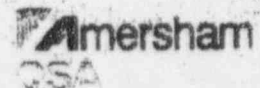


SENTINEL

Amersham Corporation
40 North Avenue
Burlington, MA 01803
tel (617) 272-2000
tel (800) 225-1363
fax (617) 273-2216

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

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.

REQUESTER <i>Amesbury</i>		REGION/LOCATION: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> HQ <input type="checkbox"/> LFDCB	
TELEPHONE NUMBER	DATE	TYPE OF ACTION REQUESTED (Check as appropriate) <input type="checkbox"/> SOURCE REVIEW <input checked="" type="checkbox"/> AMENDMENT OF REGISTRATION SHEET NUMBER(S) <input checked="" type="checkbox"/> DEVICE REVIEW <input type="checkbox"/> CUSTOM REVIEW	
APPLICANT'S NAME			
MAIL CONTROL NUMBER(S)			
LETTER/APPLICATION DATE <i>11/16/68</i>	LICENSE NUMBER(S)		

COMMENTS

REVIEWER <i>Broadbent</i>	MODEL NUMBERS <i>5005U</i>	NUMBER ASSIGNED <i>95-111</i>
DATE RECEIVED <i>11/8/95</i>	DATE ASSIGNED <i>12/10/95</i>	DATE TO FEES <i>N/A</i>

<input checked="" type="checkbox"/> COMMERCIAL DISTRIBUTION (FORMAL)		USE BY A SINGLE APPLICANT (CUSTOM)	
SOURCE (9C)	DEVICE (9A)	SOURCE (9D)	DEVICE (9B)
<input type="checkbox"/> NEW <input type="checkbox"/> AMENDMENT	<input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDMENT	<input type="checkbox"/> NEW <input type="checkbox"/> AMENDMENT	<input type="checkbox"/> NEW <input type="checkbox"/> AMENDMENT
<input type="checkbox"/> NO SAFETY EVALUATION REQUIRED <input type="checkbox"/> NO FEES REQUIRED		<input type="checkbox"/> LICENSING ACTION REQUIRED IF KNOWN	
OTHER (Specify)		<input type="checkbox"/> YES <input type="checkbox"/> NO	

	TOTAL NUMBER OF REVIEW HOURS	NOTES
	NUMBER OF DEFICIENCY LETTERS	
	NUMBER OF DEFICIENCY CALLS	

<input type="checkbox"/> NAME CHANGE	<input type="checkbox"/> ADDRESS CHANGE	<input type="checkbox"/> NEW REGISTRATION -- ADD TO BILLING	<input type="checkbox"/> PRODUCT INACTIVE -- REMOVE FROM BILLING
--------------------------------------	---	--	---

TYPE OF FEE	FEE CATEGORY			
	<input type="checkbox"/> 9A	<input type="checkbox"/> 9B	<input type="checkbox"/> 9C	<input type="checkbox"/> 9D
AMOUNT RECEIVED	CHECK NUMBER		<input type="checkbox"/> MATANN UPDATED AS REQUIRED	
DATE OF CHECK	LOG		<input type="checkbox"/> MATSYS UPDATED AS REQUIRED	
APPROVED BY	DATE RETURN		DATE	

COMMENTS

NRC FORM 567
(8-93)

U. S. NUCLEAR REGULATORY COMMISSION

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.

REQUESTER <i>Ansham</i>		REGION/LOCATION: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> HQ <input type="checkbox"/> LFDCB	
TELEPHONE NUMBER	DATE	TYPE OF ACTION REQUESTED (Check as appropriate)	
APPLICANT'S NAME		<input type="checkbox"/> SOURCE REVIEW <input checked="" type="checkbox"/> AMENDMENT OF REGISTRATION SHEET NUMBER(S)	
MAIL CONTROL NUMBER(S)		<input checked="" type="checkbox"/> DEVICE REVIEW	
LETTER/APPLICATION DATE <i>11/6/95</i>	LICENSE NUMBER(S)	<input type="checkbox"/> CUSTOM REVIEW	

COMMENTS

FOR SSSS USE ONLY

REVIEWER <i>Broadbent</i>	MODEL NUMBERS <i>5005U</i>	NUMBER ASSIGNED <i>95-111</i>
DATE RECEIVED <i>11/8/95</i>	DATE ASSIGNED <i>12/1/95</i>	DATE TO FEES <i>N/A</i>

TYPE OF ACTION (Indicate the number of each type)

<input checked="" type="checkbox"/> COMMERCIAL DISTRIBUTION (FORMAL)		USE BY A SINGLE APPLICANT (CUSTOM)	
SOURCE (9C)	DEVICE (9A)	SOURCE (9D)	DEVICE (9B)
<input type="checkbox"/> NEW AMENDMENT	<input checked="" type="checkbox"/> NEW AMENDMENT	<input type="checkbox"/> NEW AMENDMENT	<input type="checkbox"/> NEW AMENDMENT
<input type="checkbox"/> NO SAFETY EVALUATION REQUIRED <input type="checkbox"/> NO FEES REQUIRED		<input type="checkbox"/> LICENSING ACTION REQUIRED IF KNOWN	
<input type="checkbox"/> OTHER (Specify)		<input type="checkbox"/> YES <input type="checkbox"/> NO	

TOTAL NUMBER OF REVIEW HOURS	NOTES
NUMBER OF DEFICIENCY LETTERS	
NUMBER OF DEFICIENCY CALLS	

FOR BILLING PURPOSES ONLY

<input type="checkbox"/> NAME CHANGE	<input type="checkbox"/> ADDRESS CHANGE	<input type="checkbox"/> NEW REGISTRATION -- ADD TO BILLING	<input type="checkbox"/> PRODUCT INACTIVE -- REMOVE FROM BILLING
--------------------------------------	---	---	--

FOR FEE USE ONLY

TYPE OF FEE	FEE CATEGORY <input type="checkbox"/> 9A <input type="checkbox"/> 9B <input type="checkbox"/> 9C <input type="checkbox"/> 9D	
AMOUNT RECEIVED	CHECK NUMBER	<input type="checkbox"/> MATANN UPDATED AS REQUIRED
DATE OF CHECK	LOG	<input type="checkbox"/> MATSYS UPDATED AS REQUIRED
APPROVED BY	DATE RETURN	DATE

COMMENTS