

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.

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| REQUESTER Kidde Fenwal | | 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 | |
| TELEPHONE NUMBER | DATE | TYPE OF ACTION REQUESTED (Check as appropriate) | |
| NAME OF APPLICANT Chris Mousseau | | <input type="checkbox"/> SOURCE REVIEW | <input type="checkbox"/> AMENDMENT OF REGISTRATION SHEET NUMBER(S) |
| MAIL CONTROL NUMBER(S) | | <input type="checkbox"/> DEVICE REVIEW | |
| LETTER/APPLICATION DATE 08/20/2001 | | <input type="checkbox"/> CUSTOM REVIEW | |
| LICENSE NUMBER(S) | | | |

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 (Specify) | | | |

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

FOR FEE USE ONLY

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|--|--------------|--|----------------------------------|
| TYPE OF FEE Amendment | | FEE CATEGORY <input checked="" type="checkbox"/> 9A <input type="checkbox"/> 9B <input type="checkbox"/> 9C <input type="checkbox"/> 9D | |
| AMOUNT RECEIVED Fee Not Required | CHECK NUMBER | DATE OF CHECK | LOG Sept 101 SSSD |
| APPROVED BY RCJ | | | DATE OF RETURN 9/14/01 |
| COMMENTS | | | |