



TRANSFERS OF INDUSTRIAL DEVICES REPORT (TO GENERAL LICENSEES)

(Continue on NRC Form 653, 653A or 653B, as appropriate)

Estimated burden per response to comply with this mandatory collection request: 38 minutes. NRC requests quarterly reports to keep apprised of device movements. Send comments regarding the burden estimate to the FOIA, Privacy, and Information Collections Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to Infocollects.Resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0001), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

For each "licensee" to whom a device(s) has been transferred during the reporting period, supply the following:

NAME OF VENDOR Endress+Hauser, Inc.	REPORTING PERIOD	
	FROM 10/01/2013	TO 12/31/2013
LICENSE NUMBER 13-32721-01		

INTERMEDIATE PERSON(S) (if any)

NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

GENERAL LICENSEE INFORMATION

NAME OF GENERAL LICENSEE Detroit Edison	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code) 3500 E. Front St. Monroe, MI 48161
NAME OF RESPONSIBLE INDIVIDUAL Curtis Osmun	
TITLE OF RESPONSIBLE INDIVIDUAL RSO	
TELEPHONE (734) 384-6853	

INFORMATION ON DEVICE(S) TRANSFERRED

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
11/18/2013	Process Measurement	FQG61	HB004C0113F	Cs137	100 mCi
		FQG61	HB004D0113F	Cs137	100 mCi
		FQG62	HB00490113F	Cs137	200 mCi
		FQG62	HB004A0113F	Cs137	200 mCi

INTERMEDIATE PERSON(S) (if any)

NAME OF INTERMEDIATE PERSON	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
NAME OF INTERMEDIATE PERSON	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

GENERAL LICENSEE INFORMATION

NAME OF GENERAL LICENSEE	MAILING ADDRESS AT THE LOCATION OF USE (No., P.O. Boxes, include Zip Code)
NAME OF RESPONSIBLE INDIVIDUAL	
TITLE OF RESPONSIBLE INDIVIDUAL	
TELEPHONE	

INFORMATION ON DEVICE(S) TRANSFERRED

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS