



WORTHINGTON
INDUSTRIES

10 May 2019

Director, Office of Nuclear Material Safety and Safeguards
ATTN: GLTS
U.S. Nuclear Regulatory Commission
Washington DC 20555-0001

To whom it may concern:

As requested, Worthington Specialty Processing Canton is submitting our annual registration for our devices that are possessed under the general license (GL-43262-24) issued in Section 31.5 of Title 10 U.S. Code of Federal Regulations (10CFR 31.5). The completed registration package is attached. If you should have any questions or concerns feel free to contact me at (734) 397-5232.

Sincerely,

David Daniels
Environmental Health & Safety Coordinator



10 CFR 31.5

SECTION 1

PAGE 1 of 2

U.S. NUCLEAR REGULATORY COMMISSION

GENERAL LICENSEE REGISTRATION

APPROVED BY OMB: NO. 3150-0198

OMB EXPIRATION DATE: 04/30/2019

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 Collection Branch (T-6A10M), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to Infocollects@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
Registration Number
GL-43262-24**

SECTION 1 - GENERAL LICENSEE INFORMATION

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

Company Name: WORTHINGTON SPECIALTY PROCESSING CANTON

[illegible]

Department:

[illegible]

Address Line 1: 5260 HAGGERTY ROAD SOUTH

[illegible]

Address Line 2:

[illegible]

City: CANTON

[illegible]

State: MI

Trial	Control (n=10)	MCI (n=10)	AD (n=10)
1	85	75	65
2	80	70	60
3	75	65	55
4	70	60	50
5	75	65	55

Zip Code: 48188

--	--	--	--	--

1	2	3	4
---	---	---	---

For NRC Use Only
(Do not write here)

Category:

--	--

Packet Receipt Date (MMDDYYYY):[illegible]

Accession Number:

[illegible]



SECTION 1
PAGE 2 of 2

--	--	--	--



	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)
1	AM241 <div><div></div><div></div><div></div><div></div><div></div></div>	1000 <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>





04/09/2019

SECTION 4

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

Transfer Date:

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

MM DD YYYY

☐ 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) (Complete Part 2)

☐ Returned to Manufacturer (Complete Part 1 only)

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

Figure 1 consists of two side-by-side scatter plots. The left plot shows a positive correlation between the number of children and the number of adults, with a regression line indicating a positive slope. The right plot shows a negative correlation between the number of children and the number of adults, with a regression line indicating a negative slope.

[illegible]

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

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	101	102	103	104	105
106	107	108	109	110	111
112	113	114	115	116	117
118	119	120	121	122	123
124	125	126	127	128	129
130	131	132	133	134	135
136	137	138	139	140	141
142	143	144	145	146	147
148	149	150	151	152	153
154	155	156	157	158	159
160	161	162	163	164	165
166	167	168	169	170	171
172	173	174	175	176	177
178	179	180	181	182	183
184	185	186	187	188	189
190	191	192	193	194	195
196	197	198	199	200	201
202	203	204	205	206	207
208	209	210	211	212	213
214	215	216	217	218	219
220	221	222	223	224	225
226	227	228	229	230	231
232	233	234	235	236	237
238	239	240	241	242	243
244	245	246	247	248	249
250	251	252	253	254	255
256	257	258	259	260	261
262	263	264	265	266	267
268	269	270	271	272	273
274	275	276	277	278	279
280	281	282	283	284	285
286	287	288	289	290	291
292	293	294	295	296	297
298	299	300	301	302	303
304	305	306	307	308	309
310	311	312	313	314	315
316	317	318	319	320	321
322	323	324	325	326	327
328	329	330	331	332	333
334	335	336	337	338	339
340	341	342	343	344	345
346	347	348	349	350	351
352	353	354	355	356	357
358	359	360	361	362	363
364	365	366	367	368	369
370	371	372	373	374	375
376	377	378	379	380	381
382	383	384	385	386	387
388	389	390	391	392	393
394	395	396	397	398	399
400	401	402	403	404	405
406	407	408	409	410	411
412	413	414	415	416	417
418	419	420			

[illegible]

1	2	3	4	5
---	---	---	---	---

[illegible]



GL-43262-24
04/09/2019

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.

(Copied of applicable regulations may be viewed at the NRC website at:

<http://www.nrc.gov/reading-rm/doc-collections/cfr>)

4-25-2019

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. 10 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-43262-24

04/09/2019



SECTION 6

PAGE 1 of 1

SECTION 6 - DEVICE NOT SUBJECT TO REGISTRATION

NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date:

Isotope:

Activity:

Unit:

