

CONVERSATION RECORD

TYPE:

Outgoing Telephone X
Incoming Telephone
Meeting

NAME OF PERSON CONTACTED:

John Patterson, President

ORGANIZATION:

METOREX Inc.

TIME:

2:30PM

DATE:

12/10/99

SUBJECT: The licensee stated his assumption that NRC apparently dropped SUPS Probe from the Registration Certificate NR-701-D-104-B. (This certificate was originally issued as TX227D101G, on August 12, 1988 and subsequently amended a number of times to accommodate transfers and product changes additions.)

SUMMARY: Metorex believes that SUPS Probe, which was registered as a part of Model 880 Analyzer in the past by Metorex's predecessors but appears to have been dropped as the registration certificate was revised and reissued to the succeeding distributors, is not included in Metorex's current registration and distribution license. Consequently, some previous distributions of the SUPS Probe appear inconsistent with Metorex's license.

After reviewing the amendments of the registration and discussions with Brian Smith and Susan Green I called Mr. John Patterson. I told John that the connection between the language of the registration certificate associated with the issues in question and subsequent cross reference to probe models could not be established with a certainty. John agreed with this assessment. I suggested to John and he agreed that more constructive action would be as indicated under the action required title.

ACTION REQUIRED:

1. Metorex will submit the names and addresses of the licensees who currently have SUPS Probe.
2. Metorex will submit an application and required information to include SUPS Probe in their registration certificate. John stated it will take him a couple of weeks to submit the application and licensee related information.
3. NRC SSD Registration Assistant to close out case 99-63.

PLACE THIS RECORD IN: Registration File NR-701-D-101-B

QA File
Incident File
General File NEO1
cc. Traci Kime

PERSON DOCUMENTING THE CONVERSATION:

Ujagar S. Bhachu

SIGNATURE:**DATE:**

12/16/99

TRACI: Please close out case 99-63.

PDR RE B SSD Thanks. Ujagar

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3. NRC SSD Registration Assistant to close out case 93-63.

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QA File
Incident File
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cc. Traci Kime

PERSON DOCUMENTING THE CONVERSATION:

Ujagar S. Bhachu

SIGNATURE:

Ujagar S. Bhachu

DATE:

12/16/99

REQUEST FOR A SEALED SOURCE OR DEVICE EVALUATION

INSTRUCTIONS: Send this request AND a copy of all related letters/applications and drawings to the Chief, Sealed Source Safety Section, OWFN Mail Stop O-6 H3. Change the License Tracking System milestone to 19 and assign to reviewer code 1-5.
NOTE: Retain a copy of this request with the application and background files.

REQUESTER Metorex		REGION/LOCATION: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> HQ <input type="checkbox"/> LFARB	
TELEPHONE NUMBER 609-406-9000	DATE _____	TYPE OF ACTION REQUESTED (Check as appropriate) <input type="checkbox"/> SOURCE REVIEW <input checked="" type="checkbox"/> AMENDMENT OF REGISTRATION SHEET NUMBER(S) <input type="checkbox"/> DEVICE REVIEW <input type="checkbox"/> CUSTOM REVIEW	
NAME OF APPLICANT John I. H. Patterson, Ph.D.			
MAIL CONTROL NUMBER(S) _____			
LETTER/APPLICATION DATE 11/12/1999	LICENSE NUMBER(S) _____		

COMMENTS:
Princeton Crossroads Corporate Center
250 Phillips Boulevard
Ewing, NJ 08618

FOR SSSS USE ONLY

REVIEWER Ujagar Bhachu	MODEL NUMBERS 880, 820, 840, HEPS	NUMBER ASSIGNED 99-63
DATE RECEIVED 11/18/1999	DATE ASSIGNED 11/18/1999	DATE TO FEES 11/18/1999

TYPE OF ACTION (Indicate the number of each type)

<input checked="" type="checkbox"/> COMMERCIAL DISTRIBUTION (FORMAL)		<input type="checkbox"/> USE BY A SINGLE APPLICANT (CUSTOM)	
SOURCE (9C)	DEVICE (9A)	SOURCE (9D)	DEVICE (9B)
<input type="checkbox"/> NEW <input type="checkbox"/> AMENDMENT	<input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDMENT	<input type="checkbox"/> NEW <input type="checkbox"/> AMENDMENT	<input type="checkbox"/> NEW <input type="checkbox"/> AMENDMENT
<input checked="" type="checkbox"/> NO SAFETY EVALUATION REQUIRED NO FEES REQUIRED		<input type="checkbox"/> LICENSING ACTION REQUIRED (IF KNOWN)	<input type="checkbox"/> YES <input type="checkbox"/> NO

OTHER (Specify)

	TOTAL NUMBER OF REVIEW HOURS	NOTES Amendment to TX-227-D-101-G, NR-551-D-104-B, NR-701-D-101-G.
	NUMBER OF DEFICIENCY LETTERS	
	NUMBER OF DEFICIENCY CALLS	

FOR FEE USE ONLY

TYPE OF FEE <i>Fee Expense</i>	FEE CATEGORY <input type="checkbox"/> 9A <input type="checkbox"/> 9B <input type="checkbox"/> 9C <input type="checkbox"/> 9D
AMOUNT RECEIVED <i>Per 8/9/99 Fee Guide</i>	CHECK NUMBER _____
DATE OF CHECK _____	LOG <i>Nov 99 (SSSS)</i>
APPROVED BY <i>Per 8/9/99 Fee Guide</i>	DATE OF RETURN <i>11/30/99</i>

COMMENTS
