

GLTS

GL - 7 1 8 7 1 6 - 1 9

Date 01/08/2018

NRC FORM 664
(02-2016)
10 CFR 31.5

SECTION 1
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U.S. NUCLEAR REGULATORY COMMISSION

GENERAL LICENSEE REGISTRATION

APPROVED BY OMB: NO. 3150-0198

OMB EXPIRATION DATE: 02/28/2019

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

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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:

B E R R Y P L A S T I C S

Department:

Address Line 1:

4 1 0 0 P R O F I L E P A R K W A Y

Address Line 2:

City:

B L O O M I N G T O N

State:

I N

Zip Code:

4 7 4 0 4 -

For NRC Use Only
(Do not write here)

Category:

Packet Receipt Date (MMDD/YYYY)

Accession Number



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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:

C O U L T E R

First Name:

A N D R E W

Middle Initial:

J

Telephone:

8 1 2 - 3 5 5 - 1 7 2 2

Extension:

Title:

E H & S S U P E R V I S O R

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

Department:

E H & S

Address Line 1:

4 1 0 0 P R O F I L E P A R K W A Y

Address Line 2:

City:

B L O O M I N G T O N

State:

I N

Zip Code:

4 7 4 0 4 -



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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

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

NRC Device Key 828470 (Internal Control Number)

Distributor/Distributed By:

N D C I N F R A R E D E N G I N E E R I N G I N C

Distributor License Number:

1 9 3 3 - 1 9 G L

Manufacturer Name:

N D C I N F R A R E D E N G I N E E R I N G I N C

Device Model (Not Source Model):

1 0 3

Device Serial Number:

5 4 0 6 1 2 1

[X] Not in possession of device (Also complete Section 4)

Transfer Date: MM/DD/YYYY

1 2 1 1 2 0 1 7 MM DD YYYY

Table with 3 columns: Isotope (e.g., AM241), Activity (e.g., 100), Unit (e.g., mCi). Row 1: A M 2 4 1, 1 5 0, m C i. Rows 2-6 are empty.



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SECTION 2

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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

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

NRC Device Key _____ (Internal Control Number)

Distributor/Distributed By:

N D C I N F R A R E D E N G I N E E R I N G I N C

Distributor License Number:

1 9 3 3 - 1 9 G L

Manufacturer Name:

N D C I N F R A R E D E N G I N E E R I N G I N C

Device Model (Not Source Model):

1 0 3

Device Serial Number:

8 2 2 3 8 6 1

Not in possession of device (Also complete Section 4)

Transfer Date: MM/DD/YYYY

1 2 1 1 2 0 1 7
MM DD YYYY

	Isotope (e.g., AM241)	Activity (e.g., 100)	Unit (e.g., mCi)
1.	2 4 1	1 5 0	m C i
2.			
3.			
4.			
5.			
6.			



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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 License
 Other Source

Date Transferred: [MM] [DD] [YYYY]

	Isotope (e.g., AM241)	Activity (e.g., 100)	Unit (e.g., mCi)
1.	[Grid]	[Grid]	[Grid]
2.	[Grid]	[Grid]	[Grid]
3.	[Grid]	[Grid]	[Grid]
4.	[Grid]	[Grid]	[Grid]
5.	[Grid]	[Grid]	[Grid]
6.	[Grid]	[Grid]	[Grid]
7.	[Grid]	[Grid]	[Grid]
8.	[Grid]	[Grid]	[Grid]
9.	[Grid]	[Grid]	[Grid]
10.	[Grid]	[Grid]	[Grid]



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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 828470 (from Section 2 or 6)

Transfer Date

1 2 1 1 2 0 1 7 MM DD YYYY

Location of the Device:

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

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:

Grid for State

Zip Code:

Grid for Zip Code

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

Last Name:

Grid for Last Name

First Name:

Grid for First Name

Middle Initial:

Grid for Middle Initial

Telephone Number:

Grid for Telephone Number

Extension

Grid for Extension

Title

Grid for Title



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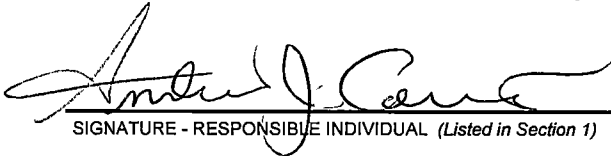
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SECTION 5 - CERTIFICATION

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)

01/08/2018
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.



December 20, 2017

Mr. Chris Collins
BERRY GLOBAL
4100 Profile Parkway
Bloomington, IN 47404
Ph: (812) 355-1704


Dear Mr. Collins:

Please be advised that the radioactive device(s) as detailed below have been received by NDC Technologies under Incident # 171027-000075. As of December 11, 2017, NDC Technologies has taken possession and title of these devices under CA License No 1451-19.

<u>Date Received</u>	<u>Model</u>	<u>NDC S/N</u>	<u>Source S/N</u>	<u>Isotope</u>	<u>Activity (mCi)</u>
11-Dec-2017	103	5406121	8058AR	Am-241	150

Notification of this transfer must be sent to your government agency that controls radiation in your area. This notification must be sent on company letterhead. If you have any questions please feel free to give me a call.

Sincerely,



Frank Aguirre
Radiation Safety Officer
NDC Technologies

