



**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 Endress+Hauser, Inc.	REPORTING PERIOD	
	FROM 07/01/2015	TO 09/30/2015
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 Endress+Hauser, Inc.	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code) 2355 Endress Place Greenwood, IN 46143		
NAME OF RESPONSIBLE INDIVIDUAL Jason Pool	TELEPHONE (317) 535-2113		
TITLE OF RESPONSIBLE INDIVIDUAL Level/Pressure Product Specialist			

INFORMATION ON DEVICE(S) TRANSFERRED

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
07/06/2015	Process Measurement	FQG61	K600050113F	Cs137	5 miCi
07/06/2015	Process Measurement	FQG60	K6000101145	Cs137	0.5 miCi

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 SABIC Innovative Plastics	MAILING ADDRESS AT THE LOCATION OF USE(No., P.O. Boxes, include Zip Code) 1 Lexan Lane Mount Vernon, IN 47620		
NAME OF RESPONSIBLE INDIVIDUAL Randy Boyer	TELEPHONE (812) 831-7397		
TITLE OF RESPONSIBLE INDIVIDUAL RSO			

INFORMATION ON DEVICE(S) TRANSFERRED

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
07/21/2015	Process Measurement	FQG60	K7000501145	Cs137	5 miCi
07/21/2015	Process Measurement	FQG60	K7000701145	Cs137	3 miCi
07/28/2015	Process Measurement	FQG60	K7000801145	Cs137	20 miCi
07/28/2015	Process Measurement	FQG60	K7000A01145	Cs137	30 miCi

**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 SABIC Innovative Plastics	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code) 1 Lexan Lane Mount Vernon, IN 47620		
NAME OF RESPONSIBLE INDIVIDUAL Randy Boyer	TELEPHONE (812) 831-7397		
TITLE OF RESPONSIBLE INDIVIDUAL RSO			

INFORMATION ON DEVICE(S) TRANSFERRED

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
07/28/2015	Process Measurement	FQG60	K7000901145	Cs137	30 miCi

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