

FEDERAL NOTIFICATION LETTER

Thursday, July 19, 2018

Director of FSME
Attn: GLTS
U.S. Nuclear Regulatory Commission
Washington, DC 20555-0001

This letter is a notification per 10 CFR 31.5(c)(8) or corresponding State regulation indicating that a device containing radioactive material was transferred from a general licensee to a specific licensee. The following information is provided:

From General Licensee:

FPC Duluth
4464 Ralston Dr.
Duluth, MN 55811

To Specific Licensee:

SRB Technologies, Inc.
2580 Landmark Drive
Winston-Salem, NC 27103
(336)-659-2610

Radioactive Materials License #034-0534-2

Date of Transfer: (Enter Date Disposal Box was shipped to Specific Licensee)	Aug. 03, 2018
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Description of Device(s) Transferred:

Exit signs containing tritium as per attached Inventory Form(s).

If there are questions or concerns, please contact me.

Sincerely,

Printed Name:	Chad DeKungs
Signature:	Ch DeK
Phone Number:	218 - 249-7403

FEDERAL LETTER- MAIL TO USNRC WITHIN 30 DAYS OF SHIPMENT

VEOLIA USE ONLY

Sales Order #: 2023839
Case #: 37608

VEOLIA USE ONLY

RGA#: 997253
RGA# Expiration Date: 10/17/18
UCN: 2I51388J-4K54461L
Fedex Tracking#: 691191700046088
Box 1 of 1

TRITIUM EXIT SIGN INVENTORY FORM

Record an inventory of the exit signs using the manufacturer label information on the back of the sign. Make sure that all information is legible. **DO NOT REMOVE THE LABEL FROM THE SIGN. ALL FIELDS BELOW MUST BE FILLED OUT FOR EACH SIGN. DO NOT PUT ARROWS OR DITTO MARKS FOR REPETITIVE INFORMATION.** Note: Double faced signs made by connecting two signs back-to-back should be counted as two signs even if there is one serial number on the housing. If you have one or more back-to-back signs, please list each one twice.

DESCRIPTION/MFR.	MODEL NUMBER	SERIAL NUMBER	DATE OF MANUFACTURE	CURIES PER UNIT or LIFE RATING
1. NRD INC	T-4001	91027	6-1993	25 ci
2. NRD INC	T-4001	91028	6-1993	25 ci

Describe any damaged units:
Please email pictures of damaged signs to
pak.ts@veolia.com

I hereby certify that all information submitted on this form contains true and accurate descriptions of the exit signs.

GENERATOR CERTIFICATION

Generator Signature: _____

Title: _____

Print Name: _____

Date: _____

VEOLIA INFORMATION – DO NOT WRITE IN THIS BOX

Date Received: _____

Checked in by: _____