

# DRAPER

## LETTER OF TRANSMITTAL

TO:	NRC and NRC Agreement States	FROM:	Kellan Lamb, Ph.D. Environmental Health & Safety
		DATE:	July 19th, 2023
		RE:	NRC Form 653, Q2 2023

We are sending you  Attached  Under Separate Cover the following items:

- See Below     
  Prints     
  Plans     
  \_\_\_\_\_  
 Report     
  Copy of Letter     
  Change Order

COPIES	DATE	DESCRIPTION
1	06/30/2023	NRC FORM 653 FOR Q2 2023

### THESE ARE TRANSMITTED as checked below:

<input type="checkbox"/> For approval	<input type="checkbox"/> No exceptions taken	<input type="checkbox"/> Resubmit ___ copies for approval
<input checked="" type="checkbox"/> For your use	<input type="checkbox"/> Revise as noted	<input type="checkbox"/> Submit ___ copies for distribution
<input type="checkbox"/> As requested	<input type="checkbox"/> Amend and resubmit	<input type="checkbox"/> Return ___ corrected prints
<input type="checkbox"/> For review and comment	<input type="checkbox"/> Rejected – see remarks	<input type="checkbox"/> _____

**Remarks:**

•For Q2, there were 2 devices transferred and 3 devices received

For any questions, please email Kellan Lamb [klamb@draper.com](mailto:klamb@draper.com).

THE CHARLES STARK DRAPER LABORATORY, INC.

555 TECHNOLOGY SQUARE, MS 64 • CAMBRIDGE, MA 02139  
 PHONE: 1-617-258-2990 • FAX: 1-617-258-4765

NMSS10  
 NMSS



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

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

Estimated burden per response to comply with this mandatory collection request: 36 minutes. NRC requests quarterly reports to keep apprised of device movements. Send comments regarding the burden estimate to the FOIA, Library and Information Collections Branch (T-6 A10M), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by email to [Infocollects.Resource@nrc.gov](mailto:Infocollects.Resource@nrc.gov), and the OMB reviewer at: OMB Office of Information and Regulatory Affairs, (3150-0001), Attn: Desk Officer for the Nuclear Regulatory Commission, 725 17th Street NW, Washington, DC 20503; email: [oir\\_submission@omb.eop.gov](mailto:oir_submission@omb.eop.gov). The NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the document requesting or requiring the collection displays a currently valid OMB control number.

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

Name of Vendor The Charles Stark Draper Laboratory, Inc.		Reporting Period	
License Number 53-0653		From 04/01/2023	To 06/30/2023

**Intermediate Person(s) (if any)**

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

**General Licensee Information**

Name of General Licensee McLean Hospital		Mailing Address at the Location of Use (No P.O. Boxes, include zip code)	
Name of Responsible Individual Dr. Scott Lukas x2767	Business Telephone Number 800-333-0338	115 Mill St. Belmont, Ma. 02478	
Title of Responsible Individual Director of Imaging Center			

**Information on Device(s) Transferred**

Date of Transfer	Type of Device	Model Number	Serial Number	Isotope	Activity and Units
5/23/2023	ECD	MicroAnalyzer V2	Micro2263	Ni63	S/N 20-1308

**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 NASA Lyndon B. Johnson Space Center		Mailing Address at the Location of Use (No P.O. Boxes, include zip code)	
Name of Responsible Individual Logan Sammons	Business Telephone Number 281-204-1539	Transportation Officer, Bldg 420 2101 NASA Parkway Houston, TX 77058	
Title of Responsible Individual Project Engineer			

**Information on Device(s) Transferred**

Date of Transfer	Type of Device	Model Number	Serial Number	Isotope	Activity and Units
4/3/2023	ECD	MicroAnalyzer V2	Micro2212	Ni63	S/N 20-0806

**TRANSFERS OF INDUSTRIAL DEVICES REPORT  
(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

**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

**TRANSFERS OF INDUSTRIAL DEVICES REPORT  
(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

**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

**TRANSFERS OF INDUSTRIAL DEVICES REPORT (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  NASA/Lyndon B. Johnson Space Center	Mailing Address at the Location of Use (No P.O. Boxes, include zip code) Transportation Officer, Bldg. 420 2101 NASA Parkway Houston, Texas 77058
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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)
4/10/2023	ECD	MicroAnalyzer	Micro2215	Draper Laboratory

**General Licensee Information**

Name of General Licensee  Brigham and Women's Hospital	Mailing Address at the Location of Use (No P.O. Boxes, include zip code) 75 Francis Street, SR-154 Boston, Ma. 02115
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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)
4/6/2023	ECD	MicroAnalyzer	Micro2264	Draper Laboratory
4/10/2023	ECD	MicroAnalyzer	Micro2287	Draper Laboratory

**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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**Information on Device(s) Received**

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