



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



GL-719009-24

01/24/2019

SECTION 1

PAGE 2 of 2

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 MACKIE

H O L L I N G E R

First Name GEORGE

B R I A N

Middle Initial

Business Telephone Number (302) 684-1000

Extension 227

2 0 7

Title SAFETY OFFICER

V P O F O P E R A T I O N S

Enter the mailing address where correspondence regarding your device(s) should be sent

Department

Address Line 1 6 CANNERY VILLAGE CENTER

Address Line 2

City MILTON

State DE

Zip Code 19968







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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

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

PAGE 3 of 3

NRC Device Key

849213 (Internal Control Number)

Distributor/Distributed By

K R O N E S U S A

Distributor License Number

I L - 0 2 3 1 5 - 0 1

Manufacturer name KRONES, INC

Device Model (Not Source Model) CHECKMAT 700 SERIES

Device Serial Number K7318G3

K 7 3 1 T 0 3

Transfer Date 10/12/2016

0 7 1 7 2 0 1 3

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

MM DD YYYY

	Isotope (e g AM241)	Activity (e g 1005)	Unit (e g mCi)
1	AM241 <div></div>	45 <div></div>	mCi <div></div>
2	<div></div>	<div></div>	<div></div>
3	<div></div>	<div></div>	<div></div>
4	<div></div>	<div></div>	<div></div>
5	<div></div>	<div></div>	<div></div>
6	<div></div>	<div></div>	<div></div>



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SECTION 4 - NOT IN POSSESSION OF DEVICE**SECTION 4****PAGE 1 of 1****Provide information about devices listed in Section 2 or 6, but no longer in your possession****Part 1**

NRC Device Key

(from Section 2 or 6)

737365

Transfer Date

02 28 2019

MM

DD

YYYY

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) (Complete Part 2)
- ☐ Returned to Manufacturer (Complete Part 1 only)

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

Company Name

ADIRONDACK BEVERAGES

Department

Address Line 1

701 CORPORATIONS PARK

Address Line 2

City

SCOTIA

State

NY

Zip Code

12302

Part 3**Enter the name of the individual responsible for this device**

Last name

PANICCA

First name

STEVE

Middle Initial

Business Telephone
Number

518 878 9894

Extension

Title



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SECTION 5 - CERTIFICATION

SECTION 5
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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
(Copied of applicable regulations may be viewed at the NRC website at
<http://www.nrc.gov/reading-rm/doc-collections/cfr>)

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.





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SECTION 6
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SECTION 6 - DEVICE NOT SUBJECT TO REGISTRATION

NRC Device Key 834068

Manufacturer License No 07-31467-02G

Manufacturer Name AGILENT TECHNOLOGIES, INC

Model Number G2397-65506

Serial # U26246

Transfer Date 01/16/2015

Isotope NI63

Activity 15

Unit mCi

