

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.

<b>REQUESTER</b> <b>TSI, Incorporated</b>		<b>REGION/LOCATION:</b> <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> HQ <input type="checkbox"/> LFARB	
<b>TELEPHONE NUMBER</b> <b>651-490-4066</b>	<b>DATE</b>	<b>TYPE OF ACTION REQUESTED (Check as appropriate)</b>	
<b>NAME OF APPLICANT</b> <b>Jeffrey Swanson</b>		<input type="checkbox"/> SOURCE REVIEW	<input checked="" type="checkbox"/> AMENDMENT OF REGISTRATION SHEET NUMBER(S)
<b>MAIL CONTROL NUMBER(S)</b>		<input type="checkbox"/> DEVICE REVIEW	
<b>LETTER/APPLICATION DATE</b> <b>02/01/2002</b>	<b>LICENSE NUMBER(S)</b>	<input type="checkbox"/> CUSTOM REVIEW	<b>NR-636-D-101-G</b>

**COMMENTS:**  
**500 Cardigan Road**  
**P.O. Box 64394**  
**St. Paul, MN 55164-0394**

FOR SSSS USE ONLY		
<b>REVIEWER</b> <b>Ujagar Bhachu &amp; Seung Lee</b>	<b>MODEL NUMBERS</b> <b>3012, 3013, 3054, 3077, 3078, etc.</b>	<b>NUMBER ASSIGNED</b> <b>02-06</b>
<b>DATE RECEIVED</b> <b>02/08/2002</b>	<b>DATE ASSIGNED</b> <b>02/11/2002</b>	<b>DATE TO FEES</b> <b>02/11/2002</b>

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)	
<b>SOURCE (9C)</b>	<b>DEVICE (9A)</b>	<b>SOURCE (9D)</b>	<b>DEVICE (9B)</b>
<input type="checkbox"/> NEW	<input type="checkbox"/> NEW	<input type="checkbox"/> NEW	<input type="checkbox"/> NEW
<input type="checkbox"/> AMENDMENT	<input checked="" type="checkbox"/> AMENDMENT	<input type="checkbox"/> AMENDMENT	<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
<input type="checkbox"/> OTHER (Specify)			

	<b>TOTAL NUMBER OF REVIEW HOURS</b>	<b>NOTES</b> <b>Request to amend Krypton-85 neutralizer models under NR-636-D-101-G.</b>
	<b>NUMBER OF DEFICIENCY LETTERS</b>	
	<b>NUMBER OF DEFICIENCY CALLS</b>	

FOR FEE USE ONLY			
<b>TYPE OF FEE</b> <b>N/A</b>	<b>FEE CATEGORY</b> <input checked="" type="checkbox"/> 9A <input type="checkbox"/> 9B <input type="checkbox"/> 9C <input type="checkbox"/> 9D		
<b>AMOUNT RECEIVED</b> <b>—</b>	<b>CHECK NUMBER</b> <b>—</b>	<b>DATE OF CHECK</b> <b>—</b>	<b>LOG</b> <b>FEB 02 SSSD</b>
<b>APPROVED BY</b> <b>Koselyn Jones</b>			<b>DATE OF RETURN</b> <b>3/4/02</b>
<b>COMMENTS</b>			

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**TYPE OF ACTION (Indicate the number of each type)**

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

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**FOR FEE USE ONLY**

<b>TYPE OF FEE</b>		<b>FEE CATEGORY</b> <input type="checkbox"/> 9A <input type="checkbox"/> 9B <input type="checkbox"/> 9C <input type="checkbox"/> 9D	
<b>AMOUNT RECEIVED</b>	<b>CHECK NUMBER</b>	<b>DATE OF CHECK</b>	<b>LOG</b>
<b>APPROVED BY</b>			<b>DATE OF RETURN</b>

**COMMENTS**