

REQUEST FOR A SEALED SOURCE OR DEVICE EVALUATION

INSTRUCTIONS: Send this request AND a copy of all related letters/applications and drawings to the Chief, Sealed Source Safety Section, OWFN Mail Stop O-6 H3. Change the License Tracking System milestone to 19 and assign to reviewer code 1-5.
NOTE: Retain a copy of this request with the application and background files.

REQUESTER Kidde Fenwal TELEPHONE NUMBER _____ DATE _____ NAME OF APPLICANT Chris Mousseau MAIL CONTROL NUMBER(S) _____ LETTER/APPLICATION DATE 08/20/2001 LICENSE NUMBER(S) _____	REGION/LOCATION: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> HQ <input type="checkbox"/> LfARB TYPE OF ACTION REQUESTED <i>(Check as appropriate)</i> <input type="checkbox"/> SOURCE REVIEW <input type="checkbox"/> AMENDMENT OF REGISTRATION SHEET NUMBER(S) <input type="checkbox"/> DEVICE REVIEW <input type="checkbox"/> CUSTOM REVIEW
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COMMENTS:
Kidde-Fenwal, Inc.
400 Main Street
Ashland, MA 01721

FOR SSSS USE ONLY

REVIEWER Michele Burgess	MODEL NUMBERS NAME CHANGE ONLY!!!!	NUMBER ASSIGNED 01-36
DATE RECEIVED 08/23/2001	DATE ASSIGNED 08/24/2001	DATE TO FEES 08/24/2001

TYPE OF ACTION *(Indicate the number of each type)*

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

	TOTAL NUMBER OF REVIEW HOURS	NOTES NAME CHANGE ONLY!!!!
	NUMBER OF DEFICIENCY LETTERS	
	NUMBER OF DEFICIENCY CALLS	

FOR FEE USE ONLY

TYPE OF FEE <i>Amendment</i>	FEE CATEGORY <input checked="" type="checkbox"/> 9A <input type="checkbox"/> 9B <input type="checkbox"/> 9C <input type="checkbox"/> 9D		
AMOUNT RECEIVED <i>Fee Not Required</i>	CHECK NUMBER	DATE OF CHECK	LOG <i>Sept 1 01 SSSD</i>
APPROVED BY <i>RCJ</i>			DATE OF RETURN <i>9/14/01</i>
COMMENTS			