

NRC FORM 514  
547  
15 CFR 30.206(d)(1)(iv)  
15 CFR 40.421(c)(1)(iv)  
15 CFR 70.206(d)(1)(iv)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0026  
EXPIRES: 05/31/95

### CERTIFICATE OF DISPOSITION OF MATERIALS

INSTRUCTIONS: ALL ITEMS MUST BE COMPLETED - PRINT OR TYPE  
SEND THE COMPLETED CERTIFICATE TO THE NRC OFFICE SPECIFIED ON THE REVERSE

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION  
COLLECTION REQUEST: 30 MINUTES. FORWARD COMMENTS REGARDING  
BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH  
RMRS 7716, U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC  
20545-0001, AND TO THE PAPERWORK REDUCTION PROJECT D15A-0028,  
OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.

LICENSEE NAME AND ADDRESS

BELoit CORP. R&D  
448 HUBBARD AVE  
PITTSFIELD, MA. 01201

LICENSE NUMBER

20-16358-01

LICENSE EXPIRATION DATE

2-28-91

#### A. MATERIALS DATA (Check one and complete as necessary)

THE LICENSEE OR ANY INDIVIDUAL EXECUTING THIS CERTIFICATE ON BEHALF OF THE LICENSEE CERTIFIES THAT:  
(Check and/or complete the appropriate item(s) below.)

1. NO MATERIALS HAVE EVER BEEN PROCURED OR POSSESSED BY THE LICENSEE UNDER THIS LICENSE.

OR

2. ALL MATERIALS PROCURED AND/OR POSSESSED BY THE LICENSEE UNDER THE LICENSE NUMBER CITED ABOVE HAVE BEEN  
DISPOSED OF IN THE FOLLOWING MANNER. (If additional space is needed, use the reverse side or provide attachments.)

Describe specific material transfer actions and, if there were radioactive wastes generated in terminating this license, the disposal actions including the  
disposition of low-level radioactive waste, mixed waste, Greater-than-Class-C waste, and sealed sources, if applicable.

TRANSFERRED BY SHIPMENT TO MAY-RAY/  
SENSALL. (SEE FEDERAL EXPRESS SHIPPING PAPERS  
ATTACHED)

For transfers, specify the date of the transfer, the name of the licensed recipient, and the recipient's NRC license number or Agreement State name and  
license number.

MAY RAY/SENSALL  
LICENSE # IL-01010-03

If materials were disposed of directly by the licensee rather than transferred to another licensee, licensed disposal site or waste contractor, describe the  
specific disposal procedures (e.g., decay in storage).

#### B. OTHER DATA

1. OUR LICENSE HAS NOT YET EXPIRED: PLEASE TERMINATE IT.

2. WAS A RADIATION SURVEY CONDUCTED TO CONFIRM THE ABSENCE OF LICENSED RADIOACTIVE MATERIALS AND TO DETERMINE WHETHER  
ANY CONTAMINATION REMAINS ON THE PREMISES COVERED BY THE LICENSE? (Check one)

NO (Attach explanation)

YES, THE RESULTS (Check one)

ARE ATTACHED, or

WERE FORWARDED TO NRC ON 10/28/94

THE ONLY TWO GAUGES WE HAD  
WERE SHIPPED BACK TO MANF.

NO REMAINING RAD. MATL ON SITE.

3. THE PERSON TO BE CONTACTED REGARDING THE  
INFORMATION PROVIDED ON THIS FORM

NAME

PAUL MANSSEN

TELEPHONE NUMBER (include Area Code)

413 443-0196

4. MAIL ALL FUTURE CORRESPONDENCE REGARDING THIS LICENSE TO

PAUL MANSSEN  
448 HUBBARD AVE  
PITTSFIELD MA. 01201

#### CERTIFYING OFFICIAL

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

PRINTED NAME AND TITLE

PAUL MANSSEN  
PLANT ENG.

SIGNATURE

*Paul Manssen*

DATE

4-25-94

WARNING: FALSE STATEMENTS IN THIS CERTIFICATE MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. NRC REGULATIONS  
REQUIRE THAT SUBMISSIONS TO THE NRC BE COMPLETE AND ACCURATE IN ALL MATERIAL RESPECTS. 18 U.S.C. SECTION 1001  
MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY  
OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

NRC FORM 514 (5-92)

APR 25 1994

FAX REC'D

9406150063 940524  
PDR ADOCK 03010970  
C PDR

9761765661

SENDER'S COPY

Sender's Federal Express Account Number: 102224922

1 (Your Name) Please Print: PAUL MANSSEN  
 Your Phone Number (Very Important): 413-443-0162  
 Department/Floor No: BELoit RESEARCH

To (Recipient's Name) Please Print: PAUL HARTIGAN  
 Recipient's Phone Number (Very Important): 708-803-5100  
 Company: KAY RAY/SENSALL  
 Department/Floor No:

2 Address: 448 HUBBARD AVE  
 Exact Street Address (We Cannot Deliver at P.O. Boxes or P.O. Zip Codes): 1400 BUSINESS CENTER DRIVE  
 City: PITTSFIELD MA ZIP Required: 01201  
 City: MOUNT PROSPECT IL ZIP Required: 60056

3 INTERNAL BILLING REFERENCE INFORMATION (First 24 characters will appear on invoice.)

IF HOLD FOR PICK-UP, Print FEDEX Address Here (Not available at all locations)

4  Bill Sender  Bill Recipient's FedEx Acct. No.  Bill 3rd Party FedEx Acct. No.  Bill Credit Card

5  Cash  Check  Fedex/Credit Card No.  Exp. Date

6 City: State: ZIP Required:

7 SERVICES (Check only one box)

8 DELIVERY AND SPECIAL HANDLING (Check services required)

9 PACKAGES: 1 161# \$106.500

10 SERVICE CONDITIONS, DECLARED VALUE AND LIMIT OF LIABILITY

11 Federal Express Use Base Charges

12 Declared Value Charge

13 Other 1

14 Other 2

15 Total Charges

16 INSTRUCTIONS (Check only one box)

17 DANGEROUS GOODS IDENTIFICATION

18 SHIPPER'S CERTIFICATION FOR RESTRICTED ARTICLES/DANGEROUS GOODS

19 CHECK ONE:  49 CFR  IATA/ICAO (TYPE OR PRINT)

9761765661 AIRBILL NUMBER

CLASS OR DIVISION	UN OR ID NO.	QUANTITY AND TYPE OF PACKING	PACKING INST.	AUTHORIZATION
7	2974	1 BOX WOODEN Cs-137 sealed Source. 20 mCi Total U.S.A. DOT 7A TYPE A Container F. closed	Red. M. e Yellow II T.I. = 0.1	

ADDITIONAL HANDLING INFORMATION

TRANSPORT DETAILS: THIS SHIPMENT IS WITHIN THE LIMITATIONS PRESCRIBED FOR PASSENGER AIRCRAFT

PORT OF DEPARTURE: AIRPORT OF DESTINATION: SHIPMENT TYPE: NON-RADIOACTIVE

IF ACCEPTABLE FOR PASSENGER AIRCRAFT, THIS SHIPMENT CONTAINS RADIOACTIVE MATERIAL INTENDED FOR USE IN, OR INCIDENT TO, RESEARCH, MEDICAL DIAGNOSIS OR TREATMENT.

I HEREBY DECLARE THAT THE CONTENTS OF THIS CONSIGNMENT ARE FULLY AND ACCURATELY DESCRIBED ABOVE BY PROPER SHIPPING NAME AND ARE CLASSIFIED, PACKED, MARKED, AND LABELED, AND ARE IN ALL RESPECTS IN PROPER CONDITION FOR TRANSPORT BY AIR ACCORDING TO THE APPLICABLE INTERNATIONAL AND NATIONAL GOVERNMENT REGULATIONS.

NAME AND TITLE OF SHIPPER: PAUL MANSSEN PLANT ENG. PLACE AND DATE: 448 HUBBARD AVE.

EMERGENCY TELEPHONE NUMBER: 413-443-05621 SIGNATURE OF SHIPPER: Paul Manssen

SEE WARNING ON BACK

LEAK APR 25 '94 14:08 BELOIT RESEARCH

This source or device was leak tested on 12/6/93 and analysis indicated less than 0.005 microcurie or removable contamination. In compliance with pertinent regulations, leak testing must be performed again, on or before 6/6/94. DO NOT ship device without current leak test certification.

**Applied HEALTH PHYSICS inc.**

Park, Pa. 15102 — Phone 412 — 835-9555 — Fax No. 412 — 835-9559

**Applied HEALTH PHYSICS inc.**  
2986 INDUSTRIAL BLVD. • BETHEL PARK, PA 15102  
412-835-9555

LEAK TEST DATA AND CERTIFICATE

tion and return with appropriate leak test specimen to Applied Health Physics, Inc., 2986 Industrial Blvd., Bethel Park, PA 15102. Phone Area Code (412) 835-9555 or FAX (412) 835-9559.

NOTE: Please do not test more than one (1) sealed source per kit

This is to certify that I have followed the instructions governing the procurement of the enclosed leak test specimen using the Mark V Leak Test Kit. This specimen C-1347A (leak test tube label number) was taken by: P Mansen (person performing test) on 12-6-93 (date).

SOURCE DESCRIPTION:

Radioisotope	Activity(mCi)	Model #	Serial #	Manufacturer
		<u>7062</u>	<u>4250</u>	<u>KAYRAY</u>

INSTALLED IN:  GAUGE  EXPOSURE DEVICE  THERAPY  OTHER

Make	Model #	Serial #	Manufacturer
	<u>7062</u>	<u>4250</u>	<u>Kay Ray</u>

NOTIFICATION

In event this specimen indicates leakage and/or contamination of 0.005 microcuries or more, we request that you notify us promptly by telephone or Fax collect and it is agreed that we will take appropriate action required by governing agency.

Company: BELOIT RESEARCH  
Street: 448 HUBBARD AVE  
PITTSFIELD MA 01201  
City State Zip Code  
Attn: PAUL MANSSEN

Person to be contacted: PAUL MANSSEN  
Telephone: 413 493-5621  
Fax: 413-494-3155

By-product Materials License #: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Analysis of leak test specimen. No. C-1347A by Applied Health Physics, Inc. indicated the presence of 2.000 microcurie of alpha activity on 12/13/93.

Pursuant to the results of this leak test, the following action is recommended:

- Analysis indicated 0.005 microcurie or more of radioactivity on the leak test specimen. Immediately withdraw source from use. Decontaminate and repair it or conduct disposal in accordance with applicable regulations. File a report with the regulatory agency within the time period prescribed.
- Analysis indicated less than 0.005 microcurie of radioactivity on the leak test specimen. The sealed source may be used as authorized. This source must be leak tested again, on or before 6/6/94 or within any such time period required by the regulatory agency.

THIS CERTIFICATE IS AN ESSENTIAL RECORD AND SHOULD BE MAINTAINED FOR INSPECTION BY THE REGULATORY AGENCY.

CERTIFICATE #: 121393 - 02 BY: [Signature] DATE: 12/17/93  
Analytical Dept.

APR 25 1994 14:08 BELOIT RESEARCH  
This device was leak tested on  
12/6/93 and analysis indicated less than  
0.005 microcurie or removable contamination.  
In compliance with pertinent regulations, leak  
testing must be performed again, on or before  
6/6/94. DO NOT ship device  
without current leak test certification.

**Applied HEALTH PHYSICS Inc.**

1 Park, Pa. 15102 -- Phone 412 -- 835-9555 -- Fax No. 412 -- 835-9559

**Applied HEALTH PHYSICS Inc.**  
2986 INDUSTRIAL BLVD. - BETHEL PARK, PA 15102  
412-835-9555

V LEAK TEST DATA AND CERTIFICATE

ashion and return with appropriate leak test specimen to Applied Health  
Physics, Inc., 2986 INDUSTRIAL BLVD., Bethel Park, PA 15102. Phone Area Code (412) 835-9555 or FAX (412) 835-  
9559.

NOTE: Please do not test more than one (1) sealed source per kit.

This is to certify that I have followed the instructions governing the procurement of the enclosed leak test  
specimen using the Mark V Leak Test Kit. This specimen C9540 (leak test tube label number) was taken by:  
P. Mansen (person performing test) on 12-6-93 (date).

SOURCE DESCRIPTION:

Radioisotope	Activity (mCi)	Model #	Serial #	Manufacturer
		<u>7062</u>	<u>10618A</u>	<u>KAYRAY</u>

INSTALLED IN:  GAUGE  EXPOSURE DEVICE  THERAPY  OTHER

Make	Model #	Serial #	Manufacturer
	<u>7062</u>	<u>10618A</u>	<u>KAYRAY</u>

NOTIFICATION

In event this specimen indicates leakage and/or contamination of 0.005 microcuries or more, we request that  
you notify us promptly by telephone or Fax collect and it is agreed that we will take appropriate action required  
by governing agency.

Company: BELOIT REO  
Street: 448 HUBBARD AVE  
PITTSFIELD MA 01201  
City State Zip Code  
Attn: PAUL MANSEN

Person to be contacted: PAUL MANSEN  
Telephone: 413 493-5621  
Fax: 413 497-3155

By-product Materials License #: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

Analysis of leak test specimen No. C9374C by Applied Health Physics, Inc. indicated the presence of  
2.001 microcurie of -βγ activity on 12/13/93.

Pursuant to the results of this leak test, the following action is recommended:

- Analysis indicated 0.005 microcurie or more of radioactivity on the leak test specimen. Immediately withdraw source from use. Decontaminate and repair it or conduct disposal in accordance with applicable regulations. File a report with the regulatory agency within the time period prescribed.
- Analysis indicated less than 0.005 microcurie of radioactivity on the leak test specimen. The sealed source may be used as authorized. This source must be leak tested again, on or before 6/6/94 or within any such time period required by the regulatory agency.

THIS CERTIFICATE IS AN ESSENTIAL RECORD AND SHOULD BE MAINTAINED FOR INSPECTION  
BY THE REGULATORY AGENCY.

CERTIFICATE #: 121393-03 BY: [Signature] DATE: 12/17/93  
Analytical Dept.