



GL-7639-20  
04/04/2016  
**NRC FORM 664**  
07 - 2015  
10 CFR 31.5

SECTION 1  
PAGE 1 of 2

**U.S. NUCLEAR REGULATORY COMMISSION**

## GENERAL LICENSEE REGISTRATION

APPROVED BY OMB: NO. 3150-0198

**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 [Infocollects.Resource@nrc.gov](mailto:Infocollects.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.

**Complete all six sections of this registration form. If any of the preprinted information is incorrect, provide the changes in the applicable boxes. USE CAPITAL LETTERS.**

## General License

## SECTION 1 - GENERAL LICENSEE INFORMATION

**Registration Number**

**GL-7639-20**

**Enter the company name and the street address/physical location of use for your device(s). For portable devices, specify the primary storage location. Do not use a P.O. Box address.**

Company Name: EAGLE FAMILY FOODS GROUPS, LLC

[illegible]

Department:

[illegible]

Address Line 1: 105 WASHINGTON AVENUE

[illegible]

Address Line 2:

[illegible]

City: SENECA

[illegible]

State: MO

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Zip Code: 64865 -

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<b>For NRC Use Only</b> <i>(Do not write here)</i>				<b>Category:</b>			
				<b>Packet Receipt Date (MMDDYYYY):</b>			
				<b>Accession Number:</b>			

GLTS



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**Enter the name, telephone number and title of the person who is the responsible individual for the device(s).**

[illegible][illegible]

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[illegible][illegible][illegible][illegible][illegible]

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INDUSTRIAL DYNAMICS COMPANY, LTD.  
3100 FUJITA STREET  
TORRANCE, CA 90505  
(310) 325-5633 CUSTOMER SERVICE CENTER (888) 4-FILTEC

**COPY**

WIPE TEST SOURCE INSPECTION CERTIFICATE

Number of IDC Sources at Site(total): 5

JM Smucker Company

Account #: JMSMUCOHSL

105 Washington Avenue

Seneca, MO 64865

Attn: Mr. Ken Whitmire

Phone No.: (417) 776-2243

WIPE TEST AND CERTIFICATION DATA

Wipe Test & Seals Affixed by: Jerry Weete Date: 9/18/2013  
Wipe Test Measurements by: Melisa Aguilar Date: 9/26/2013  
Test Results Reported as: Satisfactory\*  
Next Wipe Test Due Date: 9/2/2016

NOTE: Source Model Nos. 06110 and 06765 are 100mCi (3.7 GBq) of Am-241  
Source Model No. 19567 is 300 mCi (11.1 GBq) of Am-241

Machine Model Number	Machine Serial No.	Source Serial No.	Source Model No.	Inspection Discrepancies
FT-12	105764	1061	06110	0

Discrepancies:

- |                                   |                                    |
|-----------------------------------|------------------------------------|
| 0. No discrepancies               | 5. Window replacement required     |
| 1. Incorrect source model         | 6. Source box replacement required |
| 2. Manual shutter repair required | 7. Source installation             |
| 3. Auto shutter repair required   | 8. Source removal                  |
| 4. Label replacement required     | 9. Other                           |

CERTIFIED

BY:

*Terry Williams*  
Terry Williams  
Radiation Safety Officer

9/26/2013

\* Less than 0.005 microcuries  
0.005 microcuries = .185 KBq

PLEASE FILE THIS WIPE TEST CERTIFICATE TO BE PRESENTED  
TO YOUR LOCAL REGULATORY AGENCY WHEN REQUESTED.





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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

☐ 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)

[illegible][illegible][illegible][illegible][illegible][illegible]

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**Enter the name of the individual responsible for this device:**

[illegible][illegible]

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[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>)

  
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4/27/2016  
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**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: