headquarters as "open" cases.

²Accounted for: A device is accounted for if (1) the device is located at the licensee's facility, (2) it has been verified that the device has been transferred to an authorized recipient or properly disposed, or (3) a reasonable assurance has been provided that the device has been transferred to an authorize recipient or properly disposed.

³Not Accounted for: A device is not accounted for if the location of the device is unknown and/or the licensee cannot provide a reasonable assurance that the device has been transferred to an authorized recipient for proper disposal.

APPENDIX C

	Check Box if Current Complete Name, Mailing Address, Contact, and Phone Number is Same as Provided by ORNL. If not, include correct information below:				
Results of inspection: (check the appropriate boxes)					
	<p>The general licensee of record is located at the address of record and</p> <table border="1"> <tr> <td data-bbox="224 457 282 506">X</td> <td data-bbox="282 457 1576 506">all GLD are accounted for</td> </tr> <tr> <td data-bbox="224 506 282 558"></td> <td data-bbox="282 506 1576 558"><u>not</u> all GLD are accounted for</td> </tr> </table>	X	all GLD are accounted for		<u>not</u> all GLD are accounted for
X	all GLD are accounted for				
	<u>not</u> all GLD are accounted for				
	<p>The general licensee of record is <u>not</u> located at the address of record, however GLD are being used under new ownership at the address of record and</p> <table border="1"> <tr> <td data-bbox="224 632 282 680"></td> <td data-bbox="282 632 1576 680">all GLD are accounted for</td> </tr> <tr> <td data-bbox="224 680 282 730"></td> <td data-bbox="282 680 1576 730"><u>not</u> all GLD are accounted for</td> </tr> </table>		all GLD are accounted for		<u>not</u> all GLD are accounted for
	all GLD are accounted for				
	<u>not</u> all GLD are accounted for				
	<p>The general licensee of record is <u>not</u> located at the address of record, however they are using GLD at another location and</p> <table border="1"> <tr> <td data-bbox="224 804 282 852"></td> <td data-bbox="282 804 1576 852">all GLD are accounted for</td> </tr> <tr> <td data-bbox="224 852 282 903"></td> <td data-bbox="282 852 1576 903"><u>not</u> all GLD are accounted for;</td> </tr> </table>		all GLD are accounted for		<u>not</u> all GLD are accounted for;
	all GLD are accounted for				
	<u>not</u> all GLD are accounted for;				
	Neither the general licensee of record nor the facility operated by the general licensee are located at the address of record and the site has been abandoned or is being used for an alternate purpose.				
	Other: (explain)				
Gauge Information:					
ID	For each gauge for which status is unaccounted for (see last column of Form TI-2), provide any conclusions about location of the gauge:				

Case Status	<input checked="" type="checkbox"/> Open	<input type="checkbox"/> Closed
RCODE: 62629 Region: 4		
OLD - Complete Name, Address, Contact, Phone Number: PIONEER TECHNICAL SERVICES 250 VALLEY VIEW LANE BUTTE, MT 59701 BILL BULLOCK		
NEW - Complete Name, Address, Contact, Phone Number PIONEER TECHNICAL SERVICES 63 ½ WEST BROADWAY BUTTE, MT 59701 (406)782-5177 BILL BULLOCK/BRAD ARCHIBALD - PRESIDENT/SAFETY OFFICER		
Agreement State Licensee? (Double Check)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Moved to an Agreement State?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Describe Follow-up: (Telephone, Internet, Chamber of Commerce, Other) CDROM INTERNET TELEPHONE (PIONEER TECHNICAL SERVICES)		
Describe Communication with Registration Vendor: NONE		
Describe Communication with non-Registration Vendor: NONE		
Final Action Taken: ADDITIONS/CORRECTIONS MADE TO DATABASE		
Cause of Bad Address/Lesson Learned: COMPANY CHANGED ITS ADDRESS. DEVICE STATUS UNKNOWN.		

RCODE: 62629							
ID	Model Number ¹ (separate line for each gauge)	Serial #	Isotope	Activity	Sold Date	Vendor	Status? (found/unknown)
1	9290	000000	AM241	5.000000000	19932	L01105	Unknown
2	9290	000000	AM241	5.000000000	19932	L01105	Unknown

¹Include only registration gauges and only include for open cases.

UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555-0001

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, \$300

FIRST CLASS MAIL
POSTAGE AND FEES PAID
USNRC
PERMIT NO. G-67

PIONEER TECHNICAL SERVICES
(62629)
250 VALLEY VIEW LANE
BUTTE, MT 59701

REASON FOR RETURN TO SENDER

Unclaimed	_____
Refused	_____
Attempted Not Known	_____
Insufficient Address	_____
No Such Street	_____
No Such Number	_____
No Such Office In State	_____
Do not re-mail in this envelope	_____

F.O.E. XRRY 08