



N. Jeff Griffis
Region II
United States Nuclear Regulatory Commission
61 Forsyth Street, S.W.
Suite 23T85
Atlanta, Georgia 30303

General Electric Company
1501 Roanoke Boulevard, Salem, VA 24153
540 387 7000, DC 8*278

Dear Mr. Griffis:

Based on your request, we have investigated whether a "1 Phmart Corp. device containing 100 mCi of Cs137, model no. pg" might have been present at our facility. This is to advise you that, based on our investigation, this device is not presently in the General Electric Co. facility in Salem, Virginia and we do not believe a device of this type has been at our facility going back multiple years.

As a result of our internal inquiries, a comment made to us was that a product of this type was made by the Ohmart/Vega Corporation and at least one of these products was sold to Link Belt Company in Chicago, Illinois in June, 1963. This information, however, came from a GE employee located outside of Salem and is not related to any information relating to our Salem facility.

Separately, we have recently received and completed a request to fill out a form, NRC Form 664, "General Licensee Registration". On this form there were 2 devices listed by the NRC:

NRC Device Key 20932	Ohmart/Vega Corporation	model PG
NRC Device Key 203271	Ohmart/Vega Corporation	model PG

At this time, the GE Salem facility has no devices meeting registration/licensing requirements. A copy of the completed registration form for the GE Salem facility is being sent to the Director of Nuclear Materials Safety and Safeguards and is attached for your records.

Sincerely,

Jean G. Hogle
Manager - Quality
Manager - Calibration Laboratory
GE Industrial Systems
Room 110
1501 Roanoke Blvd.
Salem, VA 24153
(540) 387-7745 fax: (540) 387-7981
jean.hogle@IndSys.ge.com

cc: Director of Nuclear Materials Safety and Safeguards w/ attachment



GL-705663-01
12/26/2001
NRC FORM 664
01 - 2001
10 CFR 31.5

SECTION 1
PAGE 1 of 2

U.S. NUCLEAR REGULATORY COMMISSION

GENERAL LICENSEE REGISTRATION

APPROVED BY OMB: NO. 3150-0198

EXPIRES: 01/31/2004

Estimated burden per response to comply with this mandatory collection request: 20 minutes. NRC will use this information to track general licensees and their devices to ensure a higher level of device accountability. Send comments regarding burden estimate to the Records Management Branch (T-6 E6), U. S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bjst1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0000). Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

Complete all six sections of this registration form. If any of the preprinted information is incorrect, provide the changes in the applicable boxes. USE CAPITAL LETTERS.

General License **SECTION 1 - GENERAL LICENSEE INFORMATION**
Registration Number
 GL-705663-01

Enter the company name and the street address/physical location of use for your device(s). For portable devices, specify the primary storage location. Do not use a P.O. Box address.

Company Name: GENERAL ELECTRIC COMPANY

[illegible]

Department:

[illegible]

Address Line 1: 1501 ROANOKE BOULEVARD

[illegible]

Address Line 2:

[illegible]

City: SALEM

[illegible]

State: VA

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Zip Code: 24153 -

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For NRC Use Only (Do not write here)	Category: <input type="text"/>
Packet Receipt Date (MMDDYYYY)	<input type="text"/>
	<input type="text"/>
Accession Number:	<input type="text"/>



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SECTION 1 - GENERAL LICENSEE INFORMATION (Continued)

Enter the name, telephone number and title of the person who is the responsible individual for the device(s).

Last Name:

H O G L E

First Name:

J E A N

Middle Initial:

S

Telephone: () -

5 4 0 3 8 7 7 7 4 5

Extension:

Title: CURRENT SAFETY OFFICER

M A P A G E R - Q U A L I T Y

Enter the mailing address where correspondence regarding your device(s) should be sent.

This address should be specific to the use or storage location of your device(s).

Department:

Address Line 1: 1501 ROANOKE BOULEVARD

Address Line 2:

City: SALEM

State: VA

Zip Code: 24153 -





YYYY



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SECTION 3

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Provide information about other devices you have that are subject to registration.

Manufacturer/Initial Transferor Name

[illegible]

Manufacturer/Initial Transferor License Number (if known)

[illegible]

Device Model Number

[illegible]

Device Serial Number

[illegible]

How acquired and date (e.g., from a distributor/manufacturer, other licensee, other source)?

- ☐ Manufacturer/Initial Transferor listed above
☐ Other General Licensee Date Received: _____
☐ Other Source

Date Received:

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MM

DD

Y Y Y Y

Isotope	Activity	Unit
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isotope	Activity	Unit
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Isotope						Activity													Unit			
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Isotope						Activity													Unit			
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Isotope	Activity	Unit

Isotope						Activity														Unit					

Isotope						Activity														Unit					

Isotope	Activity	Unit

Isotope	Activity	Unit

Isotope	Activity	Unit





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SECTION 4

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Transfer Date:

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Y Y Y Y

Disposed of/Transferred to a Specific Licensee
or other manufacturer. (complete Part 2)

[illegible]



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SECTION 4

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Part 1

(from Section 2 or 6)

2	0	9	3	2		
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Transfer Date:

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Y Y Y Y

☒ Whereabouts Unknown (complete Part 1 only) ☐ Transferred to another general licensee (complete Parts 2 and 3)
☐ Never Possessed the Device (complete Part 1 only) ☐ Disposed of/Transferred to a Specific Licensee
☐ Returned to Manufacturer (complete Part 1 only) or other manufacturer. (complete Part 2)

[illegible][illegible][illegible][illegible][illegible][illegible]

Zip Code:

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Last Name:

[illegible]

Middle Initial:

[illegible]

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Telephone Number:

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Extension:

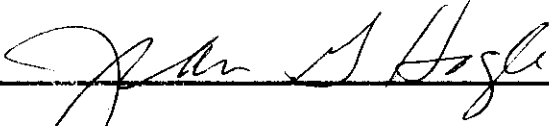
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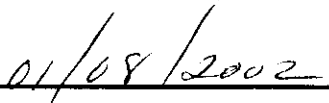
[illegible]

SECTION 5 - CERTIFICATION

I hereby certify that:

- A. All information contained in this registration is true and complete to the best of my knowledge and belief.
- B. A physical inventory of the devices subject to registration has been completed, and the device information on this form has been checked against the device labeling.
- C. I am aware of the requirements of the general license, provided in 10 CFR 31.5.
(Copies of applicable regulations may be viewed at the NRC web site at www.nrc.gov/NRC/CFR/index.html)


SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)


DATE

WARNING: FALSE STATEMENTS MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. NRC REGULATIONS REQUIRE THAT SUBMISSIONS TO THE NRC BE COMPLETE AND ACCURATE IN ALL MATERIAL ASPECTS. 18 U.S.C. SECTION 1001 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY WRONG STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER IN ITS JURISDICTION.



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SECTION 6 - DEVICES NOT SUBJECT TO REGISTRATION

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NRC Device Key: 247783 Manufacturer License No: GL14-0208-97
Manufacturer Name: Asoma-Twin City Inc.
Model Number: BETASCOPE Serial #: Transfer Date: 05/15/1993
Isotope: TL204 Activity: .045000000 Unit: mCi

NRC Device Key: 44812 Manufacturer License No: GL1414-0921
Manufacturer Name: VEECO INSTRUMENTS INC.
Model Number: HH-3 Serial #: 37783 Transfer Date: 05/15/1983
Isotope: TL204 Activity: .100000000 Unit: mCi

NRC Device Key: 44982 Manufacturer License No: GL1414-0921
Manufacturer Name: VEECO INSTRUMENTS INC.
Model Number: PS-101 Serial #: 16333 Transfer Date: 11/15/1982
Isotope: TL204 Activity: .100000000 Unit: mCi

