

**GENERAL LICENSE  
DEVICE INVENTORY FORM**

*(Please read accompanying instructions before completing this form.)*



Paragraph (C)(12)(b) of Rule 3701:1-46-05 of the Administrative Code, requires those in possession of a device meeting the criteria of paragraph (C)(12)(a) of Rule 3701:1-46-05, report these devices annually to the Director.

Submit both pages of this form to the address below within thirty (30) days of receipt.

**Ohio Department of Health  
Attn: Jill Rabold  
246 N. High Street  
Bureau of Radiation Protection/7<sup>th</sup> Floor, 35 Bldg.  
Columbus, Ohio 43266-0118**

1. NAME <i>(Firm proposing to conduct the activities described below)</i> <b>Wheeling-Pittsburgh Steel</b>		2. INDIVIDUAL RESPONSIBLE <b>Barry J. Momyer</b>	
3. ADDRESS OF LICENSEE <i>(Mailing address or other location where licensee may be located)</i> <b>South 3rd Street Stuebenville, OH 43952</b>		4. TELEPHONE NO. <i>(Include Area Code)</i> <b>412-429-0560</b>	5. FACSIMILE NO. <i>(Include Area Code)</i> <b>412-429-5122</b>
		6. EMAIL ADDRESS <b>bmomyer@amhealthandsafety.com</b>	7. TAX ID NUMBER <b>98002491</b>
8. LOCATION OF USE <i>(If different from address listed in item 3. No P.O. boxes, please)</i> <b>Wheeling-Pittsburgh Steel Mingo Junction Plant McLister Avenue Mingo Junction, OH 43938</b>			
9. CERTIFICATION			
I, THE UNDERSIGNED, HEREBY CERTIFY THAT:			
a. All information in this report is true and complete.			
b. The information concerning the device(s) has been verified through a physical inventory and checking of label information.			
c. I understand that Ohio Department of Health regulations require that any change in the information furnished by a registrant on this registration certificate be reported to the Bureau of Radiation Protection within 30 days from the effective date of such change.			
d. I have read and understand the provisions of the applicable regulations (Rule 3701:1-46-05 of the Administrative Code); and I understand that I am required to comply with those provisions as to all radioactive material which I receive, acquire, possess, use, or transfer under the general license for which this inventory is filed with the Bureau of Radiation Protection.			
PRINTED OR TYPED NAME	SIGNATURE		DATE
<b>Barry J. Momyer, RSO</b>			<b>11-09-05</b>

