

[illegible]



GL-61495-19  
04/06/2015

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: RIEBESELL

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First Name: BILL

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Middle Initial:

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Telephone: (208) 324-8806

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Extension:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Title: GENERAL MANAGER

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Enter the mailing address where correspondence regarding your device(s) should be sent.  
This address should be specific to the use or storage location of your device(s).

Department: DAVISCO FOODS INT

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Address Line 1: 547 WEST NEZ PERCE

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Address Line 2:

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City: JEROME

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State: ID

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Zip Code: 83338 - 0485

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GL-61495-19

04/06/2015

## SECTION 2 - DEVICES SUBJECT TO REGISTRATION

## SECTION 2

PAGE 1 of 2

**Our records indicate that you have these devices. Please update the information as necessary.**

**NRC Device Key**                      **715681**                      **(Internal Control Number)**

**Distributor/Distributed By:** BSI INSTRUMENTS

[illegible]

Distributor License Number: 37-21226-02G

[illegible]

Manufacturer Name: BSI INSTRUMENTS

[illegible]

Device Model (Not Source Model): LB 7440 D

[illegible]

Device Serial Number: 59-1-92

[illegible]

Transfer Date (Receipt Date): 11/15/1992

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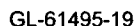
MM

DD

YY YY

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

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	CS137	30.000000000	mCi
2			
3			
4			
5			
6			



04/06/2015

## SECTION 2 - DEVICES SUBJECT TO REGISTRATION

## SECTION 2

PAGE 2 of 2

**Our records indicate that you have these devices. Please update the information as necessary.**

**NRC Device Key**                      **715682**                      **(Internal Control Number)**

Distributor/Distributed By: BSI INSTRUMENTS

[illegible]

Distributor License Number: 37-21226-02G

[illegible]

Manufacturer Name: BSI INSTRUMENTS

[illegible]

Device Model (Not Source Model): LB 7440 D

[illegible]

Device Serial Number: 920-2-92

[illegible]

Transfer Date (Receipt Date): 11/15/1992

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MM

DD

YY YY

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

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	CS137 <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	30.000000000 <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>	mCi <div> <div></div> <div></div> <div></div> </div>
2	<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></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>
3	<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></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>
4	<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></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>
5	<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></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>
6	<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></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>







GL-61495-19  
04/06/2015

**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>)

18 May 2015

**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.



GL-61495-19

04/06/2015



**SECTION 6 - DEVICES NOT SUBJECT TO REGISTRATION**

**SECTION 6**

PAGE 1 of 1

**NRC Device Key:**

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date: