

## ACCEPTANCE REVIEW MEMO

**Licensee:** Sanjel Corporation  
**License No.:** 54-27692-01      **Docket No.:** 030-35652  
**Mail Control No.:** 470785  
**Type of Action:** Amend    **Date of Requested Action:** 12-06-05  
**Reviewer Assigned:**              **Date Assigned to Reviewer:** 12-14-05  
**Reviewer(s) Who Performed Review:** Gaines

Response Received	Deficiencies Noted During Acceptance Review
1.	
2.	
3.	
4.	

**Reviewer's Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Branch Chief's and/or SR. HP's Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Action - decommissioning notification should be issued within 30 days.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Termination request < 90 days from date of expiration
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Action to be expedited
		____ Medical emergency
		____ Licensee in noncompliance (i.e. no RSO, location of use/storage not on license, radioactive material in possession not on license)
		____ National Security
		____ Other ( _____ )

**Branch Chief's and/or Sr. HP's Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

SISP Review		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<b>Non-Publicly Available, Sensitive</b> if <u>any</u> item below is checked
		____ Radionuclides, forms, and quantities
		____ Location of RAM
		____ Building drawings with locations of RAM
		____ Security of RAM (locks, alarms, etc.)
		____ SS&D Catalog information
		____ Specifics of Emergency Plan (routes to and from RAM, response to security events, etc.)
		____ Safeguards Information

**Branch Chief's and/or Sr. HP's Initials:**   AOG   **Date:**   12/14/05



Sanjel (USA) Inc. 630 17th St, Suite 2000 South Denver, CO 80702-5402 F 303.571.9775 F 303.571.9776  
Corporate Head Office 200, 505 2nd St SW Calgary, AB T2P 1N8 F 403.289.1420 F 403.289.1433

December 6, 2005

United States Nuclear Regulatory Commission  
Region IV  
611 Ryan Plaza Drive, Suite 400  
Arlington, TX 76011-8064

Dear Sir or Madam:

I am requesting an amendment to our License #54-27692-01, Docket # 030-35652.  
I wish to add Michael E. Moore to the list of technicians capable of doing initial radiation surveys, installations, alignment, relocation and removal from service our sealed sources. I would also like to remove the names of Todd Richer, Dave Prefontaine from this list, as these persons are no longer in the employ of Sanjel. Thank you.

Michael E. Moore  
Radiation Safety Officer  
Sanjel USA, Inc.

470785

# Certificate of Completion

*is hereby granted to:*

*Michael Moore*

*to certify that he has completed to satisfaction*

*Factory Authorized*

*SGDO Training*

*Granted: December 1, 2005*

**Thermo**  
ELECTRON CORPORATION

*Danny Mayfield* *Technical Support Specialist*  
{name, title}



FAX TRANSMITTAL COVER SHEET

PLEASE DELIVER THE FOLLOWING MESSAGE TO:

COMPANY: USARC

NAME: Tony Gaines FAX NO.: 817-860-8263, 8188

FROM: Michael E. Moore RSO DATE: 12-6-05

RE: Amendment Request.

TOTAL NUMBER OF PAGES INCLUDING COVER SHEET: 3

Should any pages be missing or illegible, please contact this office for a re-transmittal.

TELEPHONE NUMBER: (406) 232-9800  
 FAX NUMBER: (406) 232-9909

12-14-05

DATE

This is to acknowledge the receipt of your letter/application dated 12-6-05, and to inform you that the initial processing, which includes an administrative review, has been performed.

There were no administrative omissions. Your application will be assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

Please provide to this office within 30 days of your receipt of this card:

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The action you requested is normally processed within 90 days.

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned Mail Control Number 470785.  
When calling to inquire about this action, please refer to this mail control number.  
You may call me at 817-860-8103.

Sincerely,

*Colleen Murahan*  
Licensing Assistant

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

(FOR LEMS USE)  
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INFORMATION FROM LTS

Program Code: 03120  
Status Code: 0  
Fee Category: 3P  
Exp. Date: 20110531  
Fee Comments:  
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: SANTEL CORPORATION  
Received Date: 20051206  
Docket No: 3035652  
Control No.: 470785  
License No.: 54-27692-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.: \_\_\_\_\_

3. COMMENTS

Signed *Colleen Munnahan*  
Date 12/13/05

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered / \_\_/)

1. Fee Category and Amount: \_\_\_\_\_

2. Correct Fee Paid. Application may be processed for:  
Amendment \_\_\_\_\_  
Renewal \_\_\_\_\_  
License \_\_\_\_\_

3. OTHER \_\_\_\_\_

Signed \_\_\_\_\_  
Date \_\_\_\_\_