



**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 internet e-mail to 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 Endress+Hauser, Inc.	REPORTING PERIOD	
	FROM	TO
LICENSE NUMBER 13-32721-01	04/01/2018	06/30/2018

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 Sabic Innovative Plastics	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code) Sabic Innovative Plastics 1 Lexan Lane Mt. Vernon, IN 47620		
NAME OF RESPONSIBLE INDIVIDUAL Randy Boyer	TELEPHONE (812) 831-7397		
TITLE OF RESPONSIBLE INDIVIDUAL RSO			

INFORMATION ON DEVICE(S) TRANSFERRED

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
05/02/2018	Process Measurement	FQG61	M300150113F	Cs137	50mCi

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