



Krones, Inc.  
6312 Oakton Street  
Morton Grove, IL 60053

April 27, 2018

Director  
Office of Nuclear Safety and Safeguards  
ATTN: GLTS  
U.S. Nuclear Regulatory Commission  
One White Flint North  
11555 Rockville Pike  
Rockville, MD 20852-2738

RE: Report of Transfers by Krones, Inc., IL-02315-01, to General Licensees in Non-Agreement States

To whom it may concern:

A copy of NRC Form 653, *Transfers of Industrial Devices Report (to General Licensees)*, for the first quarter of 2018 is attached. Please call me at 847-965-1999 if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Aaron O. Morris".

Aaron O. Morris

Attachment

ec: Doris Mayer  
Josh Mrotek



**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 e-mail to [Infocollects.Resource@nrc.gov](mailto:Infocollects.Resource@nrc.gov), and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-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 Krones, Inc.	REPORTING PERIOD	
	FROM	TO
LICENSE NUMBER IL-02315-01	01/01/2018	03/31/2018

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

NAME OF INTERMEDIATE PERSON(S)	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 Boulevard Brewing	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code) 2501 Southwest Blvd. Kansas City, MO 64108		
NAME OF RESPONSIBLE INDIVIDUAL Dali Grabar	TELEPHONE 8167017246		
TITLE OF RESPONSIBLE INDIVIDUAL			

**INFORMATION ON DEVICE(S) TRANSFERRED**

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
2/16/2018	(D) Gamma Gauge	Checkmat 707	K707E1X	Am-241	45 mCi
2/16/2018	(D) Gamma Gauge	Checkmat 707	K707E1W	Am-241	45 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