

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 TSI, Incorporated TELEPHONE NUMBER: 651-490-4066 DATE: _____ NAME OF APPLICANT: Jeffrey Swanson MAIL CONTROL NUMBER(S): _____ LETTER/APPLICATION DATE: 02/01/2002 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 (Check as appropriate) <input type="checkbox"/> SOURCE REVIEW <input checked="" type="checkbox"/> AMENDMENT OF REGISTRATION SHEET NUMBER(S) <input type="checkbox"/> DEVICE REVIEW <input type="checkbox"/> CUSTOM REVIEW NR-636-D-101-G
---	--	---

COMMENTS:
500 Cardigan Road
P.O. Box 64394
St. Paul, MN 55164-0394

FOR SSSS USE ONLY		
REVIEWER Ujagar Bhachu & Seung Lee	MODEL NUMBERS 3012, 3013, 3054, 3077, 3078, etc.	NUMBER ASSIGNED 02-06
DATE RECEIVED 02/08/2002	DATE ASSIGNED 02/11/2002	DATE TO FEES 02/11/2002

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) <input type="checkbox"/> NEW <input type="checkbox"/> AMENDMENT	DEVICE (9A) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDMENT	SOURCE (9D) <input type="checkbox"/> NEW <input type="checkbox"/> AMENDMENT	DEVICE (9B) <input type="checkbox"/> NEW <input type="checkbox"/> AMENDMENT
<input checked="" 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) _____			

	TOTAL NUMBER OF REVIEW HOURS _____	NOTES Request to amend Krypton-85 neutralizer models under NR-636-D-101-G.
	NUMBER OF DEFICIENCY LETTERS _____	
	NUMBER OF DEFICIENCY CALLS _____	

FOR FEE USE ONLY			
TYPE OF FEE N/A	FEE CATEGORY <input checked="" type="checkbox"/> 9A <input type="checkbox"/> 9B <input type="checkbox"/> 9C <input type="checkbox"/> 9D		
AMOUNT RECEIVED _____	CHECK NUMBER _____	DATE OF CHECK _____	LOG FEB 02 SSSD
APPROVED BY Rosalyn Jones			DATE OF RETURN 3/4/02
COMMENTS _____			

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 TSI, Incorporated		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 651-490-4066	DATE	TYPE OF ACTION REQUESTED (Check as appropriate)	
NAME OF APPLICANT Jeffrey Swanson		<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 02/01/2002	LICENSE NUMBER(S)	<input type="checkbox"/> CUSTOM REVIEW NR-636-D-101-G	

COMMENTS:
500 Cardigan Road
P.O. Box 64394
St. Paul, MN 55164-0394

FOR SSSS USE ONLY

REVIEWER Ujagar Bhachu & Seung Lee	MODEL NUMBERS 3012, 3013, 3054, 3077, 3078, etc.	NUMBER ASSIGNED 02-06
DATE RECEIVED 02/08/2002	DATE ASSIGNED 02/11/2002	DATE TO FEES 02/11/2002

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) <input type="checkbox"/> NEW <input type="checkbox"/> AMENDMENT	DEVICE (9A) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDMENT	SOURCE (9D) <input type="checkbox"/> NEW <input type="checkbox"/> AMENDMENT	DEVICE (9B) <input type="checkbox"/> NEW <input type="checkbox"/> AMENDMENT
<input checked="" 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	

OTHER (Specify)

	TOTAL NUMBER OF REVIEW HOURS	NOTES Request to amend Krypton-85 neutralizer models under NR-636-D-101-G.
	NUMBER OF DEFICIENCY LETTERS	
	NUMBER OF DEFICIENCY CALLS	

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	DATE OF CHECK	LOG
APPROVED BY			DATE OF RETURN

COMMENTS: