



GL-704791-20  
11/03/2015  
NRC FORM 664  
07 - 2015  
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: 04/30/2016

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 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, (3150-0198), 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-704791-20

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: ALCOA INC.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Department: SAFETY & INDUSTRIAL HYGIENE

|   |   |   |   |   |   |   |  |   |   |   |   |   |  |   |   |   |   |   |  |
|---|---|---|---|---|---|---|--|---|---|---|---|---|--|---|---|---|---|---|--|
| W | A | R | R | I | C | K |  | P | O | W | E | R |  | P | L | A | N | T |  |
|---|---|---|---|---|---|---|--|---|---|---|---|---|--|---|---|---|---|---|--|

Address Line 1: ST. RTE 66, BLDG 860E

|   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |
|---|---|---|---|--|---|---|---|---|---|---|---|---|---|---|--|---|---|---|---|
| 4 | 7 | 0 | 0 |  | D | A | R | L | I | N | G | T | O | N |  | R | O | A | D |
|---|---|---|---|--|---|---|---|---|---|---|---|---|---|---|--|---|---|---|---|

Address Line 2: ~~ST. RTE 66, BLDG 860E~~

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

City: NEWBURGH

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

State: IN 

|  |  |
|--|--|
|  |  |
|--|--|

 Zip Code: 47629 - 0010 

|   |   |   |   |   |
|---|---|---|---|---|
| 4 | 7 | 6 | 3 | 0 |
|---|---|---|---|---|

 - 

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

For NRC Use Only  
(Do not write here)

Category: 

|  |  |
|--|--|
|  |  |
|--|--|

Packet Receipt Date (MMDDYYYY):  

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

Accession Number:  

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|





GL-704791-20  
11/03/2015

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: LONG

G R I F F I N

First Name: NATHAN

Middle Initial: H

S U S A N

R

Telephone: (812) 853-4710

Extension:

8 1 2 8 4 2 3 3 8 0

Title: RADIATION SAFETY OFFICER

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: SAFETY & INDUSTRIAL HYGIENE

W A R R I C K P O W E R P L A N T

Address Line 1: PO BOX 10

4 7 0 0 D A R L I N G T O N R O A D

Address Line 2: ST. RTE 66, BLDG 860E

B L D G 2 0 0

City: NEWBURGH

State: IN

Zip Code: 47629 - 0010

4 7 6 3 0

-







GL-704791-20  
11/03/2015

**SECTION 2 - DEVICES SUBJECT TO REGISTRATION**

SECTION 2  
PAGE 2 of 7

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

**NRC Device Key**          **757037**          (**Internal Control Number**)

Distributor/Distributed By:    **THERMO FISCHER SCIENTIFIC**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Distributor License Number:    **L03524**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Manufacturer Name: **THERMO MEASURETECH**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Device Model (Not Source Model): **5201**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Device Serial Number: **B4657**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Transfer Date (Receipt Date): **03/30/2007**

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

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 | CS137<br><table border="1" style="width: 100%; height: 25px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |                     |                 |  |  |  |  | 10.000000000<br><table border="1" style="width: 100%; height: 25px;"><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></tr></table> |  |  |  |  |  |  |  |  |  |  |  |  |  |  | mCi<br><table border="1" style="width: 100%; height: 25px;"><tr><td></td><td></td><td></td></tr></table> |  |  |  |
|   |   |                     |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |                     |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |                     |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 | <table border="1" style="width: 100%; height: 25px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>          |                     |                 |  |  |  |  | <table border="1" style="width: 100%; height: 25px;"><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></tr></table>                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <table border="1" style="width: 100%; height: 25px;"><tr><td></td><td></td><td></td></tr></table>        |  |  |  |
|   |   |                     |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |                     |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |                     |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 | <table border="1" style="width: 100%; height: 25px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>          |                     |                 |  |  |  |  | <table border="1" style="width: 100%; height: 25px;"><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></tr></table>                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <table border="1" style="width: 100%; height: 25px;"><tr><td></td><td></td><td></td></tr></table>        |  |  |  |
|   |   |                     |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |                     |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |                     |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 | <table border="1" style="width: 100%; height: 25px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>          |                     |                 |  |  |  |  | <table border="1" style="width: 100%; height: 25px;"><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></tr></table>                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <table border="1" style="width: 100%; height: 25px;"><tr><td></td><td></td><td></td></tr></table>        |  |  |  |
|   |   |                     |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |                     |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |                     |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 | <table border="1" style="width: 100%; height: 25px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>          |                     |                 |  |  |  |  | <table border="1" style="width: 100%; height: 25px;"><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></tr></table>                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <table border="1" style="width: 100%; height: 25px;"><tr><td></td><td></td><td></td></tr></table>        |  |  |  |
|   |   |                     |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |                     |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |                     |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 | <table border="1" style="width: 100%; height: 25px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>          |                     |                 |  |  |  |  | <table border="1" style="width: 100%; height: 25px;"><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></tr></table>                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <table border="1" style="width: 100%; height: 25px;"><tr><td></td><td></td><td></td></tr></table>        |  |  |  |
|   |   |                     |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |                     |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |                     |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |







GL-704791-20

11/03/2015

**SECTION 2 - DEVICES SUBJECT TO REGISTRATION**

SECTION 2

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

PAGE 4 of 7

**NRC Device Key            770038        (Internal Control Number)**

Distributor/Distributed By:    THERMO FISCHER SCIENTIFIC

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Distributor License Number:    L03524

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Manufacturer Name: THERMO MEASURETECH

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Device Model (Not Source Model): 5201

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Device Serial Number: B4843

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Transfer Date (Receipt Date): 11/02/2007

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

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 | CS137<br><table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> |                     |                 |  |  |  | 10.00000000<br><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></tr></table> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | mCi<br><table border="1"><tr><td></td><td></td><td></td></tr></table> |  |  |  |
|   |   |                     |                 |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
|   |   |                     |                 |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
|   |   |                     |                 |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
| 2 | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>          |                     |                 |  |  |  | <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></tr></table>                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <table border="1"><tr><td></td><td></td><td></td></tr></table>        |  |  |  |
|   |   |                     |                 |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
|   |   |                     |                 |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
|   |   |                     |                 |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
| 3 | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>          |                     |                 |  |  |  | <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></tr></table>                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <table border="1"><tr><td></td><td></td><td></td></tr></table>        |  |  |  |
|   |   |                     |                 |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
|   |   |                     |                 |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
|   |   |                     |                 |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
| 4 | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>          |                     |                 |  |  |  | <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></tr></table>                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <table border="1"><tr><td></td><td></td><td></td></tr></table>        |  |  |  |
|   |   |                     |                 |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
|   |   |                     |                 |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
|   |   |                     |                 |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
| 5 | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>          |                     |                 |  |  |  | <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></tr></table>                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <table border="1"><tr><td></td><td></td><td></td></tr></table>        |  |  |  |
|   |   |                     |                 |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
|   |   |                     |                 |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
|   |   |                     |                 |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
| 6 | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>          |                     |                 |  |  |  | <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></tr></table>                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <table border="1"><tr><td></td><td></td><td></td></tr></table>        |  |  |  |
|   |   |                     |                 |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
|   |   |                     |                 |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
|   |   |                     |                 |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |







GL-704791-20

11/03/2015

SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

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

PAGE 6 of 7

NRC Device Key 770041 (Internal Control Number)

Distributor/Distributed By: THERMO FISCHER SCIENTIFIC

Empty grid box

Distributor License Number: L03524

Empty grid box

Manufacturer Name: THERMO MEASURETECH

Empty grid box

Device Model (Not Source Model): 5201

Empty grid box

Device Serial Number: B4845

Empty grid box

Transfer Date (Receipt Date): 11/02/2007

Empty grid box

MM DD YYYY

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

Table with 3 columns: Isotope (e.g. AM241), Activity (e.g. 100), Unit (e.g. mCi). Row 1 contains CS137 and 10.000000000 mCi. Rows 2-6 are empty.







GL-704791-20

11/03/2015

SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

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

PAGE 7 of 7

NRC Device Key 770042 (Internal Control Number)

Distributor/Distributed By: THERMO FISCHER SCIENTIFIC

Empty grid for distributor information

Distributor License Number: L03524

Empty grid for distributor license number

Manufacturer Name: THERMO MEASURETECH

Empty grid for manufacturer name

Device Model (Not Source Model): 5201

Empty grid for device model

Device Serial Number: B4846

Empty grid for device serial number

Transfer Date (Receipt Date): 11/02/2007

Empty grid for transfer date

MM DD YYYY

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

Table with 3 columns: Isotope (e.g. AM241), Activity (e.g. 100), Unit (e.g. mCi). Row 1: 1 CS137 10.000000000 mCi. Rows 2-6 are empty.





**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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Initial Transferor Name

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Initial Transferor License Number (if known)

|  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|

Device Model Number (Not Source Model)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Device Serial Number

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

How acquired and date (e.g.,  
from a distributor/manufacturer,  
other licensee, other source)?

Manufacturer/Initial Transferor listed above

Other General Licensee

Other Source

Date Transferred:

(Received)

|  |  |
|--|--|
|  |  |
|--|--|

|  |  |
|--|--|
|  |  |
|--|--|

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

MM

DD

YYYY

Isotope (e.g. AM241)

Activity (e.g. 100)

Unit (e.g. mCi)

|     |  |  |  |  |
|-----|--|--|--|--|
| 1.  |  |  |  |  |
| 2.  |  |  |  |  |
| 3.  |  |  |  |  |
| 4.  |  |  |  |  |
| 5.  |  |  |  |  |
| 6.  |  |  |  |  |
| 7.  |  |  |  |  |
| 8.  |  |  |  |  |
| 9.  |  |  |  |  |
| 10. |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |







GL-704791-20  
11/03/2015

**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>)

*Susan R. Griffin*

12-4-2015

**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.





GL-704791-20  
11/03/2015

**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: