



6/1/2016

Director of FSME
Attn: GLTS
USNRC
Washington, DC 20555-0001

In fulfillment of the requirements of 10 CFR 31.5 © 8, we hereby notify you that on 6/1/2016 we transferred the self-luminous exit signs listed on the attached spreadsheet to SBRT, 320 Boundary Rd., Suite 140, Pembroke, Ontario, K8A 6W5, Canada with CNSC License #NSPFOL-13.00/2022. As required, for each sign listed on the spreadsheet, we included the name of the manufacturer, model number, and serial number.

If you should have any questions, please contact Jim Hoffman (475) 655-6513

Sincerely,

Jim Hoffman

isolite

Serial Number Spreadsheet

Company Name	State of CT Judicial	Contact Name	Penny McCorison
Address 1	New Haven Courthouse	Contact Phone	(203) 627-2961
Address 2	121 Elm st.	Contact Fax	(203) 787-9523
City/State	New Haven CT	Contact Email	JHoffman@Fusco.com
Zip Code	06511	Today's Date	5/12/16

*Please completely fill out the above fields

1-4

Line	Manufacturer Name	Manufacturer Date	Model Number	Serial Number	Original Activity (Ci or Tbq)
1	Isolite	1-93	2000	A31212	11.5 Ci
2	↓	1-93	2000	A31211	↓
3	↓	1-93	2000	A31210	↓
4	↓	1-93	2000	A31160	↓
5	↓	1-93	2000	A31207	↓
6	↓	1-93	2000	A31202	↓
7	↓	1-93	2000	A31159	↓
8	↓	1-93	2000	A31191	↓
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*The above information should be on the signs labels. If any information on the sign is missing please fill in the fields with "missing" or "illegible", etc. Please print clearly. A double sign is counted as "TWO" signs, not "ONE" Please make note of this. The company & address information, should belong to the End-User (location the signs have physically been removed from).



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2-4

Line	Manufacturer Name	Manufacturer Date	Model Number	Serial Number	Original Activity (Ci or Tbq)
1	Isolite	1-93	2000	A31184	11.5 CI
2	↓	1-93	↓	A31161	↓
3	↓	1-93	↓	A31163	↓
4	↓	1-93	↓	A31183	↓
5	↓	1-93	↓	A31164	↓
6	↓	1-93	↓	A31144	↓
7	↓	1-93	↓	A31147	↓
8	↓	1-93	↓	A31132	↓
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Address 1	New Haven Courthouse	Contact Phone	(203) 627-2961
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City/State	New Haven CT	Contact Email	PMcCorison@Fuscon.com
Zip Code	06511	Today's Date	5/12/16

*Please completely fill out the above fields

3-4

Line	Manufacturer Name	Manufacturer Date	Model Number	Serial Number	Original Activity (Ci or Tbq)
1	Isolite	1-93	2000	A31171	11.5 CI
2	↓	1-93	↓	A31180	↓
3	↓	1-93	↓	A31119	↓
4	↓	1-93	↓	A31153	↓
5	↓	1-93	↓	A31197	↓
6	↓	1-93	↓	A31152	↓
7	↓	1-93	↓	A31006	↓
8	↓	1-93	↓	A31065	↓
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4-4

Line	Manufacturer Name	Manufacturer Date	Model Number	Serial Number	Original Activity (Ci or Tbg)
1	Isolite	1-93	2040	A31216	11.5 Ci
2					
3					
4					
5					
6					
7					
8					
9					
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