



GL-7639-18  
 04/07/2014  
**NRC FORM 664**  
 02 - 2004  
 10 CFR 31.5

SECTION 1  
 PAGE 1 of 2  
 U.S. NUCLEAR REGULATORY COMMISSION

**GENERAL LICENSEE REGISTRATION**

<b>APPROVED BY OMB: NO. 3150-0198</b>	<b>EXPIRES: 03/31/2010</b>
Estimated burden per response to comply with this mandatory collection request: 20 minutes. NRC will use this information to track general licensees and their devices to ensure a higher level of device accountability. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F52), U. S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects@nrc.gov to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0000) 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.	

**Complete all six sections of this registration form. If any of the preprinted information is incorrect, provide the changes in the applicable boxes. USE CAPITAL LETTERS.**

**General License                      SECTION 1 - GENERAL LICENSEE INFORMATION**

**Registration Number**

GL-7639-18

**Enter the company name and the street address/physical location of use for your device(s). For portable devices, specify the primary storage location. Do not use a P.O. Box address.**

Company Name: MILNOT COMPANY

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Department: MAINTENANCE

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Address Line 1: 105 WASHINGTON AVENUE

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Address Line 2:

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City: SENECA

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State: MO 

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Zip Code: 64865 - 

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<b>For NRC Use Only</b> <i>(Do not write here)</i>	<b>Category:</b> <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										
<b>Packet Receipt Date (MMDDYYYY):</b> <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											
<b>Accession Number:</b> <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											





**SECTION 1 - GENERAL LICENSEE INFORMATION (Continued)**

Enter the name, telephone number and title of the person who is the responsible individual for the device(s).

Last Name: SWANSON

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First Name: CHARLES

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Middle Initial: R

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Telephone: (417) 776-2243

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Extension: 4128

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Title: HSE/SQMS LEADER

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Enter the mailing address where correspondence regarding your device(s) should be sent.  
This address should be specific to the use or storage location of your device(s).

Department: HSE

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Address Line 1: P.O. BOX 1080

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Address Line 2:

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City: SENECA

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State: MO

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Zip Code: 64865 -

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GL-7639-18

04/07/2014

### SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

Our records indicate that you have these devices. Please update the information as necessary.

PAGE 1 of 2

**NRC Device Key**                      **61713**            **(Internal Control Number)**

Distributor/Distributed By:      Industrial Dynamics Co., LTD.

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Distributor License Number:    1586-70GL

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Manufacturer Name: INDUSTRIAL DYNAMICS CO., LTD.

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Device Model (Not Source Model): FT-12/22C

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Device Serial Number: 105764

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Transfer Date (Receipt Date): 11/15/1985

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MM                      DD                      YYYY

Not in possession of device  
(Also complete Section 4.)

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)																															
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INDUSTRIAL DYNAMICS COMPANY, LTD.  
 3100 FUJITA STREET  
 TORRANCE, CA 90505  
 (310) 325-5633 CUSTOMER SERVICE CENTER (888) 4-FILTEC

**COPY**

WIPE TEST SOURCE INSPECTION CERTIFICATE

Number of IDC Sources at Site(total): 5  
 JM Smucker Company  
 105 Washington Avenue  
 Seneca, MO 64865

Account #: JMSMUCOHSL

Attn: Mr. Ken Whitmire Phone No.: (417) 776-2243

WIPE TEST AND CERTIFICATION DATA

Wipe Test & Seals Affixed by: Jerry Weete Date: 9/18/2013  
 Wipe Test Measurements by: Melisa Aguilar Date: 9/26/2013  
 Test Results Reported as: Satisfactory\*  
 Next Wipe Test Due Date: 9/2/2016

NOTE: Source Model Nos. 06110 and 06765 are 100mCi (3.7 GBq) of Am-241  
 Source Model No. 19567 is 300 mCi (11.1 GBq) of Am-241

Machine Model Number	Machine Serial No.	Source Serial No.	Source Model No.	Inspection Discrepancies
FT-12	105764	1061	06110	0

Discrepancies:

- |                                   |                                    |
|-----------------------------------|------------------------------------|
| 0. No discrepancies               | 5. Window replacement required     |
| 1. Incorrect source model         | 6. Source box replacement required |
| 2. Manual shutter repair required | 7. Source installation             |
| 3. Auto shutter repair required   | 8. Source removal                  |
| 4. Label replacement required     | 9. Other                           |

CERTIFIED

BY: Terry Williams  
 Terry Williams  
 Radiation Safety Officer

9/26/2013

\* Less than 0.005 microcuries  
 0.005 microcuries = .185 KBq

PLEASE FILE THIS WIPE TEST CERTIFICATE TO BE PRESENTED  
 TO YOUR LOCAL REGULATORY AGENCY WHEN REQUESTED.



GL-7639-18

04/07/2014

### SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

Our records indicate that you have these devices. Please update the information as necessary.

PAGE 2 of 2

**NRC Device Key**          **681334**      (**Internal Control Number**)

Distributor/Distributed By:    Industrial Dynamics Co., LTD.

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Distributor License Number:    1586-70GL

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Manufacturer Name: INDUSTRIAL DYNAMICS CO., LTD.

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Device Model (Not Source Model): FT-12

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Device Serial Number: 106546

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Transfer Date (Receipt Date): 11/15/1985

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MM          DD          YYYY

Not in possession of device  
(Also complete Section 4.)

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)																													
1	AM241 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							100.00000000 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					mCi <table border="1"><tr><td></td><td></td><td></td></tr></table>			
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**WIPE TEST SOURCE INSPECTION CERTIFICATE**

Number of IDC Sources at Site (total): **5**  
 JM Snucker Company  
 105 Washington Avenue  
 Seneca, MO 64865

Account #: **JMSKUCOHSL**

Attn: Mr. Ken Whitnair Phone No.: (417) 776-2243

**WIPE TEST AND CERTIFICATION DATA**

Wipe Test & Seals Affixed by: **Jerry Hoete** Date: **8/14/2013**  
 Wipe Test Measurements by: **Melina Aguilar** Date: **8/23/2013**  
 Test Results Reported as: **Satisfactory\***  
 Next Wipe Test Due Date: **7/29/2016**

NOTE: Source Model Nos. 06110 and 06765 are 100mCi (3.7 GBq) of Am-241  
 Source Model No. 19567 is 300 mCi (11.1 GBq) of Am-241

Machine Model Number	Machine Serial No.	Source Serial No.	Source Model No.	Inspection Discrepancies
FT-12/22	106476	2065	06110	0

**Discrepancies:**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>0. No discrepancies</li> <li>1. Incorrect source model</li> <li>2. Manual shutter repair required</li> <li>3. Auto shutter repair required</li> <li>4. Label replacement required</li> </ul> | <ul style="list-style-type: none"> <li>5. Window replacement required</li> <li>6. Source box replacement required</li> <li>7. Source installation</li> <li>8. Source removal</li> <li>9. Other</li> </ul> |
|---|---|

CERTIFIED BY: *Terry Williams*  
 Terry Williams  
 Radiation Safety Officer

8/23/2013  
 \* Less than 0.005 microcuries  
 0.005 microcuries = .195 KBq

*PLEASE PRINT THE WORDS "CERTIFICATE" TO BE PRINTED  
 TO YOUR LOCAL REGULATORY AGENCY WITH REGISTRATION.*



**SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION**

Provide information about other devices you have that are subject to registration. Do not report specifically licensed devices.

Manufacturer Name

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Initial Transferor Name

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Initial Transferor License Number (if known)

--	--	--	--	--	--	--	--	--	--	--	--

Device Model Number (Not Source Model)

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Device Serial Number

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- How acquired and date (e.g., from a distributor/manufacture, other licensee, other source)?
- Manufacturer/Initial Transferor listed above
  - Other General Licensee
  - Other Source
- Date Transferred: 

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 (Received) MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)																											
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GL-7639-18  
04/07/2014

### SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4  
PAGE 1 of 1

**Provide information about devices listed in Section 2 or 6, but no longer in your possession.**

**Part 1**

NRC Device Key: (from Section 2 or 6)

--	--	--	--	--	--	--	--

Transfer Date:

MM		DD		YYYY			

Location of the Device:

- Whereabouts Unknown (complete Part 1 only)
- Never Possessed the Device (complete Part 1 only)
- Returned to Manufacturer (complete Part 1 only)
- Transferred to another general licensee (complete Parts 2 and 3)
- Transferred to a Specific Licensee (Not the manufacturer) (complete Part 2)

**Part 2** License Number of Recipient (if transferred to a specific licensee):

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Company Name:

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Address Line 2:

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State: 

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 Zip Code: 

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**Part 3 Enter the name of the individual responsible for this device:**

Last Name:

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First Name:

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Middle Initial:

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Telephone Number: 

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 Extension: 

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Title:

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**SECTION 5 - CERTIFICATION**

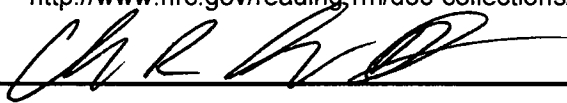
**SECTION 5**  
**PAGE 1 of 1**

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>)

  
\_\_\_\_\_

*5/12/2014*  
\_\_\_\_\_

**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.





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**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: