

GLTS

Wagner, Katie

From: Spurgeon, Dwane <DSpurgeon@omnisource.com>
Sent: Friday, January 06, 2017 9:41 AM
To: Wagner, Katie
Subject: [External_Sender] Niton 12355 Transferred Possession
Attachments: 12355 Decomission Letter 010617.pdf; Niton Unit 12355 NRC 664.pdf

Good morning Katie, attached are the transfer of possession documents for the Niton unit 12355, NRC Device Key 754156 under license GL-722029.

Attachments:

1. OmniSource Letter of device transfer
 - a. Possession Letter from OEM
2. NRC Form 664

Katie, thank you for all your help and follow through it is greatly appreciated.

Let me know if you have any questions

Have a great week end
Dwane Spurgeon
OmniSource
NIN Quality Manager
Office: 260-439-8125
dspurgeon@omnisource.com



OmniSource
CORPORATION

www.omnisource.com

7575 West Jefferson Blvd
Fort Wayne, IN 46804
Ph: 260.422.5541

GL-722029

January 6, 2017

Director, Office of Nuclear Material Safety and Safeguards
ATTN: GLTS
U.S. Nuclear Regulatory Commission
Washington, DC 20555-0001

To Katie Wagner:

OmniSource has decommissioned our Niton manufactured by Thermo Scientific model number XLp 818, unit 12355.
Reference NRC license is GL-722029 with Device key number 754156.

This unit has been transferred to the original equipment manufacturer Thermo Scientific Portable Analytical Instruments Inc. on 9/14/16. Possession letter from Thermo Scientific attached.

Thermo Scientific
2 Radcliff Road
Tewksbury, Massachusetts 01876
Massachusetts License No. 55-0238

Let me know if you need anything more

Sincerely,

Dwane Spurgeon
Northern Indiana Quality Manager
OmniSource Corporation

Spurgeon, Dwane

From: James Collins <james.collins@thermofisher.com>
Sent: Tuesday, October 11, 2016 9:19 AM
To: Spurgeon, Dwane; erin.poitras@thermofisher.com
Subject: Instrument 12355 Recieved for Decommission

SCIENTIFIC



9/14/2016

Dear Dwane Spurgeon,

This letter is to inform you that on 9/14/2016 we received from you the following Decommission Unit:

Model: Niton XLp 818 Alloy Analyzer

Serial Number: 12355

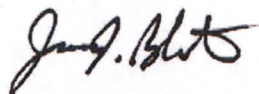
RMA#: SE-1609153472

The unit is now under the ownership of Thermo Scientific Portable Analytical Instruments Inc. for final disposal. Thermo Scientific Portable Analytical Instruments Inc. is licensed by the State of Massachusetts (Lic. No. 55-0238) to accept portable XRF devices containing sealed sources or an X-ray tube for disposal. The radioactive sealed sources are removed, stored, and disposed of in accordance with all applicable regulations.

If you have any questions regarding this matter, please feel free to call Jim Blute at

(978) 215-1310

Thank you,



Jim Blute

jim.blute@thermofisher.com

www.thermoscientific.com/pai

Thermo Scientific
Portable Analytical Instruments

2 Radcliff Road
Tewksbury, Massachusetts 01876

1 800 875-1578
+1 978 670-7460

info.pai@thermofisher.com
www.thermoscientific.com/pai

GL - 7 2 2 0 2 9 - 2 0

Date 01/06/16

NRC FORM 664
(05-2014)
10 CFR 31.5

SECTION 1
PAGE 1 of 2

U.S. NUCLEAR REGULATORY COMMISSION

GENERAL LICENSEE REGISTRATION

APPROVED BY OMB: NO. 3150-0198

OMB EXPIRATION DATE: 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 - 7 2 2 0 2 9 - 2 0

Enter the company name and street address for the physical location of use for the device(s). For portable devices, specify the primary storage location. Do not use P. O. Boxes.

Company Name:

O M N I S O U R C E C O R P O R A T I O N

Department:

Address Line 1:

2 7 1 1 W E S T T A L Y O R S T R E E T

Address Line 2:

City:

F O R T W A Y N E

State:

I N

Zip Code:

4 6 8 0 2 -

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



GL - 7 2 2 0 2 9 - 2 0

Date 01/06/2017

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:

S P U R G E O N

First Name:

D W A N E

Middle Initial:

L

Telephone:

2 6 0 - 4 3 9 - 8 1 2 5

Extension:

Title:

Q U A L I T Y M A N A G E R

Enter the mailing address where correspondence regarding your device(s) should be sent.

Department:

O M N I S O U R C E C O R P O R A T I O N

Address Line 1:

7 5 7 5 W E S T J E F F E R S O N B L V D

Address Line 2:

City:

F O R T W A Y N E

State:

I N

Zip Code:

4 6 8 0 4 -



GL - 7 2 2 0 2 9 - 2 0

Date 01/06/2017

SECTION 4 - NOT IN POSSESSION OF DEVICE

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

Part 1

NRC Device Key 754156 (from Section 2 or 6)

Transfer Date

0 9 1 4 2 0 1 6 MM DD YYYY

Location of the Device:

- Whereabouts Unknown, Transferred to another general licensee, Never Possessed the Device, Transferred to a Specific Licensee, Returned to Manufacturer

Part 2

License Number of Recipient (if transferred to a specific licensee)

Grid for License Number of Recipient

Company Name:

Grid for Company Name

Department:

Grid for Department

Address Line 1:

Grid for Address Line 1

Address Line 2:

Grid for Address Line 2

City:

Grid for City

State:

Zip Code:

Part 3 Enter the name of the individual responsible for this device.

Last Name:

Grid for Last Name

First Name:

Middle Initial:

Grid for First Name and Middle Initial

Telephone Number:

Extension

Grid for Telephone Number and Extension

Title

Grid for Title

GL - 7 2 2 0 2 9 - 2 0


Date 01/06/2017

SECTION 5
PAGE 1 of 1

SECTION 5 - CERTIFICATION

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 web site at www.nrc.gov/reading-rm/doc-collections/cfr/)


SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)

01/06/2017
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.

