



Pfizer Inc
EHS
PORT-41-016
7000 Portage Road
Kalamazoo, MI 49001-0199

Pfizer Global Supply

Environmental Health and Safety

December 1, 2014

Dear Sir/Madam:

Enclosed please find the completed "Registration of Generally Licensed Devices".

In Section 3 – Additional Devices Subject to Registration – we added a new source. We used the source number for the Device Serial number.

In Section 6 – Devices Not Subject to Registration – there is no mechanism to add another device. Will that be taken care of by the NRC?

Sincerely,

A handwritten signature in black ink, appearing to read "Mary M. Murphy".

Mary M. Murphy, CSP
Senior Specialist
Safety and Industrial Hygiene

FSME10



GL-703747-19
10/27/2014

SECTION 1
PAGE 2 of 2

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: MURPHY

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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First Name: MARY

Middle Initial: M

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<input type="text"/>

Telephone: (269) 833-6443

Extension:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Title: RADIATION SAFETY OFFICER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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: RADIATION SAFETY

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Address Line 1: 7000 PORTAGE ROAD

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Address Line 2: PORT-41-016

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City: KALAMAZOO

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State: MI Zip Code: 49001 - -





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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 3

NRC Device Key **690115** **(Internal Control Number)**

Distributor/Distributed By: THERMO SCIENTIFIC PORTABLE ANALYTICAL INSTR

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Distributor License Number: 53-0388

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Manufacturer Name: NITON CORPORATION

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Device Model (Not Source Model): XLP818

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Device Serial Number: 5583

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Transfer Date (Receipt Date): 05/30/2003

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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></tr></table>						30.00000000 <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></tr></table>																			mCi <table border="1"><tr><td></td><td></td><td></td></tr></table>			
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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

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

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NRC Device Key **690117** **(Internal Control Number)**

Distributor/Distributed By: THERMO SCIENTIFIC PORTABLE ANALYTICAL INSTR

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Distributor License Number: 53-0388

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Manufacturer Name: NITON CORPORATION

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Device Model (Not Source Model): XLI818

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Device Serial Number: 5580

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Transfer Date (Receipt Date): 05/28/2003

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

MM DD YYYY

	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></tr></table>						30.00000000 <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></tr></table>																mCi <table border="1"><tr><td></td><td></td><td></td></tr></table>			
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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2
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Our records indicate that you have these devices. Please update the information as necessary.

NRC Device Key **712437** (**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-50

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Device Serial Number: 1084

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Transfer Date (Receipt Date): 06/20/2003

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

MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	AM241	100.000000000	mCi
2			
3			
4			
5			
6			





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SECTION 3

SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

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

Manufacturer Name

I n d u s t r i a l D y n a m i c s C o L T D

Initial Transferor Name

I n d u s t r i a l D y n a m i c s C o L T D

Initial Transferor License Number (if known)

1 5 8 6 - 1 9 6 L

Device Model Number (Not Source Model)

F T - 5 0

Device Serial Number (Source #)

1 0 2 4

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:

1 2 3 1 2 0 1 3

(Received)

MM

DD

YYYY

Isotope (e.g. AM241)

Activity (e.g. 100)

Unit (e.g. mCi)

1. A M 2 4 1

1 0 0

m C i

2.

3.

4.

5.

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7.

8.

9.

10.





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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>)

[Handwritten Signature]
SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)

Dec 3, 2014
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

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NRC Device Key: 817873

Manufacturer License No: 07-28762-02G

Manufacturer Name: AGILENT TECHNOLOGIES, INC.

Model Number: G239765505

Serial #: U19792

Transfer Date: 09/15/2011

Isotope: NI63

Activity: 15.000000000

Unit: mCi

NRC Device Key: 712971

Manufacturer License No: 34-00639-03G

Manufacturer Name: OHMART/VEGA

Model Number: SHGL

Serial #: 2069CX

Transfer Date: 12/16/2003

Isotope: CS137

Activity: 2.000000000

Unit: mCi

NRC Device Key: 712972

Manufacturer License No: 34-00639-03G

Manufacturer Name: OHMART/VEGA

Model Number: SHGL

Serial #: 2071CX

Transfer Date: 12/16/2003

Isotope: CS137

Activity: 2.000000000

Unit: mCi
