



**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: ~~SWANSON~~

S H I P L E Y

First Name: ~~CHARLES~~

J A M E S

Middle Initial: ~~R~~

M

Telephone: ~~(417) 776-2243~~

4 1 7 7 7 6 9 0 4 5

Extension:

Title: CURRENT 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:

Address Line 1: 105 WASHINGTON AVENUE

Address Line 2:

City: SENECA

State: MO

Zip Code: 64865 -



INDUSTRIAL DYNAMICS COMPANY, LTD.  
3100 FUJITA STREET  
TORRANCE, CA 90505  
(310) 325-5633 CUSTOMER SERVICE CENTER (888) 4-FILTEC

WIPE TEST SOURCE INSPECTION CERTIFICATE

Number of IDC Sources at Site(total): 4

JM Smucker Company

Account #: JMSMUCOHSI

105 Washington Avenue

Seneca, MO 64865

Attn: Mr. Ken Whitmire

Phone No.: (417) 776-2243

WIPE TEST AND CERTIFICATION DATA

Wipe Test & Seals Affixed by: Esteban Escamilla Date: 5/15/2017  
Wipe Test Measurements by: Melisa Aguilar Date: 5/18/2017  
Test Results Reported as: Satisfactory\*  
Next Wipe Test Due Date: 4/29/2020

NOTE: Source Model Nos. 06110 and 06765 are 100mCi (3.7 GBq) of Am-241  
Source Model No. 19567 is 300 mCi (11.1 GBq) of Am-241

Machine Model Number	Machine Serial No.	Source Serial No.	Source Model No.	Inspection Discrepancies
FT-12/22	106546	2065	06110	0

Discrepancies:

- |                                   |                                    |
|-----------------------------------|------------------------------------|
| 0. No discrepancies               | 5. Window replacement required     |
| 1. Incorrect source model         | 6. Source box replacement required |
| 2. Manual shutter repair required | 7. Source installation             |
| 3. Auto shutter repair required   | 8. Source removal                  |
| 4. Label replacement required     | 9. Other                           |

CERTIFIED

BY: Terry Williams 5/18/2017

Terry Williams  
Radiation Safety Officer

\* Less than 0.005 microcuries  
0.005 microcuries = .185 KBq

PLEASE FILE THIS WIPE TEST CERTIFICATE TO BE PRESENTED  
TO YOUR LOCAL REGULATORY AGENCY WHEN REQUESTED.



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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**            **61713**        **(Internal Control Number)**

Distributor/Distributed By:    Industrial Dynamics Co., LTD.

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Distributor License Number:    1586-70GL

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Manufacturer Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Device Model (Not Source Model): FT-12

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Device Serial Number: 105764

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Transfer Date (Receipt Date): 11/15/1985

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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)																													
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SECTION 3

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

Grid for Manufacturer Name

Initial Transferor Name

Grid for Initial Transferor Name

Initial Transferor License Number (if known)

Grid for Initial Transferor License Number

Device Model Number (Not Source Model)

Grid for Device Model Number

Device Serial Number

Grid for 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:

MM DD YYYY grid

(Received)

MM

DD

YYYY

Isotope (e.g. AM241)

Activity (e.g. 100)

Unit (e.g. mCi)

Table with 10 rows for device details. Columns: Isotope, Activity, Unit.





**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**

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**

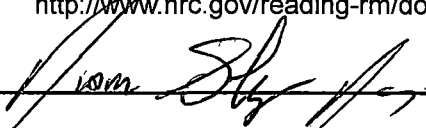
**SECTION 5**  
**PAGE 1 of 1**

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>)

  
\_\_\_\_\_

6-5-17  
\_\_\_\_\_

**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**

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**NRC Device Key:**

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date: