

Wagner, Katie

From: Bilson, David <DBILSON@graphiccontrols.com>
Sent: Wednesday, March 07, 2018 4:09 PM
To: Wagner, Katie
Subject: [External_Sender] RE: RE: Disposal of Model 103X Back Scatter device from Bellows Falls VT. CA License #. 1451-19
Attachments: Vermed GL 709489 March 2018 .pdf

Katie,

From our discussion today, (attached) is the 664 form with section 4 filled out that we are no longer in possession of this device. Let me know if there is any additional information needed.

I also updated section 1's correspondence section to the Buffalo N.Y. facility since the Bellows Falls location is now closed.

Regards,



David Bilson | Continuous Improvement Manager

800.669.1535 | O: 716.849.6338

From: Villar, Sheryl [mailto:Sheryl.Villar@nrc.gov]
Sent: Tuesday, March 6, 2018 7:46 AM
To: Bilson, David <DBILSON@graphiccontrols.com>
Cc: Wagner, Katie <Katie.Wagner@nrc.gov>
Subject: RE: RE: Disposal of Model 103X Back Scatter device from Bellows Falls VT. CA License #. 1451-19

Mr. Bilson,

Ok, that's why I couldn't find anything on your license. You have a GL license. I am going to refer you to Katie Wagner (301-415-6202) in our HQ office. If she can't help you, she will find someone who will.

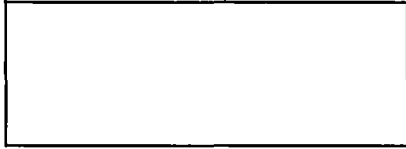
Thank you.

*Sheryl Villar, Management Assistant
Division of Nuclear Materials Safety
Nuclear Regulatory Commission, RI
610-337-5239 (w)
610-337-5269 (f)
Sheryl.Villar@nrc.gov*

From: Bilson, David [mailto:DBILSON@graphiccontrols.com]
Sent: Tuesday, March 06, 2018 7:38 AM
To: Villar, Sheryl <Sheryl.Villar@nrc.gov>
Subject: [External_Sender] RE: Disposal of Model 103X Back Scatter device from Bellows Falls VT. CA License #. 1451-19

Yes, I'm sorry I did not include that in any of the letters my apologies.

Our previous License number was GL-709489-20.



David Bilson | Continuous Improvement Manager

800.669.1535 | O: 716.849.6338

From: Villar, Sheryl [mailto:Sheryl.Villar@nrc.gov]

Sent: Tuesday, March 6, 2018 6:33 AM

To: Bilson, David <DBILSON@graphiccontrols.com>

Subject: RE: Disposal of Model 103X Back Scatter device from Bellows Falls VT. CA License #. 1451-19

Mr. Bilson,

Good morning. Do you have a license or docket # for your license. I really can't help you without it. Thank you.

*Sheryl Villar, Management Assistant
Division of Nuclear Materials Safety
Nuclear Regulatory Commission, RI
610-337-5239 (w)
610-337-5269 (f)
Sheryl.Villar@nrc.gov*

From: Bilson, David [mailto:DBILSON@graphiccontrols.com]

Sent: Monday, March 05, 2018 3:20 PM

To: Villar, Sheryl <Sheryl.Villar@nrc.gov>

Subject: [External_Sender] Disposal of Model 103X Back Scatter device from Bellows Falls VT. CA License #. 1451-19

Sheryl,

Attached is documents that support our disposal of Model 103X at the Bellows Falls Vermont Facility that has been closed down December of 2017.

Let me know if you need additional details. I had sent out a letter to the Nuclear Regulatory Commission in Washington DC attached is the pdf sent.

I wanted to follow up with the disposal that records are no longer having, Vermed listed with this device.

Let me know what else I need to do to ensure I'm all set.

Thank you.

Regards,



David Bilson | Continuous Improvement Manager

800.669.1535 | O: 716.849.6338

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: GAUTHIER

B I L S O N

First Name: HENRY

Middle Initial: J

D A V I D

Business Telephone Number: (802) 463-9976

Extension: 1218

7 1 6 8 4 9 6 3 3 8

Title: ENGINEERING DIRECTOR

C I M A N A G E R

Enter the mailing address where correspondence regarding your device(s) should be sent. This address should be specific to the physical location where the devices are used and/or stored.

Department: ENGINEERING

Address Line 1: 9 LOVELL DRIVE

4 0 0 E X C H A N G E S T R E E T

Address Line 2: INDUSTRIAL PARK

City: BELLOWS FALLS

B U F F A L O

State: VT NY Zip Code: 05101 -

1 4 2 0 4 -



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) 648280

11 27 2017 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):

CA 1451-19

Company Name:

NDC Technologies

Department:

Address Line 1:

5314 NORTH IRWINDALE AVE

Address Line 2:

City:

IRWINDALE

State: CA Zip Code: 91706

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

Last Name:

AGUIRRE

First Name:

Middle Initial:

FRANK

Business Telephone Number: 626 960 3300 Extension:

Title:

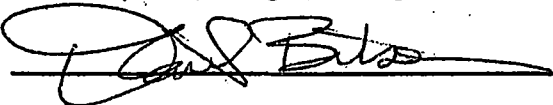
RADIATION SAFETY OFFICER

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>)



3/7/2018

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.



GL-709489-23
02/16/2018

SECTION 6 - DEVICES NOT SUBJECT TO REGISTRATION

SECTION 6

PAGE 1 of 1

NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date: