



GL-700079-23
01/24/2018

SECTION 1
PAGE 2 of 2

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: ~~DOOZ JR.~~

NEWSOME

First Name: JAMES

Middle Initial: M

WILLIAM

G

Business Telephone Number: (304) 239-2300

Extension:

Title: RADIATION SAFETY OFFICER

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: ZIGMOND PREP PLANT

Address Line 1: PO BOX 1076

Address Line 2:

City: HOLDEN

State: WV

Zip Code: 25625 - 1076





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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.

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NRC Device Key **807360** **(Internal Control Number)**

Distributor/Distributed By: **BERTHOLD TECHNOLOGIES USA, LLC**

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Distributor License Number: **R-01082-E12**

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Manufacturer Name: **BERTHOLD TECHNOLOGIES USA, LLC**

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Device Model (Not Source Model): **LB7440-D-CR**

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Device Serial Number: **37624-11975**

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Transfer Date: **06/09/2010**

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Not in possession of device (Also complete Section 4.)

MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)																															
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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.

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NRC Device Key 807361 (Internal Control Number)

Distributor/Distributed By: BERTHOLD TECHNOLOGIES USA, LLC

Empty grid for distributor information

Distributor License Number: R-01082-E12

Empty grid for license number

Manufacturer Name: BERTHOLD TECHNOLOGIES USA, LLC

Empty grid for manufacturer name

Device Model (Not Source Model): LB7440-D-CR

Empty grid for device model

Device Serial Number: 37624-11972

Empty grid for device serial number

Transfer Date: 06/09/2010

Empty grid for transfer date

MM DD YYYY

Not in possession of device (Also complete Section 4.)

Input checkbox

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	CS137 <input type="text"/>	50.00000000 <input type="text"/>	mCi <input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>





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SECTION 3

SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

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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

MM

DD

YYYY

Isotope (e.g. AM241)

Activity (e.g. 100)

Unit (e.g. mCi)

1. Isotope grid

Activity grid

Unit grid

2. Isotope grid

Activity grid

Unit grid

3. Isotope grid

Activity grid

Unit grid

4. Isotope grid

Activity grid

Unit grid

5. Isotope grid

Activity grid

Unit grid

6. Isotope grid

Activity grid

Unit grid

7. Isotope grid

Activity grid

Unit grid

8. Isotope grid

Activity grid

Unit grid

9. Isotope grid

Activity grid

Unit grid

10. Isotope grid

Activity grid

Unit grid





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SECTION 5 - CERTIFICATION

SECTION 5
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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>)

W.G. Newsome

William G. Newsome

2-20-2018

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.





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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: