

January 6, 2015

US NUCLEAR REGULATORY COMMISSION
ATTN: DOCUMENT CONTROL DESK- DIRECTOR
OFFICE OF FEDERAL & STATE MATERIALS & ENVIRONMENT MGMT PROGRAMS
WASHINGTON, DC 20555-0001

To Whom It May Concern:

In accordance with government and state requirements, enclosed find appropriate information for all Radioactive Material Transfers into your area for the following report period from October 1, 2014- December 31st 2014.

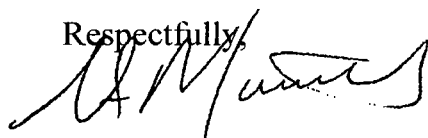
Total amount of units for this quarter is 3.

If zero was the amount of transfers this quarter no other information will be enclosed.

Enclosed find complete transfer information on the NRC Form 653.

If additional information is needed, you may contact Ray Moncevicius at the address below or 860-298-6074 or rmoncevicius@fischer-technology.com.

Respectfully,



Ray Moncevicius
Radiation Safety Officer

FSME10



**TRANSFERS OF INDUSTRIAL
DEVICES REPORT
(TO GENERAL LICENSEES)**

Estimated burden per response to comply with this mandatory collection request: 36 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.

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

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

NAME OF VENDOR FISCHER TECHNOLOGY INC	REPORTING PERIOD	
	FROM 10/01/2014	TO 12/31/2014
LICENSE NUMBER 06-19165-01		

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 APPLIED THIN FILM PRODUCTS	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code) 3439 EDISON WAY FREMONT, CA 94538		
NAME OF RESPONSIBLE INDIVIDUAL DALE CLARK	TELEPHONE (510) 661-4287		
TITLE OF RESPONSIBLE INDIVIDUAL QUALITY			

INFORMATION ON DEVICE(S) TRANSFERRED

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
10/24/2014	FISCHERSCOPE	600-485	28352	TL204	50µCI

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 STELLANA US	MAILING ADDRESS AT THE LOCATION OF USE(No., P.O. Boxes, include Zip Code) 999 WELLS ST LAKE GENEVA WI 53147		
NAME OF RESPONSIBLE INDIVIDUAL PEDRO BARAJAS	TELEPHONE (262) 348-5575		
TITLE OF RESPONSIBLE INDIVIDUAL BUYER			

INFORMATION ON DEVICE(S) TRANSFERRED

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
10/24/2014	FISCHERSCOPE	600-484	19240	PM147	400µCI

**TRANSFERS OF INDUSTRIAL DEVICES REPORT
 (TO GENERAL LICENSEES) (continued)**

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 VENTRA IONIA	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code) 14 N BEARDSLEY IONIA MI 48846		
NAME OF RESPONSIBLE INDIVIDUAL DAN SNYDER	TELEPHONE (616) 597-3220		
TITLE OF RESPONSIBLE INDIVIDUAL QUALITY			

INFORMATION ON DEVICE(S) TRANSFERRED

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
10/31/2014	FISCHERSCOPE	600-487	42385	SR90	5μCi

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

INFORMATION ON DEVICE(S) TRANSFERRED

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