



GL-725908-20  
 04/07/2016  
 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-725908-20

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: OLAY, LLC

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Department:

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Address Line 1: CARR 735 KM 2.3

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Address Line 2: BO. RIO LLANOS

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City: CAYEY

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State: PR

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Zip Code: 00736 -

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For NRC Use Only (Do not write here)	Category:	<input type="checkbox"/>	<input type="checkbox"/>
	Packet Receipt Date (MMDDYYYY):	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	Accession Number:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	





**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: MUNIZALDEBOL

J	O	R	G	E		V	A	Z	Q	U	E	Z							
---	---	---	---	---	--	---	---	---	---	---	---	---	--	--	--	--	--	--	--

First Name: JOSE

Middle Initial:

J	O	R	G	E															
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Telephone: (787) 519-4658

Extension:

7	8	7	3	0	6	4	2	4	3
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Title: SAFETY OFFICER

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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:

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Address Line 1: CARR 735 KM 2.3

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Address Line 2: BO. RIO LLANOS

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City: CAYEY

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State: PR

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Zip Code: 00736 -

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**SECTION 2 - DEVICES SUBJECT TO REGISTRATION**

**SECTION 2**

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

PAGE 1 of 1

**NRC Device Key 820423 (Internal Control Number)**

**Distributor/Distributed By: INDUSTRIAL DYNAMICS CO., LTD.**

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**Distributor License Number: 1586-19GL**

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**Manufacturer Name: INDUSTRIAL DYNAMICS CO., LTD.**

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**Device Model (Not Source Model): FT-50**

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**Device Serial Number: 114044**

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**Transfer Date (Receipt Date): 04/28/1999**

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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 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										100.000000000 <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><td></td><td></td></tr></table>																				mCi <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
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**SECTION 4 - NOT IN POSSESSION OF DEVICE**

**SECTION 4**  
**PAGE 1 of 1**

Provide information about devices listed in Section 2 or 6, but no longer in your possession.

**Part 1**

Transfer Date:

NRC Device Key:  
(from Section 2 or 6)

MM DD YYYY

Location of the Device:

- Whereabouts Unknown (complete Part 1 only)
- Never Possessed the Device (complete Part 1 only)
- Returned to Manufacturer (complete Part 1 only)
- Transferred to another general licensee (complete Parts 2 and 3)
- Transferred to a Specific Licensee (Not the manufacturer) (complete Part 2)

**Part 2** License Number of Recipient (if transferred to a specific licensee):

Company Name:

Department:

Address Line 1:

Address Line 2:

City:

State:   Zip Code:

**Part 3** Enter the name of the individual responsible for this device:

Last Name:

First Name:

Middle Initial:

Telephone Number:         Extension:

Title:





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**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>)

*George D. Vargas*

*09/12/16*

**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**

PAGE 1 of 1

**NRC Device Key: 821631**

**Manufacturer License No: 07-28762-02G**

**Manufacturer Name: AGILENT TECHNOLOGIES, INC.**

**Model Number: G3440A**

**Serial #: U15159**

**Transfer Date: 04/08/2009**

**Isotope: Ni63**

**Activity: 15.000000000**

**Unit: mCi**

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3100 Fujita Street  
 Torrance, CA 90505 USA  
 Tel (888) 4-FILTEC 434-5842  
 Fax (310) 257-2316

Printed: 9/8/2016 16.42

**Field Service Report**

FSR# 106262

Page 1 of 2

FSR Created: 08/04/2016  
 Scheduled Service Date: 08/09/2016 08:00 Service Rep: CHRISTOPHER LADD

Customer No.:	Work Site Address:	Invoice To Address:	Customer Contact(s):
102170 / 001			JORGE -VAZQUEZ
Customer:	OLAY COMPANY, INC.	OLAY, LLC	787-306-4243
Address:	SR 735 KM. 2.3 BO. RIO LLANO	PO BOX 701	
City, State Zip:	CAYEY, PR	CINCINNATI, OH 45201-0701	ANGEL -ORTIZ
			787-308-2038
Customer PO#:	<input type="text" value="N6P-4505293182"/>	<input type="checkbox"/> WorkSite Address Changed	

**Purpose of Visit**

- Installation       Re-Installation       Courtesy       Wipe Test       Other  
 Installation Briefing       Repair       Warranty       Audit

PROCTER & GAMBLE  
 SR735 KM. 2.3 BO. RIO LANNO  
 00736 CAYEY - PUERTO RICO, COUNTY L, PR

PERMANENT REMOVAL OF GAMMA SOURCE. -- RETURN AUTHORIZATION# 900097

SOURCE# 6506 FROM FT-50 S/N 114044

.....

ENSURE TIME ALOTTED FOR COMPLETION OF SERVICE IS NOT EXCEEDED.  
 IF ADDITIONAL TIME IS NEEDED CONTACT FIELD SERVICE SCHEDULER TO  
 CONTACT THE CUSTOMER FOR AMENDED PURCHASE ORDER.

FOR ALL VISITS:  
 - CALL FSS AND CSM IMMEDIATELY IF YOU ARE NOT ABLE TO COMPLETE WORK  
 SCOPE OR IF ANY MACHINE IS NOT WORKING TO FACTORY SPECIFICATIONS.  
 - COMPLETE APPROPRIATE RADIATION PROFILE FORM FOR EACH  
 X-RAY UNIT AND GAMMA SOURCE WIPE TESTED.  
 - IDENTIFY SALES REP. ENGINEER NOTIFIED PRIOR TO YOUR DEPARTURE  
 FROM THIS SERVICE VISIT.  
 - E-MAIL COMPLETED FSR TO FSR@FILTEC.COM  
 AND CC PARTSINQUIRY@FILTEC.COM IF PARTS RECOMMENDATIONS WERE MADE.

**Work Performed:**

Removed source, locked, wipe tested, surveyed, packaged, and shipped.

**Recommendations**

**Equipment Serviced**

Seq	Model	Serial No.	Prom Code	Source No.	Service Status
10	FT-50	114044		6506	

**Service Charges: Sources**

Source Return Fee:	1 @	2,500.00	Each	<input type="text" value="2,500.00"/>
Wipe Test Fee:	0 @	50.00	Each	<input type="text" value="0.00"/>



**Field Service Report**

FSR# 106262

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**Service Charges: Labor**

Date	TimeIn	TimeOut	Service Hours				Travel Hours	
			Regular	Over Time	Double	Stand By	Regular	Sunday
08/08/2016	06:00	19:00	0.00	0.00	0.00	0.00	12.00	0.00
08/09/2016	07:30	09:30	1.00	0.00	0.00	0.00	1.00	0.00
08/09/2016	14:00	18.00	0.00	0.00	0.00	0.00	4.00	0.00
08/16/2016			0.00	0.00	0.00	0.00	0.00	0.00

**Service Charges: Expenses**

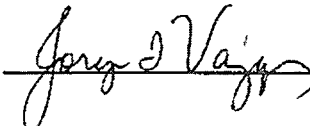
Air:	530.42	Car Rental:	68.67	# of Miles:	0.00	Transportation:	0.00
Lodging:	266.14	Gas:	0.00	Tolls:	0.00	Checked Bags	60.00
Per Diem	130.00	Parking:	16.72				

**Customer Comment**

Signing this Field Service Report acknowledges performance of the referenced services and accepts responsibility for payment of the associated invoice to follow.

Note: Estimated changes subject to correction and are invoiced by Home Office. Final changes not available will appear on invoice.

Customer Signature:



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