



GL-704775-27
11/15/2021

SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2
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Our records indicate that you have these devices. Please update the information as necessary.

NRC Device Key **814990 (Internal Control Number)**

Distributor/Distributed By: NDC Technologies

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Distributor License Number: 1933-19GL

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Manufacturer name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Device Model (Not Source Model): 102X

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Device Serial Number: 13309

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Transfer Date: 03/02/2011

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Not in possession of device (Also complete Section 4.)

MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)																														
1	AM241	80	mCi																														
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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4

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Provide information about devices listed in Section 2 or 6, but no longer in your possession.

Part 1

Transfer Date:

NRC Device Key:
(from Section 2 or 6)

8 3 4 1 1 5

0 9 2 2 2 0 2 1

MM

DD

YYYY

Location of the Device:

- Whereabouts Unknown (Complete Part 1 only)
- Never Possessed the Device (Complete Part 1 only)
- Returned to Manufacturer (Complete Part 1 only)
- Transferred to another general licensee (Complete Parts 2 and 3)
- Transferred to a Specific Licensee (Not the manufacturer) (Complete Part 2)

Part 2 License Number of Recipient (if transferred to a specific licensee):

1 3 - 3 2 0 4 9 - 0 1

Company Name:

A I S G A U G I N G

Department:

I N D U S T R I A L M A I N T E N A N C E E N G.

Address Line 1:

5 3 5 0 N O R T H 1 3 T H S T R E E T

Address Line 2:

City:

T E R R E H A U T E

State:

I N

Zip Code:

4 7 8 0 5

Part 3 Enter the name of the individual responsible for this device:

Last name:

First name:

Middle Initial:

Business Telephone Number:

Extension:

Title:





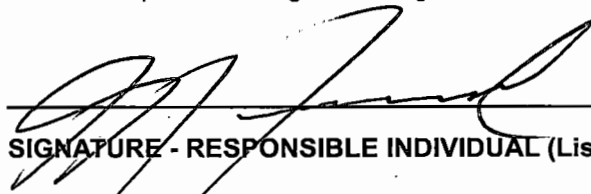
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SECTION 5 - CERTIFICATION

SECTION 5
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I hereby certify that:

- A. All information contained in this registration is true and complete to the best of my knowledge and belief.
- B. A physical inventory of the devices subject to registration has been completed, and the device information on this form has been checked against the device labeling.
- C. I am aware of the requirements of the general license, provided in 10 CFR 31.5.
(Copies of applicable regulations may be viewed at the NRC website at:
<http://www.nrc.gov/reading-rm/doc-collections/cfr>)



 SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)

12-2-21

 DATE

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





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SECTION 6 - DEVICE NOT SUBJECT TO REGISTRATION

SECTION 6

PAGE 1 of 1

NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date:

Isotope:

Activity:

Unit:





Industrial Maintenance Engineering, Inc.
 5350 N. 13th Street
 Terre Haute, IN, 47805
 T: 812.466.5478
 F: 812.460.1295
 TF: 877.843.9247

RETURNED SOURCE CONFIRMATION

Date: September 29, 2021

To: Primex Plastics
1235 N. Richmond St.
Richmond, IN 47374

Attn: Rob King

AIS Gauging confirms the receipt of the following sources, in accordance with License No: 13-32049-01, issued by the U.S. Nuclear Regulatory Commission or in accordance with the Ohio License No: 03214250001 issued by Ohio Department of Health.

	Device Model	Device Serial Number	Source Serial Number
1	NDC 102X		4405
2			
3			
4			

Primex Plastics has no further responsibility for these sources. This record shall be held for a minimum of five years from the date shown above.

Sincerely,


 (Signature)

Douglas M Beek, ARSO
 (Print Name)

cc: RSO

FIELD RADIOLOGICAL INSPECTION REPORT

(Short Form, 1-5 wipe tests)

1a Customer PRIMEX PLASTICS CORP
 1b Facility address 1235 N. F STREET RICHMOND, IN 47374
 1c Email Address rking@primexplastics.com
 Date 9/22/2021 Test by J. AKE

1d Source Serial No.	4405				
1e Device Serial No.					
1f Device Model	102x				
1g DoM (Date of Manufacture)	5/97				
2 Labels	OK				
3 Wipe Test	NEG				
4 Shutter	OK				
5 Indicators	OK				
6a RAM Type	AM-241				
6b Activity	2.966Bq				
7. Survey Meter, Meter Ser. No. & Calibration Date	VICTOREEN 290 102709 30 JUN 21				
8 Remarks	PLANT & Line 6 NDC DISPOSAL				
Laboratory Test Results					

See Instructions below

General Instructions

Perform all tests in accordance with the detailed instructions in the Field Radiological Procedures Manual. The entry numbers on this report reference the applicable sections of the Periodic Radiological Testing Procedures in Section 3.3.

- 1a, 1b Customer name and Address: not more than one customer or plant site per report.
- 1c Email address of the POC for the finished documentation.
- 1d Source Serial No.: do not disassemble source holder to obtain serial number.
- 1e Device Serial No.: this is the frame number or number on the equipment holding the source. (S/D No.)
- 1f Device Model: this is the licensed model of the gauge, e.g. TG-1, TG-2, A1-u; for competitive equipment insert name of manufacturer and model number.
- 2 Radiation Labels: show "missing" if this is the case, "OK" if OK or repaired during call; otherwise show any discrepancy and steps being taken to correct it in remarks.
- 3 Wipe Test result: check pad on survey meter immediately after wiping source. Record reading as "NEG" (negative) if not above background. If reading is above background, record it and the background values and immediately notify the RSO
- 4, 5 Shutter operations and open-closed Indicators: show "None" if the device doesn't have a shutter, "OK" if OK or repaired during call; otherwise show discrepancy and steps being taken to correct it in remarks.
- 6a, 6b Ram Type and Activity. Print Isotope and Activity in mCi
- 7. List Model of Survey Instrument used, its Serial Number, and the Date of Calibration.
- 8. Remarks: show malfunctions not corrected during the call and action being taken; also any other pertinent information.

Laboratory Test Results: do not fill in - for measurement laboratory use only

ITE NO./SYSTEM NO.	P.O. NUMBER	DATE	ON SITE LABOR (LESS LUNCH AND OTHER NON-CHARGEABLE HOURS)			
		9/22/2021	TIME ON SITE	TIME FINISHED	HOURS ON SITE	ST/OT
			9:50 AM	10:55 AM	1.0	

CUSTOMER
PRIMEX PLASTICS CORP

STREET/BOX
1235 N. F STREET

CITY **RICHMOND** **STATE** **IN** **ZIP** **47374**

TRAVEL TIME (LESS LUNCH AND OTHER NON-CHARGEABLE HOURS)	
TIME STARTED	TIME ARRIVED
7:40 AM	9:40 AM
TRAVEL HOURS	ST/OT
2.0	

CUSTOMER COMMENT:

REGULAR LABOR	HOURS@	=
TRAVEL	HOURS@	=
OTHER (ATTACH RECEIPTS)		
OVERTIME/HOLIDAY	HOURS @	=
TOTAL CHARGE		=
Customer Signature: <i>Rob King</i>		

WORK PERFORMED/REQUIRED | **DISPOSAL OF NDC 102X DEVICE - SOURCE SN: 4405 AM-241.2.9668g**
LOCATION: PLANT 1 LINE 6

- REMOVED DEVICE - TESTED "NEG" -
- PACKAGED DEVICE AND SECURED IN DRUM
- FILLED OUT ALL PROPER PAPER WORK

AIS Tech: *J. PIKE & WAYNE WALKER*

PREVENTATIVE MAINTENANCE LOG

SCANNER	RAILS	PWR TRK	CLEAN	BELTS	END BELL	WHEELS	WIPERS	MOTOR	BEARINGS	RAD. LITES
Enter No. of Scanners										
SENSOR	STABILITY	CLEAN	ALIGN	CALIB.	COOLING	WATER	AIR	TEMPS.	WINDOW	
Enter No. of Sensors										
OP/COMPUTER STA.	VIDEO	CLEAN	POWER	COOLING	PURAFIL	D/D				
CHECK										
CONTROL/SOFTWARE	BASIC CTL. (Y/N)	ADV.CTL. (Y/N)	TUNING	BACK-UP	PRINTER/PLOTTER	DIAG.	P/HEAD	P/CARTRIDGE		
CHECK										