

TRANSFERS OF INDUSTRIAL DEVICES REPORT
(Reference NRC Form 653)

1. VENDOR

Name	Reporting Period	
Industrial Maintenance Engineering, Inc. d/b/a AIS Gauging	From	To
License Number	10/1/2021	12/31/2021
13-32049-01		

2. TO GENERAL LICENSEES

For each "licensee" to whom a device(s) has been transferred during the reporting period, supply the following:

General Licensee Information					
Name of General Licensee			Mailing Address at the Location of Use (No P.O. Boxes, include zip code)		
Dart Container			4444 West Ledbetter Dr. Dallas, TX 75236		
Name of Responsible Individual		Business Telephone Number			
Willie White		214-339-3131			
Title of Responsible Individual					
RSC					
Information on Device(s) Transferred					
Date of Transfer	Type of Device	Model Number	Serial Number	Isotope	Activity & Units
11/7/2021	Beta Gauge	15202	2721SX		

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3. FROM GENERAL LICENSEES

For each "licensee" from whom a device(s) has been received during the reporting period, supply the following:

General Licensee Information	
Name of General Licensee Versa	Mailing Address at the Location of Use (No P.O. Boxes, include zip code) 2073 McDonald Ave. New Albany, IN 47150

Information on Device(s) Transferred				
Date of Receipt	Type of Device	Model Number	Serial Number	Manufacturer or Initial Transferor (If not reporting party)
10/29/2021	Beta Gauge	S2-A2	1212	LFE

General Licensee Information	
Name of General Licensee Dart Container	Mailing Address at the Location of Use (No P.O. Boxes, include zip code) 4444 West Ledbetter Dr. Dallas, TX 75236

Information on Device(s) Transferred				
Date of Receipt	Type of Device	Model Number	Serial Number	Manufacturer or Initial Transferor (If not reporting party)
11/11/2021	Beta Gauge	103	12004	NDC
11/11/2021	Beta Gauge	103	12005	NDC

General Licensee Information	
Name of General Licensee Auria Solutions	Mailing Address at the Location of Use (No P.O. Boxes, include zip code) 400 S. Stone Street Fremont, OH 43420

Information on Device(s) Transferred				
Date of Receipt	Type of Device	Model Number	Serial Number	Manufacturer or Initial Transferor (If not reporting party)
11/2/2021	Beta Gauge	015202	6880FLKR159STGF	Indev

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General Licensee Information				
Name of General Licensee			Mailing Address at the Location of Use (No P.O. Boxes, include zip code)	
Spinnaker Coating			130 Mary-Bill Drive Troy, OH 45373	
Information on Device(s) Transferred				
Date of Receipt	Type of Device	Model Number	Serial Number	Manufacturer or Initial Transferor (If not reporting party)
12/10/2021	Beta Gauge	BAL	OH980605275-A	VEGA Americas/OHMART
12/10/2021	Beta Gauge	BAL	OH980605275-8	VEGA Americas/OHMART

General Licensee Information				
Name of General Licensee			Mailing Address at the Location of Use (No P.O. Boxes, include zip code)	
Dart Container			975 S. Dixie Street Horse Cave, KY 42749	
Information on Device(s) Transferred				
Date of Receipt	Type of Device	Model Number	Serial Number	Manufacturer or Initial Transferor (If not reporting party)
12/17/2021	Beta Gauge		11410	NDC