



U.S. NUCLEAR REGULATORY COMMISSION

OMB EXPIRATION DATE: 11/30/2025

[illegible]



GL-704419-29
04/12/2024

SECTION 1
PAGE 2 of 2

SECTION 1 - GENERAL LICENSEE INFORMATION (Continued)

Enter the name, telephone number and title of the person who is the responsible individual for the device(s).

Last Name: WAGNER

F A I R C H I L D

First Name: ERIC

M A X

Middle Initial: R

R

Business Telephone Number: (317) 876-6860

9 0 7 3 0 1 4 7 7 3

Extension:

Business E-mail Address: ERIC.WAGNER@PEPSICO.COM

M A X . F A I R C H I L D @ P E P S I C O . C O M

Title: PLANT DIRECTOR

Enter the mailing address where correspondence regarding your device(s) should be sent.

Department: EHS MAMAGER

E H S M A N A G E R

Address Line 1: 5411 WEST 78TH STREET

Address Line 2:

City: INDIANAPOLIS

State: IN

Zip Code: 46268





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SECTION 2

PAGE 1 of 2

667473 (Internal Control Number)

[illegible][illegible][illegible][illegible][illegible]

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

YYYY

Unit (e.g. mCi)

GBq

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[illegible]

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2

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[illegible]

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3

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[illegible]

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4

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[illegible]

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5

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[illegible]

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6

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[illegible]

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	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)
1	AM241 <div><div></div><div></div><div></div><div></div><div></div></div>	3.7 <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	GBq <div><div></div><div></div><div></div></div>
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SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

SECTION 3
PAGE 1 of 1

Provide information about other devices you have that are subject to registration. Do not report specifically licensed devices.

Manufacturer Name

[illegible]

Initial Transferor Name

[illegible]

Initial Transferor License Number (if known)

[illegible]

Device Model Number (Not Source Model)

[illegible]

Device Serial Number

[illegible]

How acquired and date (e.g., ☐ Manufacturer/Initial Transferor listed above
from a distributor/manufacturer, ☐ Other General Licensee Date Transfer
other licensee, other source)?

- ☐ Manufacturer/Initial Transferor listed above
☐ Other General Licensee Date Transfer
☐ Other Sources

Date Transferred:

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MM

DD

YYYY

Isotope (e.g. AM241)

Activity (e.g. 100)

Unit (e.g. mCi)

- | | | | | | | | | | | | | | | | | | | |
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| 7. | | | | | | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | | | | | | | |
| 10. | | | | | | | | | | | | | | | | | | |



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SECTION 4 - NOT IN POSSESSION OF DEVICE**SECTION 4****PAGE 1 of 1****Provide information about devices listed in Section 2 or 6, but no longer in your possession.****Part 1**NRC Device Key:
(from Section 2 or 6)

6 6 7 4 7 4

Transfer Date:

0 3 2 9 2 0 2 4

MM

DD

YYYY

Location of the Device:

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

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

Company Name:

Department:

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

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

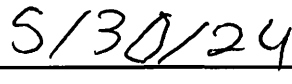
SECTION 5
PAGE 1 of 1

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)



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

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NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date:

Isotope:

Activity:

Unit:

