



U.S. NUCLEAR REGULATORY COMMISSION

EXPIRES: 04/30/2016

Estimated burden per response to comply with this mandatory collection request: 20 minutes. NRC will use this information to track general licensees and their devices to ensure a higher level of device accountability. Send comments regarding burden estimate to the FOIA, Privacy, and Information Collections Branch (T-5 F53), U. S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to Infocollections.Resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0198), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

GL-7457-20

Company Name: FAYGO BEVERAGE COMPANY

[illegible]

Department: ..

[illegible]

Address Line 1: PLANT ENGINEERING

[illegible]

Address Line 2: 3579 GRATIOT AVENUE

[illegible]

City: DETROIT

[illegible]

State: MI

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Zip Code: 48207 -

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For NRC Use Only
(Do not write here)

Category:

Packet Receipt Date (MMDDYYYY):

1	2	3	4	5	6	7	8

Accession Number:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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SECTION 1
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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: MCCONNEL

V E R M E U L E N

First Name: NEAL

Middle Initial:

S T E P H A N U S

Telephone: (313) 925-1600

Extension: 6255

8 1 8 8 5 3 4 8 6 8

Title: PLANT MANAGER

**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:

Address Line 1: PLANT ENGINEERING

Address Line 2: 3579 GRATIOT AVENUE

City: DETROIT

State: MI

Zip Code: 48207 -



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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

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

NRC Device Key **719917** **(Internal Control Number)**

Distributor/Distributed By: Industrial Dynamics Co., LTD.

[illegible]

Distributor License Number: 1586-70GL

[illegible]

Manufacturer Name: INDUSTRIAL DYNAMICS CO., LTD.

[illegible]

Device Model (Not Source Model): FT-50-C

[illegible]

Device Serial Number: 581

[illegible]

Transfer Date (Receipt Date): 02/15/1972

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

MM

DD

YY YY

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	AM241 <div><div></div><div></div><div></div><div></div><div></div></div>	100.000000000 <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>
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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>



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SECTION 4

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Provide information about devices listed in Section 2 or 6, but no longer in your possession.

Transfer Date:

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Y Y Y Y

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)
☐ Returned to Manufacturer (complete Part 1 only) (complete Part 2)

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

[illegible]

Company Name:

[illegible]

Department:

[illegible]

Address Line 1:

[illegible]

Address Line 2:

[illegible]

City:

[illegible]

State:

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Zip Code:

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Part 3

Enter the name of the individual responsible for this device:

Last Name:

[illegible]

First Name:

[illegible]

Middle Initial:

7

Telephone Number:

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Extension:

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Title:

[illegible]



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SECTION 5 - CERTIFICATION

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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>)

4/26/2016

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 - DEVICES NOT SUBJECT TO REGISTRATION

SECTION 6

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NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date: