

## Wagner, Katie

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**From:** Wilson, Scott  
**Sent:** Thursday, June 09, 2016 1:34 PM  
**To:** Wagner, Katie  
**Subject:** Reports  
**Attachments:** 2nd 2015.pdf; 3rd 2011.pdf; 4th 2015.pdf; 3rd 2015.pdf

Katie,  
Could you please accept these reports from the licensee and have them processed into ADAMS/GLTS? These are the reports we could not locate in the system. I also informed the licensee of the new address for future reports.

Thanks for your assistance.

Scott Wilson  
Health Physicist  
NRC Region I  
2100 Renaissance Blvd, Ste 100  
King of Prussia, PA 19406  
Phone: 610-337-5136  
Fax: 610-337-5269

GLTS

**From:** Ray Moncevicus [mailto:rmoncevicus@fischer-technology.com]  
**Sent:** Thursday, June 09, 2016 1:27 PM  
**To:** Wilson, Scott <Scott.Wilson@nrc.gov>  
**Subject:** [External\_Sender] RE: RE: Reports

Thanks-perfect I attached the quarterly reports for you.

*Best Regards, Ray*

Ray Moncevicus-Service Manager  
Fischer Technology Inc.  
750 Marshall Phelps Road  
Windsor, Ct 06095  
Desk 860-298-6073  
Fax 860-298-6091  
Toll Free 800-243-8417 ext6073  
Email [rmoncevicus@fischer-technology.com](mailto:rmoncevicus@fischer-technology.com)  
Web site: [www.Fischer-Technology.com](http://www.Fischer-Technology.com)



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**From:** Wilson, Scott [mailto:Scott.Wilson@nrc.gov]  
**Sent:** Thursday, June 09, 2016 12:15 PM  
**To:** Ray Moncevicus  
**Subject:** RE: RE: Reports



FISCHER TECHNOLOGY, INC.

Coating Thickness Measurement Instrumentation • Material Testing Equipment

October 6, 2011

ATTN: GLTS  
US NUCLEAR REGULATORY COMMISSION  
DIRECTOR OF NUCLEAR MATERIAL SAFETY & SAFEGUARDS  
WASHINGTON, DC 20555-0001

To Whom It May Concern:

In accordance with government and state requirements, enclosed find appropriate information for all Radioactive Material Transfers into your area for the following report period from July 1<sup>st</sup> -Sept 30<sup>th</sup> 2011.

Total amount of units for this quarter is 6.

\*If zero was the amount of transfers this quarter no other information will be enclosed.\*

Enclosed find complete transfer information on the NRC Form 653.

If additional information is needed, you may contact Ray Moncevicus at the address below or 860-298-6074 or [rmoncevicus@fischer-technology.com](mailto:rmoncevicus@fischer-technology.com).

Respectfully,

Ray Moncevicus  
Radiation Safety Officer

# TRANSFERS OF INDUSTRIAL DEVICES REPORT (TO GENERAL LICENSEES)

(Continue on NRC Form 653, 653A or 653B, as appropriate)

Estimated burden per response to comply with this mandatory collection request: 36 minutes. NRC requests quarterly reports to keep apprised of device movements. Send comments regarding the burden estimate to the Information Services 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, (3150-0001), 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.

For each "licensee" to whom a device(s) has been transferred during the reporting period, supply the following:

NAME OF VENDOR FISCHER TECHNOLOGY	REPORTING PERIOD	
	FROM 07/01/2011	TO 09/30/2011
LICENSE NUMBER 06-19165-01		

## INTERMEDIATE PERSON(S) (if any)

NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

## GENERAL LICENSEE INFORMATION

NAME OF GENERAL LICENSEE FIRST SOLAR	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code) 28101 CEDAR PARK BLVD PERRYSBURG, OH 43551
NAME OF RESPONSIBLE INDIVIDUAL DAVE BERGER	TELEPHONE (419) 662-7831
TITLE OF RESPONSIBLE INDIVIDUAL QC	

## INFORMATION ON DEVICE(S) TRANSFERRED

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
07/29/2011	FISCHERSCOPE	600-484	19107	PM147	400µCi
07/29/2011	FISCHERSCOPE	600-484	19108	PM147	400µCi

