

Log of Location Attempts

Date: 09/01/2010

QA Specialist: GJH

Vendor Information

Vendor: Thermo Niton Analyzers, LLC
Newsome

Point of Contact: David Shanight

Device Model: Isotope: Serial Number: See attached for device information

Recipient Information

Recipient: CDM Federal Programs Corp.

Recipient Code: GL-716746-14

REGION – REGION IV

Street Address: 50 West 14th St., Suite 200

City: Helena **State:** MT **Zip Code:** 59601

Phone No: (406) 441-1400

Web Attempts: (Please **bold** all that apply)

No. of Web Attempts:

Google Yellowpages Whitepages AOL Yellowpages Infospace MSN **other**
ADDRESS

Telephone Attempts:

SEE ATTACHED HISTORY

Results	Date	Comments
		REMINDER LETTER SEND DATE 04/06/2010 PER DAVID SHANIGHT WILL FAX ROUND 8 A.S.A.P., 4/26/10 GJH LEFT MESSAGE ON FAXING ROUND 8 A.S.A.P. 6/8/10 GJH

Waiting for call back		
Other		

Problem Areas: (please **bold**)

Record any changes in recipient information here:

Company Name: _____ **Street address:** _____

City: _____ **State:** _____ **Zip:** _____

POC: _____ **Phone:()** - _____

Notes: NO RESPONSE

**Quick Select
General Licensee Report**

Recipient Code	Name	Responsible Person	Mailing Address
716746	CDM FEDERAL PROGRAMS CORP.	DAVID SHANIGHT CDM FEDERAL PROGRAMS CORP.	50 WEST 14TH STREET SUITE 200 HELENA MT 59601
<u>Location of Use:</u>		Title: ENV. SCIENTIST Phone No.: (406)441-1400	HELENA MT 59601 HELENA MT 59601
50 WEST 14TH STREET HELENA MT 59601-			

Manufacturer License Number

53-0388

Manufacturer

THERMO NITON ANALYZERS, LLC.

Devices

<u>Device Key</u>	<u>Archive Ind</u>	<u>Model</u>	<u>Manufacturer</u>	<u>Model No</u>	<u>Serial No</u>	<u>Status</u>	<u>Isotope</u>	<u>Converted Amount in mCi or g</u>
713842	N		NITON CORPORATION	XLI712	6243	C	AM241	30.000000000

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 website at:
<http://www.nrc.gov/reading-rm/doc-collections/cfr>)

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.



GL-711685-14
12/16/2009

SECTION 6 - DEVICES NOT SUBJECT TO REGISTRATION

SECTION 6

PAGE 1 of 1

NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date: