SENTINEL

Americani Corporation 40 North Avenue Burlington, MA 01803 tel (617) 272-2000 tel (800) 225-1383 fax (617) 273-2216

mersham

Mr. Doug Broddhaus
Sealed Source Safety Section
Source Containment and Devices Branch
Division of Industrial and Medical Nuclear Safety
Office of Nuclear Material Safety and Safeguards
U. S. Nuclear Regulatory Commission
Washington, DC 20555

26 February 1996

Dear Mr. Broddhaus:

In reference to our phone conversation today concerning the 500SU source changer, I provide the following information.

Amersham will continue to service the model 500 SU source changer. We routinely perform an inspection and maintenance of the device prior to each shipment to assure it is functioning properly and meets all of the Type B package requirements.

If I can provide any additional information, please contact me.

Sincerely,

Cathleen Roughan

Regulatory Affairs Manager

NRC FORM 567 U. S. NUCLEAR REGULATORY COMMISSION

(8-93)

u REQUEST FOR A SEALED SOURCE OR **DEVICE EVALUATION** INSTRUCTIONS: Send this request AND a copy of all related letters/applications and drawings to: The Sealed Source Safety Section, ATTN: Chief, OWFN Mail Stop 6 H3. Change the License Tracking System milestone to 19 and assign to reviewer code I-5. NOTE: Retain a copy of this request with the application and background files REGION/LOCATION: Aneshor 11 111 TELEPHONE NUMBER TYPE OF ACTION REQUESTED (Check as appropriate) APPLICANT'S NAME SOURCE REVIEW PAMENDMENT OF REGISTRATION SHEET MAIL CONTROL NUMBER(S) NUMBER(S) DEVICE REVIEW LETTER/APPLICATION DATE LICENSE NUMBER(S) **CUSTOM REVIEW** 11 palet FOR SSSS USE ONLY REVIEWER MODEL NUMBERS NUMBER ASSIGNED Browddays 5005U 95-111 DATE RECEIVED DATE ASSIGNED 19/0/04 TYPE OF ACTION (Indicate the number of each type) COMMERCIAL DISTRIBUTION (FORMAL) USE BY A SINGLE APPLICANT (CUSTOM) SOURCE (9C) DEVICE (9A) SOURCE (9D) DEVICE (9B) NEW NEW NEW NEW **AMENDMENT** MENDMENT AMENDMENT **AMENDMENT** NO SAFETY EVALUATION REQUIRED YES LICENSING ACTION REQUIRED IF KNOWN NO FEES REQUIRED NO OTHER (Specify) TOTAL NUMBER OF NOTES **REVIEW HOURS** NUMBER OF **DEFICIENCY LETTERS** NUMBER OF DEFICIENCY CALLS FOR BILLING PURPOSES ONLY NEW REGISTRATION -PRODUCT INACTIVE -NAME CHANGE ADDRESS CHANGE ADD TO BILLING REMOVE FROM BILLING FOR FEE USE ONLY TYPE OF FEE FEE CATEGORY 94 98 AMOUNT RECEIVED CHECK NUMBER MATANN UPDATED AS REQUIRED DATE OF CHECK LOG MATSYS UPDATED AS REQUIRED APPROVED BY DATE RETURN DATE COMMENTS

U. S. NUCLEAR REGULATORY COMMISSION

NRC FORM 567

(8-93)

	REC		A SEALED SOU E EVALUATION	IRCE OR			
NSTRUCTIONS: Send thi DWFN Mail Stop 6 H3. Ch NOTE: Petain a copy of thi	ange the License Track	ing System milestor	ne to 19 and assign to revie		Source Safety Se	ction, ATTN: Chief,	
REQUESTER			REGION/LOCATION:				
Anchem		I II III IV V HQ LFDCB					
ELEPHONE NUMBER DATE		TYPE OF ACTION REQUESTED (Check as appropriate)					
APPLICANT'S NAME			SOURCE REVIEW AMENDMENT OF REGISTRATION SHEET NUMBER(S)				
MAIL CONTROL NUMBER(S)							
TTER/APPLICATION DATE LICENSE NUMB		ER(S)	CUSTOM REVIEW		ALTERCATION AND ADDRESS OF THE ADDRE		
		FOR	SSSS USE ONLY				
REVIEWER		MODEL NUMBERS	SSSS USE UNLT	NUMBER	ASSIGNED		
Browldays			50050			95-111	
DATE RECEIVED 11/8/95		DATE ASSIGNED		DATE TO	DATE TO FEES		
	T	PE OF ACTION (Indicate the number of e	ach type)			
COMMERCIAL DISTR	and the street will be a set of the property of the street		USE BY A SINGLE	THE RESERVE AND PERSONS ASSESSED.	tenage of their reconstruction of the conference was tracked		
SOURCE (9C) DE		VICE (9A) SOURCE		(9D)	DEVICE (9B)		
NEW AMENDMENT NEW		/ NDMENT	NEW AMENDMENT		-	NEW AMENDMENT	
NO SAFETY EVALUATION REQUIRED NO FEES REQUIRED			LICENSING ACTION REQUIRED IF KNOWN YES			personal contract of the contr	
OTHER (Specify)							
TOTAL NUMBER OF REVIEW HOURS NUMBER OF DEFICIENCY LETTERS		NOTES					
		TERS					
NUMBER OF DEFICIENCY CALLS							
-		FOR BILL	ING PURPOSES ONLY		, ,		
NAME CHANGE			ADD TO BILLING		PRODUCT INACTIVE – REMOVE FROM BILLING		
YPE OF FEE			R FEE USE ONLY				
THE OF THE	7 2	Vic.	FEE CATEGORY	7 9B	Пэс	Пер	
MOUNT RECEIVE?			OHECK NUMBER	190		UPDATED	
DATE OF CHECK			LOG		MATSYS UPDATED AS REQUIRED		
PPROVED BY			DATE RETURN		DATE		
COMMENTS					and the second second second		