## INTERMEDIATE PERSON(S) (if any)

NAME OF INTERMEDIATE PERSON	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
NAME OF INTERMEDIATE PERSON	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

## GENERAL LICENSEE INFORMATION

NAME OF GENERAL LICENSEE SP3 DIAMOND TECHNOLOGIES	MAILING ADDRESS AT THE LOCATION OF USE (No., P.O. Boxes, include Zip Code) 2220 MARTIN AVE SANTA CLARA, CA 95050
NAME OF RESPONSIBLE INDIVIDUAL GARY SCHOETTNER	TELEPHONE (408) 492-0630
TITLE OF RESPONSIBLE INDIVIDUAL QC	

## INFORMATION ON DEVICE(S) TRANSFERRED

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
07/29/2011	FISCHERSCOPE	600-485	28259	TL204	50µCi

**TRANSFERS OF INDUSTRIAL DEVICES REPORT  
(TO GENERAL LICENSEES)**

INTERMEDIATE PERSON(S) (if any)

NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

GENERAL LICENSEE INFORMATION

NAME OF GENERAL LICENSEE ALION SOLAR	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code) 870 HARBOUR WAY SOUTH RICHMOND, CA 94804
NAME OF RESPONSIBLE INDIVIDUAL ROMAN SHUBA	TELEPHONE (510) 965-8283
TITLE OF RESPONSIBLE INDIVIDUAL SR. INK CHEMIST	

INFORMATION ON DEVICE(S) TRANSFERRED

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
09/26/2011	FISCHERSCOPE	600-484	19106	PM147	400 $\mu$ CI

INTERMEDIATE PERSON(S) (if any)

NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

GENERAL LICENSEE INFORMATION

NAME OF GENERAL LICENSEE PRIMESTAR SOLAR	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code) 14401 WEST 65TH AVE UNIT B ARVADA CO 80004
NAME OF RESPONSIBLE INDIVIDUAL CAROLINE CORWINE	TELEPHONE (303) 704-3503
TITLE OF RESPONSIBLE INDIVIDUAL QUALITY CONTROL	

INFORMATION ON DEVICE(S) TRANSFERRED

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
08/12/2011	FISCHERSCOPE	600-484	19105	PM147	400 $\mu$ CI

## TRANSFERS OF INDUSTRIAL DEVICES REPORT (TO GENERAL LICENSEES)

### INTERMEDIATE PERSON(S) (if any)

NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

### GENERAL LICENSEE INFORMATION

NAME OF GENERAL LICENSEE SP3 DIAMOND TECHNOLOGIES		MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code) 2220 MARTIN AVE SANTA CLARA, CA 95050
NAME OF RESPONSIBLE INDIVIDUAL GARY SCHOETTNER	TELEPHONE (408) 492-0630	
TITLE OF RESPONSIBLE INDIVIDUAL QUALITY CONTROL		

### INFORMATION ON DEVICE(S) TRANSFERRED

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
09/30/2011	FISCHERSCOPE	600-485	28260	TL204	50µCi

### INTERMEDIATE PERSON(S) (if any)

NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

### GENERAL LICENSEE INFORMATION

NAME OF GENERAL LICENSEE		MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)
NAME OF RESPONSIBLE INDIVIDUAL	TELEPHONE	
TITLE OF RESPONSIBLE INDIVIDUAL		

### INFORMATION ON DEVICE(S) TRANSFERRED

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS



July 9th, 2015

US NUCLEAR REGULATORY COMMISSION  
ATTN: DOCUMENT CONTROL DESK-DIRECTOR  
OFFICE OF FEDERAL & STATE MATERIALS & ENVIRONMENT MGMT PROGRAMS  
WASHINGTON DC 20555

To Whom It May Concern:

In accordance with government and state requirements, enclosed find appropriate information for all Radioactive Material Transfers into your area for the following report period from April 1<sup>st</sup>, 2015- June 30<sup>th</sup> 2015.

