



GL-7639-19
04/06/2015
NRC FORM 664
02 - 2004
10 CFR 31.5

SECTION 1

PAGE 1 of 2

U.S. NUCLEAR REGULATORY COMMISSION

GENERAL LICENSEE REGISTRATION

APPROVED BY OMB: NO. 3150-0198 **EXPIRES: 03/31/2010**

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-7639-19

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

CRS
8/14/15

H S & E		P	A	C	K	A	G	I	N	G																											
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Address Line 1: 105 WASHINGTON AVENUE

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City: SENECA

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State: MO

Zip Code: 64865 - -

For NRC Use Only
(Do not write here)

Category:

Packet Receipt Date (MMDDYY):

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Accession Number:

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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

Middle Initial: R

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Telephone: (417) 776-2243

Extension: 4128

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Title: HSE/SQMS LEADER

H	S	E		L	E	A	D	E	R										
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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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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 681334 (Internal Control Number)

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

[Empty 20-character grid box]

Distributor License Number: 1586-70GL

[Empty 12-character grid box]

Manufacturer Name: INDUSTRIAL DYNAMICS CO., LTD.

[Empty 28-character grid box]

Device Model (Not Source Model): FT-12

[Empty 26-character grid box]

Device Serial Number: 106546

[Empty 30-character grid box]

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

[Empty date grid boxes: MM, DD, YYYY]

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 [Grid]	100.00000000 [Grid]	mCi [Grid]
2	[Grid]	[Grid]	[Grid]
3	[Grid]	[Grid]	[Grid]
4	[Grid]	[Grid]	[Grid]
5	[Grid]	[Grid]	[Grid]
6	[Grid]	[Grid]	[Grid]





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SECTION 5 - CERTIFICATION

SECTION 5
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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>)

5/14/15

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

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NRC Device Key:
Manufacturer Name:
Model Number:

Manufacturer License No:
Serial #:

Transfer Date:



Industrial Dynamics Company, Ltd.
World Headquarters: 3100 Fujita Street, Torrance, CA 90505-4007 U.S.A.
Remit To: P.O. Box 2945, Torrance, CA, 90509-2945 U.S.A.
Office: 310-325-5633 Fax: 310-530-1000

NOTIFICATION OF RECEIPT OF RADIOISOTOPE SOURCE

Mr. Richard Day
JM Smucker Company
105 Washington Avenue
Seneca, MO 64865

Dear Mr. Day:

This letter acknowledges that Industrial Dynamics has received the radioisotope source described below:

SOURCE DATA

Serial Number: 1061
Model Number: 06110
Date of Receipt: 11/11/2014
Date Manufactured: 02/06/1974
Type: Americium-241 Sealed
Strength: 100 millicuries

EQUIPMENT FROM WHICH SOURCE WAS REMOVED

Model Number: FT-12
Serial Number: 105764
Manufacturer: Industrial Dynamics Co., Ltd.

This information must be kept in your files as proof that this radioisotope source/device has been handled as required by the Nuclear Regulatory Commission.

Yours very truly,
INDUSTRIAL DYNAMICS COMPANY, LTD.


Terry Williams
Radiation Safety Officer

CC: NRC and/or State Agency
(as applicable)

Form 216 (2005-08)

filtec

Industrial Dynamics Company, Ltd.
World Headquarters: 3100 Fujita Street, Torrance, CA 90505-4007 U.S.A.
Remit To: P.O. Box 2945, Torrance, CA, 90509-2945 U.S.A.
Office: 310-325-5633 Fax: 310-530-1000

Mr. Ken Whitmire
JM Smucker Company
105 Washington Avenue
Seneca, MO 64865

Dear Mr. Whitmire:

Attached is the Wipe Test and Source Inspection Certificate on the radioisotope sources used in your FILTEC equipment. Please file it for future reference.

Refer to the Wipe Test Certificate for your next Wipe Test Due Date.

Yours very truly,
INDUSTRIAL DYNAMICS COMPANY, LTD.



Terry Williams
Radiation Safety Office

DO NOT RELOCATE OR DISPOSE OF THE FILTEC WITHOUT PROPER APPROVAL. REGULATIONS REQUIRE THAT THE RADIOISOTOPE SOURCE, CONTAINED IN THE FILTEC, MUST BE REMOVED BY A QUALIFIED PERSON WITH A SPECIFIC RADIOACTIVE MATERIAL LICENSE.

INDUSTRIAL DYNAMICS COMPANY, LTD.
 3100 FUJITA STREET
 TORRANCE, CA 90505
 (310) 325-5633 CUSTOMER SERVICE CENTER (888) 4-FILTEC

WIPE TEST SOURCE INSPECTION CERTIFICATE

Number of IDC Sources at Site(total): 4
 JM Smucker Company
 105 Washington Avenue
 Seneca, MO 64865

Account #: JMSMUOHSL

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

WIPE TEST AND CERTIFICATION DATA

Wipe Test & Seals Affixed by: Keith Johnson Date: 11/10/2014
 Wipe Test Measurements by: Melisa Aguilar Date: 11/17/2014
 Test Results Reported as: Satisfactory*
 Next Wipe Test Due Date: 10/25/2017

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	106546	2065	06110	0
FT-12	105764	1061	06110	8

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

11/17/2014
 * 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.**