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24-October-2022

ATTN: Document Control Desk/GLTS
U.S. Nuclear Regulatory Commission
Washington, DC 20555-0001

RE: NRC Form 653 Transfer of Industrial Device Report – 3rd quarter 2022 RAM Services Inc.

To whom it may concern:

Attached is a completed NRC Form 653 to document a distribution of a Kr-85 source to Berry Global Corporation in Indiana.
This replaced a Kr-85 source, serial 1309, distributed in 2016, reported on 09-January- 2017. This source has been removed, transferred to RAM Services in Wisconsin, and will be disposed.

If the Department needs additional information, please contact me at 920-686-3889 or by email to JWiza@ramservicesinc.com

Thank you

Sincerely,

Jerry Wiza,
President and RSO

NM5510
NM55



**TRANSFERS OF INDUSTRIAL
DEVICES REPORT
(TO GENERAL LICENSEES)**

(Continue on NRC Form 653, 653A or 653B, as appropriate)

comments regarding the burden estimate to the Information Services Branch (T-6 A10M), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to Infocollects.Resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0001), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

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

Name of Vendor RAM SERVICES INC		Reporting Period	
License Number 071-2053-01 Wisconsin		From 07/01/2022	To 9/30/2022

Intermediate Person(s) (if any)

Name of Intermediate Person(s) NONE	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number
Name of Intermediate Person(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number

General Licensee Information

Name of General Licensee BERRY GLOBAL		Mailing Address at the Location of Use (No P.O. Boxes, include zip code) 10485 E 1250 North Odon, IN 48562	
Name of Responsible Individual Michael Kelch	Business Telephone Number 812-355-1723		
Title of Responsible Individual Project Manager			

Information on Device(s) Transferred

Date of Transfer	Type of Device	Model Number	Serial Number	Isotope	Activity and Units
09/29/2022	Thickness Gauge	ISOSINT	BC-8014	Kr-85	400 mCi

Intermediate Person(s) (if any)

Name of Intermediate Person(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number
Name of Intermediate Person(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number

General Licensee Information

Name of General Licensee		Mailing Address at the Location of Use (No P.O. Boxes, include zip code)	
Name of Responsible Individual	Business Telephone Number		
Title of Responsible Individual			

Information on Device(s) Transferred

Date of Transfer	Type of Device	Model Number	Serial Number	Isotope	Activity and Units

(TO GENERAL LICENSEES) (continued)

Intermediate Person(s) (if any)

Name of Intermediate Person(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number
Name of Intermediate Person(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number

General Licensee Information

Name of General Licensee	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)		
Name of Responsible Individual	Business Telephone Number		
Title of Responsible Individual			

Information on Device(s) Transferred

Date of Transfer	Type of Device	Model Number	Serial Number	Isotope	Activity and Units

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General Licensee Information

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Name of Responsible Individual	Business Telephone Number		
Title of Responsible Individual			

Information on Device(s) Transferred

Date of Transfer	Type of Device	Model Number	Serial Number	Isotope	Activity and Units

(TO GENERAL LICENSEES) (continued)

Intermediate Person(s) (if any)

Name of Intermediate Persons(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number
Name of Intermediate Persons(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number

General Licensee Information

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Name of Responsible Individual	Business Telephone Number		
Title of Responsible Individual			

Information on Device(s) Transferred

Date of Transfer	Type of Device	Model Number	Serial Number	Isotope	Activity and Units

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	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)
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Information on Device(s) Received

Date of Receipt	Type of Device	Model Number	Serial Number	Manufacturer or Initial Transferor (If not reporting party)

General Licensee Information

Name of General Licensee	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)
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Date of Receipt	Type of Device	Model Number	Serial Number	Manufacturer or Initial Transferor (If not reporting party)

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