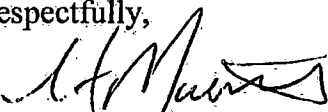
Total amount of units for this quarter is 5.

\*If zero was the amount of transfers this quarter no other information will be enclosed.\*

Enclosed find complete transfer information on the NRC Form 653.

If additional information is needed, you may contact Ray Moncevicus at the address below or 860-298-6074 or [rmoncevicus@fischer-technology.com](mailto:rmoncevicus@fischer-technology.com).

Respectfully,

  
Ray Moncevicus  
Radiation Safety Officer



# **TRANSFERS OF INDUSTRIAL DEVICES REPORT (TO GENERAL LICENSEES)**

(Continue on NRC Form 653, 653A or 653B, as appropriate)

Estimated burden per response to comply with this mandatory collection request: 35 minutes. NRC requests quarterly reports to keep apprised of device movements. Send comments regarding the burden estimate to the FOIA, Privacy, and Information Collection's Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to [InfoCollect.Resource@nrc.gov](mailto:InfoCollect.Resource@nrc.gov), and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0001), 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.

For each "licensee" to whom a device(s) has been transferred during the reporting period, supply the following:

NAME OF VENDOR Fischer Technology INC	REPORTING PERIOD	
	FROM	TO
LICENSE NUMBER 06-19165-01	4/1/2015	6/30/2015

**INTERMEDIATE PERSON(S) (If any)**

NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

**GENERAL LICENSEE INFORMATION**

NAME OF GENERAL LICENSEE i3 Electronics	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code) Clark & Robbie Ave. Endicott, NY 13760		
NAME OF RESPONSIBLE INDIVIDUAL Pamela Thompson	TELEPHONE (607) 755-3303		
TITLE OF RESPONSIBLE INDIVIDUAL Quality			

**INFORMATION ON DEVICE(S) TRANSFERRED**

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
04/09/2015	Fischerscope	600-484	19256	PM147	400uCi

**INTERMEDIATE PERSON(S) (If any)**

NAME OF INTERMEDIATE PERSON	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
NAME OF INTERMEDIATE PERSON	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

**GENERAL LICENSEE INFORMATION**

NAME OF GENERAL LICENSEE Hudson Plating Works INC	MAILING ADDRESS AT THE LOCATION OF USE (No., P.O. Boxes, include Zip Code) 11941 Hertz St Moorpark CA 93021		
NAME OF RESPONSIBLE INDIVIDUAL Marcia Hudson	TELEPHONE (805) 517-1222		
TITLE OF RESPONSIBLE INDIVIDUAL Quality			

**INFORMATION ON DEVICE(S) TRANSFERRED**

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
06/29/2015	Fischerscope	600-487	42416	SR90	5uCi

**TRANSFERS OF INDUSTRIAL DEVICES REPORT  
(TO GENERAL LICENSEES) (continued)**

**INTERMEDIATE PERSON(S) (If any)**

NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

**GENERAL LICENSEE INFORMATION**

NAME OF GENERAL LICENSEE Allied Tube & Conduit		MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code) 16100 So. Lathrop Road Harvey, IL 60426
NAME OF RESPONSIBLE INDIVIDUAL Don Davidson	TELEPHONE (708) 339-1610	
TITLE OF RESPONSIBLE INDIVIDUAL Quality		

**INFORMATION ON DEVICE(S) TRANSFERRED**

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
04/29/2015	Fischerscope	600484	19284	PM146	400uCi

**INTERMEDIATE PERSON(S) (If any)**

NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

**GENERAL LICENSEE INFORMATION**

NAME OF GENERAL LICENSEE US NNSA Sandia National Labs		MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code) 1515 Eubank SE Bldg 957 Albuquerque, NM 87123
NAME OF RESPONSIBLE INDIVIDUAL Josh Sugar	TELEPHONE (925) 294-1344	
TITLE OF RESPONSIBLE INDIVIDUAL Quality		

**INFORMATION ON DEVICE(S) TRANSFERRED**

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
6/30/2015	Fischerscope	600-487	42417	SR 90	5uCi
6/30/2015	Fischerscope	600-484	19287	PM147	400uCi
6/30/2015	Fischerscope	600-485	28361	TL204	50uCi



FISCHER TECHNOLOGY, INC.

Coating Thickness Measurement Instrumentation • Material Testing Equipment

October 7<sup>th</sup>, 2015

US NUCLEAR REGULATORY COMMISSION  
ATTN: DOCUMENT CONTROL DESK-DIRECTOR  
OFFICE OF FEDERAL & STATE MATERIALS & ENVIRONMENT MGMT PROGRAMS  
WASHINGTON DC 20555

To Whom It May Concern:

In accordance with government and state requirements, enclosed find appropriate information for all Radioactive Material Transfers into your area for the following report period from July 1<sup>st</sup>, 2015- September 30<sup>th</sup> 2015.

Total amount of units for this quarter is 6.

\*If zero was the amount of transfers this quarter no other information will be enclosed.\*

Enclosed find complete transfer information on the NRC Form 653,

If additional information is needed, you may contact Ray Moncevicus at the address below or 860-298-6074 or [rmoncevicus@fischer-technology.com](mailto:rmoncevicus@fischer-technology.com).

Respectfully,

Ray Moncevicus  
Radiation Safety Officer



# **TRANSFERS OF INDUSTRIAL DEVICES REPORT (TO GENERAL LICENSEES)**

(Continue on NRC Form 653, 653A or 653B, as appropriate)

Estimated burden per response to comply with this mandatory collection request: 38 minutes. NRC requests quarterly reports to keep apprised of device movements. Send comments regarding the burden estimate to the FOIA, Privacy, and Information Collections Branch (T-5 FS3), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to [infocoll@nrc.gov](mailto:infocoll@nrc.gov), and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0001), 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.

**For each "licensee" to whom a device(s) has been transferred during the reporting period, supply the following:**

NAME OF VENDOR Fischer Technology INC.	REPORTING PERIOD	
	FROM 7/1/2015	TO 9/30/2015
LICENSE NUMBER 06-19165-01		

## **INTERMEDIATE PERSON(S) (If any)**

NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

## **GENERAL LICENSEE INFORMATION**

NAME OF GENERAL LICENSEE Epner Technology Inc	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code) 25 Division Place Brooklyn NY 11222
NAME OF RESPONSIBLE INDIVIDUAL Dmitriy Tsitlik	
TITLE OF RESPONSIBLE INDIVIDUAL Quality	
TELEPHONE (718) 782-8722	

## **INFORMATION ON DEVICE(S) TRANSFERRED**

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
07/07/2015	Fischerscope	600-487	42425	SR90	5uCi

## **INTERMEDIATE PERSON(S) (If any)**

NAME OF INTERMEDIATE PERSON	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
NAME OF INTERMEDIATE PERSON	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

## **GENERAL LICENSEE INFORMATION**

NAME OF GENERAL LICENSEE Federal Mogul	MAILING ADDRESS AT THE LOCATION OF USE (No., P.O. Boxes, include Zip Code) 7450 North McCormick BLVD Skokie, IL 60076
NAME OF RESPONSIBLE INDIVIDUAL Kinjal Shah	
TITLE OF RESPONSIBLE INDIVIDUAL Quality	
TELEPHONE (847) 674-7700	

## **INFORMATION ON DEVICE(S) TRANSFERRED**

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
07/17/2015	Fischerscope	600-484	19289	PM147	400uCi

# **TRANSFERS OF INDUSTRIAL DEVICES REPORT (TO GENERAL LICENSEES) (continued)**

**INTERMEDIATE PERSON(S) (if any)**

NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

**GENERAL LICENSEE INFORMATION**

NAME OF GENERAL LICENSEE IBC CoatingTech.		MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code) 902 Hendricks Drive Lebanon, IN 46052
NAME OF RESPONSIBLE INDIVIDUAL Elgin Miller	TELEPHONE (765) 482-9802	
TITLE OF RESPONSIBLE INDIVIDUAL Quality		

**INFORMATION ON DEVICE(S) TRANSFERRED**

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
08/07/2015	Fischerscope	600-484	19291	PM147	400uCi

**INTERMEDIATE PERSON(S) (if any)**

NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

**GENERAL LICENSEE INFORMATION**

NAME OF GENERAL LICENSEE Lockheed Martin		MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code) 1 Lockheed BLVD Fort Worth, TX 76108
NAME OF RESPONSIBLE INDIVIDUAL Steve Poe	TELEPHONE (770) 793-0516	
TITLE OF RESPONSIBLE INDIVIDUAL Quality		

**INFORMATION ON DEVICE(S) TRANSFERRED**

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
6/30/2015	Fischerscope	600-487	42418	SR 90	5uCi

**TRANSFERS OF INDUSTRIAL DEVICES REPORT  
(TO GENERAL LICENSEES) (continued)**

**INTERMEDIATE PERSON(S) (if any)**

NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

**GENERAL LICENSEE INFORMATION**

NAME OF GENERAL LICENSEE Dana Corp	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code) 1857 150 Bypass Danville, KY 40422		
NAME OF RESPONSIBLE INDIVIDUAL Ed Runyon			
TITLE OF RESPONSIBLE INDIVIDUAL Quality			
	TELEPHONE (859) 238-2572		

**INFORMATION ON DEVICE(S) TRANSFERRED**

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
09/21/2015	Fischerscope	600-484	19296	PM147	400uCi

**INTERMEDIATE PERSON(S) (if any)**

NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

**GENERAL LICENSEE INFORMATION**

NAME OF GENERAL LICENSEE SRG Global	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code) 12620 Delta Street Taylor, MI 48180		
NAME OF RESPONSIBLE INDIVIDUAL Brenda Van DeVan			
TITLE OF RESPONSIBLE INDIVIDUAL Quality			
	TELEPHONE (586) 427-1201		

**INFORMATION ON DEVICE(S) TRANSFERRED**

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
09/30/2015	Fischerscope	600-485	28369	TL204	50uCi



FISCHER TECHNOLOGY, INC.

Coating Thickness Measurement Instrumentation • Material Testing Equipment

January 12<sup>th</sup>, 2016

US NUCLEAR REGULATORY COMMISSION  
ATTN: DOCUMENT CONTROL DESK-DIRECTOR  
OFFICE OF FEDERAL & STATE MATERIALS & ENVIRONMENT MGMT PROGRAMS  
WASHINGTON DC 20555

To Whom It May Concern:

In accordance with government and state requirements, enclosed find appropriate information for all Radioactive Material Transfers into your area for the following report period from October 1<sup>st</sup>, 2015- December 31<sup>st</sup> 2015.

Total amount of units for this quarter is 9.

\*If zero was the amount of transfers this quarter no other information will be enclosed.\*

Enclosed find complete transfer information on the NRC Form 653.

If additional information is needed, you may contact Ray Moncevicius at the address below or 860-298-6074 or [rmoncevicius@fischer-technology.com](mailto:rmoncevicius@fischer-technology.com).

Respectfully,

Ray Moncevicius  
Radiation Safety Officer

## NRC FORM 653

(05-2013)  
10 CFR 32

U. S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0001

EXPIRES: 05/31/2016

# TRANSFERS OF INDUSTRIAL DEVICES REPORT (TO GENERAL LICENSEES)

(Continue on NRC Form 653, 653A or 653B, as appropriate)

Estimated burden per response to comply with this mandatory collection request 38 minutes. NRC requests quarterly reports to keep apprised of device movements. Send comments regarding the burden estimates 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 [Infocontacts.Resource@nrc.gov](mailto:Infocontacts.Resource@nrc.gov), and to the Desk Officer, Office of Information and Regulatory Affairs, HEOB-10202, (3150-0001), 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.

For each "licensee" to whom a device(s) has been transferred during the reporting period, supply the following:

NAME OF VENDOR Fischer Technology INC		REPORTING PERIOD			
LICENSE NUMBER 06-19165-01		FROM 10/1/2015		TO 12/31/2015	
INTERMEDIATE PERSON(S) (If any)					
NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL			TELEPHONE
NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL			TELEPHONE
GENERAL LICENSEE INFORMATION					
NAME OF GENERAL LICENSEE Hill AFB		MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code) 5851 F Ave BLDG 84 Hill AFB, UT 84056			
NAME OF RESPONSIBLE INDIVIDUAL James Vaghan		TELEPHONE (801) 775-5252			
TITLE OF RESPONSIBLE INDIVIDUAL Quality					
INFORMATION ON DEVICE(S) TRANSFERRED					
DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
10/30/2015	Fischerscope	600-487	42426	SR90	5uCi
INTERMEDIATE PERSON(S) (If any)					
NAME OF INTERMEDIATE PERSON	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL			TELEPHONE
NAME OF INTERMEDIATE PERSON	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL			TELEPHONE
GENERAL LICENSEE INFORMATION					
NAME OF GENERAL LICENSEE AK Steel		MAILING ADDRESS AT THE LOCATION OF USE (No., P.O. Boxes, include Zip Code) 1724 Linden Ave. Zanesville, OH 43701			
NAME OF RESPONSIBLE INDIVIDUAL Maureen Canavaugh-Brown		TELEPHONE (724) 284-3144			
TITLE OF RESPONSIBLE INDIVIDUAL Quality					
INFORMATION ON DEVICE(S) TRANSFERRED					
DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
11/03/2015	Fischerscope	600-484	19298	PM147	400uCi
11/03/2015	Fischerscope	600-484	19299	PM147	400uCi

# **TRANSFERS OF INDUSTRIAL DEVICES REPORT (TO GENERAL LICENSEES) (continued)**

**INTERMEDIATE PERSON(S) (If any)**

NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

**GENERAL LICENSEE INFORMATION**

NAME OF GENERAL LICENSEE		MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code) 5875 Southgate Ave. Hill AFB, UT 84056
Hill AFB		
NAME OF RESPONSIBLE INDIVIDUAL	TELEPHONE	
James Vaughan	(801) 775-5252	
TITLE OF RESPONSIBLE INDIVIDUAL		
Quality		

**INFORMATION ON DEVICE(S) TRANSFERRED**

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
11/10/2015	Fischerscope	600-487	42427	SR90	5uCi
11/10/2015	Fischerscope	600-487	42428	SR90	5uCi

**INTERMEDIATE PERSON(S) (If any)**

NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

**GENERAL LICENSEE INFORMATION**

NAME OF GENERAL LICENSEE:  Siemens		MAILING ADDRESS AT THE LOCATION OF USE(No P.O. Boxes; include Zip Code)  4395 Diplomacy Ft.Worth, TX 76155
NAME OF RESPONSIBLE INDIVIDUAL  Aaron Patton	TELEPHONE  (817) 785-2206	
TITLE OF RESPONSIBLE INDIVIDUAL  Quality		

**INFORMATION ON DEVICE(S) TRANSFERRED**

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
11/30/2015	Fischerscope	600-484	19253	PM147	400uCi
11/30/2015	Fischerscope	600-485	28362	TL204	50uCi

**TRANSFERS OF INDUSTRIAL DEVICES REPORT  
(TO GENERAL LICENSEES) (continued)**

**INTERMEDIATE PERSON(S) (If any)**

NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

**GENERAL LICENSEE INFORMATION**

NAME OF GENERAL LICENSEE Hill AFB	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code) 6150 Foulis Rd Hill AFB, UT 84056		
NAME OF RESPONSIBLE INDIVIDUAL Alex Cerna			
TITLE OF RESPONSIBLE INDIVIDUAL Quality			
	TELEPHONE (973) 439-2802		

**INFORMATION ON DEVICE(S) TRANSFERRED**

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
12/11/2015	Fischerscope	600-487	42429	SR90	5uCi
12/11/2015	Fischerscope	600-487	42430	SR90	5uCi

**INTERMEDIATE PERSON(S) (If any)**

NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

**GENERAL LICENSEE INFORMATION**

NAME OF GENERAL LICENSEE	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)		
NAME OF RESPONSIBLE INDIVIDUAL			
TITLE OF RESPONSIBLE INDIVIDUAL			
	TELEPHONE		

**INFORMATION ON DEVICE(S) TRANSFERRED**

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS