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09-January-2017

ATTN: Document Control Desk/GLTS  
U.S. Nuclear Regulatory Commission  
Washington, DC 20555-0001

RE: NRC Form 653 Transfer of Industrial Device Report – 4<sup>th</sup> quarter 2016 RAM Services Inc.

To whom it may concern:

Attached is a completed NRC Form 653 to document a distribution of a Kr-85 source to Berry Plastics Corporation in Indiana.

If the Department needs additional information, please contact me at 920-686-3889 or by email to [JWiza@ramservicesinc.com](mailto:JWiza@ramservicesinc.com)

Thank you

Sincerely,

A handwritten signature in cursive script that reads "Jerry P. Wiza".

Jerry Wiza,  
President and RSO

NMSS10



**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, NEOF-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 RAM SERVICES INC.	REPORTING PERIOD	
	FROM	TO
LICENSE NUMBER 071-2053-01 Wisconsin	10/01/2016	12/31/2016

**INTERMEDIATE PERSON(S) (if any)**

NAME OF INTERMEDIATE PERSON(S) NONE	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 Berry Plastics Corporation	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code) 10485 E 1250 North Odon, IN 48562		
NAME OF RESPONSIBLE INDIVIDUAL Mr. Jason Gadlage	TELEPHONE (812) 355-1722		
TITLE OF RESPONSIBLE INDIVIDUAL EH&S Supervisor			

**INFORMATION ON DEVICE(S) TRANSFERRED**

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
11/14/2016	Thickness Gauge	ISOSINT (KAC.10884)	1309	Kr-85	400 mCi

**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	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