



IMS Systems, Inc.  
10521 Perry Highway  
Suite 310  
Wexford, PA. 15090  
(724) 940-7160 Main Office  
(724) 940-7179 Fax

16 February, 2001

Mr. Bill Ward  
US NRC  
Washington D.C.  
Phone: (301) 415-7038  
Fax: (301) 415-5369

Dear Mr. Ward,

Please accept my humblest of apologies concerning the incorrect company name on our recently submitted 5321 device registration information. Per your conversation with Sue Engelhardt, we have corrected the name of our company on sheets:

Summary Data (This sheet is located directly after tab "App. Form, Orig. Device Reg., Source Reg.")

DEVICE REGISTRATION APPLICATION (This sheet is located directly after tab "Use and Construction")

Again, I apologize and trust this error on our part does not cause any significant problems.

On an unrelated note, we received our first surprise audit from NRC region 1. I am very proud to say the inspector was quite pleased with our program.

Very Best Regards,

John Buckman  
General Manager, RSO  
**IMS Systems Inc.**

**DEVICE REGISTRATION APPLICATION  
FOR THE MODEL 5321 MULTICHANNEL TUBE GAUGE  
IMS SYSTEMS, INC.  
WEXFORD, PA**

**SUMMARY DATA**

DATE	30 January, 2001
APPLICANT	IMS Systems, Inc. 10521 Perry Highway Suite 310 3 <sup>rd</sup> Floor Wexford, PA 15090
APPLICANT IS THE DISTRIBUTOR	PHONE 1.724.940.7160 FAX 1.724.940.7179
CONTACT PERSON	Susan Engelhardt President Engelhardt & Associates, Inc
RADIATION CONSULTANT	Madison, WI 53711 PHONE: 1.800.525.3078 FAX 1.608.273.6989 E-MAIL engel@it is.com
MANUFACTURER	Isotope Measuring Systems Dieselstrasse 55 Heiligenhaus D- 42579 Germany
DEVICE TYPE	Direct transmission gauge Tube thickness gauge Eccentricity measurement system O-frame gauge
MODEL NUMBER	Model 5321
SOURCE MODEL DESIGNATION	Amersham International Model CDC.PE2 (Also known as CDC 711M.) SS registration # NR-136-S-232-S
RADIONUCLIDES	Isotope: Cs-137

## APPENDIX C

## SUMMARY DATA

Name and Complete Mailing Address of the Applicant: IMS Systems, Inc. 10521 Perry Highway Suite 310 3rd Floor Wexford, PA 15090		Name, Title, and Telephone Number of the Individual to Be Contacted If Additional Information or Clarification Is Needed by the NRC: Susan Engelhardt, President Engelhardt & Assoc., Inc. 800/525-3078	
The Applicant is (check one):		If the Applicant Is Not the Manufacturer, Provide the Name and Complete Mailing Address of the Manufacturer:	
<input type="checkbox"/>	Custom User	Isotope Measuring Systems Dieselstrasse 55 Heiligenhaus D-42579 Germany	
<input type="checkbox"/>	Manufacturer		
<input checked="" type="checkbox"/>	Distributor		
<input type="checkbox"/>	Manufacturer and Distributor		
If the Applicant Is a Custom User, Provide the Name and Complete Mailing Address of the Distributor: N/A		Provide the Name, Complete Mailing Address, and Function of Other Companies Involved: Consultant Engelhardt & Assoc., Inc., 2800 S. Fish Hatchery Rd., Madison, WI 53711	
Model Number: 5321		Principal Use Code (see Appendix F):	
Name Used by the Industry to Identify the Product (e.g., Radiography Exposure Device, Teletherapy Source, Calibration Source, etc.): Direct Transmission Gauge Tube Wall Thickness OC Frame Gauge		For Use by:	
		<input checked="" type="checkbox"/>	Specific Licensees Only
		<input type="checkbox"/>	General Licensees Only
		<input type="checkbox"/>	Both Specific and General Licensees
		<input type="checkbox"/>	Persons Exempt from Licensing
Leak-Test Frequency:		Principal Section of the 10 CFR that Applies to the User (e.g., General Licensees under 10 CFR 31.5):	
<input type="checkbox"/>	Periodic Leak-Testing is Not Required	10CFR 30 Domestic Licensing of Byproduct Material Radionuclides and Maximum Activities (including loading tolerance): Cs-137 10Ci/each Model CDC 38210 Capsule x .38/4 (Also known as CDC 711M)	
<input checked="" type="checkbox"/>	6 Months		
<input type="checkbox"/>	Attached is justification for a leak test frequency of greater than 6 months		

## CERTIFICATION:

SS registration #NR-136-5-2325

THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30 AND 32 AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

Certifying Officer — Typed Name and Title

Signature

Philip Buckman, VP of OPERATIONS RSO

Date:

27 Nov 2000