## Application and Review Checklist for (Acceptance, 1st, or 2nd) Review for SSD 00-000\_

		SUM	MARY DATA						
Name and Complete Mailing Address of the Applicant: SABIA, Inc. 10901 Technology Place San Diego, CA 92127			Name, Title, and Telephone Number of the Individual to Be Contacted If Additional Information or Clarification Is Needed by the NRC:  [858] 217-2000						
The Applicant is (check one):		If the Applicant Is Not the Manufacturer, Provide the Name and							
Custom User		Complete Mailing Address of the Manufacturer:							
Manufacturer Distributor									
If the Applicant Is a Custom User, Provide the Name and Complete Mailing Address of the Distributor:		Provide the Name, Complete Mailing Address, and Function of Other Companies Involved:							
Model Number: X1 - XP			Principal Use Code (see Appendix C):						
Name Used by the Industry to Identify the			For Use by:						
	Product (e.g., Radiography Exposure Device, Teletherapy Source, Calibration Source, etc.):		× Specific Licensees Only						
			General Licensees Only						
Materials Analizer		Both Specific and General Licensees							
		Х	Persons Exempt from Licensing						
Leak-Test Frequency:			Principal Section of the 10 CFR that Applies to the User (e.g.,						
Periodic Leak-Testing is Not Required		Gener	General Licensees under 10 CFR 31.5);						
X	6 Months	Radionuclides and Maximum Activities (including loading							
	Attached is justification for a leak test frequency of greater than 6 months	tolerance): CF-252 27mCi							
CERT	FICATION:								
BINDIN THE AI ITEM 2 REGUL BEST (	IG UPON THE APPLICANT.  PPLICANT AND ANY OFFICIAL EXECUTING, I, CERTIFY THAT THIS APPLICATION IS PI LATIONS, PARTS 30 AND 32 AND THAT ALD DF THEIR KNOWLEDGE AND BELIEF.  ING: 18 U.S.C. SECTION 1001 ACT OF JUN	G THIS ( REPARE L INFOF	CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL RMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE 148 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES						
WILLFULLY FALSE STATEMENT OR REPRESENT AS TO ANY MATTER WITHIN ITS JURISDICTION.			TO ANTI DEPARTMENT ON AGENCT OF THE UNITED STATES						
Certif	ying Officer — Typed Name and Title								
Signa	ture: MWW WM/090		Date:						

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CHECKLIST							
Registration Certificate Holder:		(3	¥				
Model:							
DESCRIPTION		OK	DEF	COMMENTS			
		iewer	2 <sup>nd</sup> Reviewer				
DESCRIPTION/CONSTRUCTION				Not Clear Inconsistent			
If registration certificate holder is requesting to register more than one source/device on a certificate, are designs similar enough to do so?	Oct.		<b>V</b>	to analize compost mar of			
Device/source design with complete engineering drawings (dimensions, tolerances, list of materials)	Det"		= 7	All eng drawing an			
Assembly methods (screw, welds, etc.); verify integrity	Det.	del					
Source mounting (size and integrity) and security	Def	dex					
Is source ANSI classification sufficient (from ANSI N43.6-1997 and ISO 2919):  Radiography - Unprotected 43313  Radiography - In Device 43313  Medical - Radiography 32312  Medical - Y Teletherapy 53524  Medical - Brachytherapy 53211  Medical - Source Applicators 43312  Y Gauges - Unprotected 43333  Y Gauges - In Device 43232 $\beta$ Gauges, Low Energy Y Gauges, or X-ray fluorescence 33222  Oil Well Logging 56522  Portable Moist/Density 43333  Neutron Applications 43323  Calibration source activity > $30\mu$ Ci (1 MBq) 22213  Y Irradiators (II III) 4342	2 OK 2 2 3 3 3 2 2 3 3		on	The design and the gettind is not the name or prime			
y Irradiators (IV)	4 1 2 2 2 0 0 0 0	T H	N/A N/A Oef:	HOPE/ " me not addum  HOPE/ B may meet. Not o			
steel, depleted uranium & steel, and so lottil)	V 1	D. 1	Det:	HPD2/16 may met. Not			
Shielding efficiency and integrity	H	1 0	M not:	FIRE			

Registration Certificate Holder:  Model:  DESCRIPTION  For medical devices:  Type of FDA approval:  Premarket notification (501(k))	1 <sup>st</sup> Rev		DEF		co	MMENTS	
DESCRIPTION  For medical devices:  Type of FDA approval:	1 <sup>st</sup> Rev		-		CO	MMENTS	
For medical devices:  Type of FDA approval:	1 <sup>st</sup> Rev		-		CO	MMENTS	
Type of FDA approval:	1st Rev	riewer	and =			COMMENTS	
Type of FDA approval:			2 <sup>nd</sup> Reviewer			8	
N. Carlotte and Ca			1				
N. Carlotte and Ca				l l			
<ul> <li>Premarket notification (501(k))</li> </ul>							
110111111111111111111111111111111111111					192		
Premarket approval (PMA)							
<ul> <li>Investigational Device Exemption (IDE)</li> </ul>							
<ul> <li>Humanitarian Device Exemption (HDE)</li> </ul>							
Type of Medical Use:	/	A					
manual brachytherapy, 35.400	N			N/A.			
medical diagnosis, 35.500		X					
<ul> <li>photon-emitting remote afterloader, 35.600</li> </ul>		16	1 18				
<ul> <li>photon-emitting teletherapy unit, 35.600</li> </ul>							
gamma stereotactic radiosurgery unit, 35.600							
<ul> <li>other medical, 35.1000 (intervascular brachytherapy, beta-emitting remote afterloaders, etc)</li> </ul>							
List of FDA limitations of use provided		The state of the s					
Well logging (10 CFR 39.41) and irradiator (10 CFR 36.21) sources must be as nondispersible and nonsoluble as practical.	MI	18				Paradonia establista (Pro-	
See "ANSI and Other Standards" list for references for particular source/device designs (e.g. radiography, Brachytherapy, etc.)	1	AS			×		

CHECKLIST

## CHECKLIST Registration Certificate Holder: Model: OK/DEF COMMENTS DESCRIPTION 1st Reviewer 2<sup>nd</sup> Reviewer **LABELING** Complete and final copy of label attached OK def: Materials, dimensions, colors (note on registration NIA certificate if labeling is exempt from the color requirements of 10 CFR Part 20) Need contirmant Attachment and location(s) - visible to users? Def info not included Method of attachment is durable and permanent under Def normal conditions of use Inconsitent manufacturer info. Contents: Model#, Serial#, Isotope, Activity, Des Det Manufacturer, Date of Assay, Trefoil, "CAUTION -RADIOACTIVE MATERIAL" (Depleted Uranium information must be included) Need confirmation. Is label in compliance with regulatory requirements? Def CONDITIONS OF USE Estimated working life of the source/device (years, Def operational cycles) into on what they would Actions to be taken when product reaches end of its Def working life. D WI the downe is miss Maximum allowable temperature, vibration, shock, Def ie info in the gap is corrosion, etc. (during use, handling, storage, and eggraina the How the device will be used ) et o Det KRE" Meets dose limits of Part 32 for distribution general N/A HOPE & Los licensees or persons exempt from licensing PROTOTYPE TESTING/HISTORICAL USE Tests methods and conditions (for source and device) Tests results OPX. Years of use (incidents, failures, etc.) Similarities to other sources/devices if they are used as De basis. RADIATION PROFILES Not included. Survey instrument used (type, window thickness, sensitivity, calibration dates, etc.) Conditions: including environments, scatter (product in NA

beam), and use of guards and shields

Registration Certificate Holder:	15		
Model:	15		
DESCRIPTION	ОК	DEF	COMMENTS
	1st Reviewer	2 <sup>nd</sup> Reviewer	
RADIATION PROFILES (CONTINUED)			
Distance from source/surface (per ANSI 538-1979, 143.8 (2001) 2008	N/A De	py	
Shutter Open and Closed/Source Shielded	NIA NA	N/A	
/erify radiation surveys for γ radiation meet inv² law.	JUA-NA	N/A.	Into not included
erify radiation surveys for non-γ radiation have not een calculated using inv² law.	pet. pe	Def	Info not included
QUALITY ASSURANCE			
Materials, subassemblies, services	Def. No	Def	Need clanfication
Assembly methods (screws, welding, etc.)	Der /	Def	Need chrification
Dimensions and tolerances	Def. 19	Def.	Need clarification
ctivity, radiation levels, leak tests	Def N	Def	Not provided
inal inspection	Des &	Dej	Not provided.
QA Manual and comparison of other (generally) accepted guidance (e.g., ANSI/ISO/ASQ 9001-2001)	Def.	Def	Not provided.
Additional measures for SSDs if ANSI/ISO/ASQ 9001-2001 is used	NA	N/F	
INSTALLATION			
ixed, portable, movable, fixed installation but portable ource housing	OK /20	Det	fixed de vice but portable source No details provide for
nherent shielding, inaccessibility	Det. N	Def	
Beam access: size of air gap/opening to beam and use of interlocks, locks, additional shielding or barriers	Det NA	NA	monty
Mounting integrity	Def. Joh	D 2.	
ACCOMPANYING DOCUMENTATION			
eak tests results and radiation surveys	Det . 10	Def	
Operation safety instructions, maintenance, calibration, lamage/failure, specific warnings, leak test, and adiation survey instructions if applicable	Det.	Def.	Op Monval provided does not include th
For Distribution to General Licensees:	110/28	NIA	
Verify NRC Regions and Agreement State listing is up-to-date and copies of all pertinent regulations	NIUS)	11/1	

CHECKLIST

Model:  The following acpersons indicate Activity b	DESCR SERV	CICING be performed Only by a	by the	1 <sup>st</sup> Rev	_	DEF 2 <sup>nd</sup> Reviewer	COMMENTS
Activity b	SERV	ICING be performed Only by a	by the	1 <sup>st</sup> Rev	_	-	
Activity b	ctivities may led:	be performed Only by a	by the	1 <sup>st</sup> Rev	ewer	2 <sup>nd</sup> Reviewer	
Activity b	ctivities may led:	be performed Only by a	by the				
Activity b	ed: by a General	Only by a	by the	<u> </u>	1		110.000d
	y a General Licensee	Only by a					Supporting.
Installation		Specific Licensee	Will be Offered by the Applicant	Soy			Supporting downersons
THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I			X			7	too not provide
Relocation			Х		_		
Maintenance		× ×	X		250		
Repair		- 10	×	1			=
Source Exchange			χ.		V		
Calibration		X	*				
Leak Testing		\$	X				
Radiation Survey		-	X				,
Training			K				ži.
F	FOREIGN \	/ENDORS					1
Drop ship				NA	AL	NA	
Who and where is source installed  Leak test and radiation surveys					UP	N/A	
					M	NIA	
QA in the U.S.				NID	M	MA.	
Reviewer Sig	Pfort	All Jeon			A Control of the Cont	<u>Date</u>	6/2/13 6/3/13 1: 06/05/2017