

# DRAPER

## LETTER OF TRANSMITTAL

<b>TO:</b>	NRC and NRC Agreement States	<b>FROM:</b>	Andrea Voehringer, CSP Environmental Health & Safety
		<b>DATE:</b>	October 24, 2019
		<b>RE:</b>	NRC Form 653

We are sending you ☒ Attached ☐ Under Separate Cover the following items:

☐ See Below ☐ Prints ☐ Plans ☐ \_\_\_\_\_

☐ Report ☐ Copy of Letter ☐ Change Order

COPIES	DATE	DESCRIPTION
1	10/24/19	NRC FORM 653 FOR 3Q 2019

### THESE ARE TRANSMITTED as checked below:

<input type="checkbox"/> For approval	<input type="checkbox"/> No exceptions taken	<input type="checkbox"/> Resubmit ___ copies for approval
<input checked="" type="checkbox"/> For your use	<input type="checkbox"/> Revise as noted	<input type="checkbox"/> Submit ___ copies for distribution
<input type="checkbox"/> As requested	<input type="checkbox"/> Amend and resubmit	<input type="checkbox"/> Return ___ corrected prints
<input type="checkbox"/> For review and comment	<input type="checkbox"/> Rejected – see remarks	<input type="checkbox"/> _____

#### Remarks:

No transferred or received devices this quarter.

Please call or e-mail with questions. avoehringer@draper.com or 617-258-2687

THE CHARLES STARK DRAPER LABORATORY, INC.

555 TECHNOLOGY SQUARE, MS 64 • CAMBRIDGE, MA 02139

PHONE: 1-617-258-2990 • FAX: 1-617-258-4765

NM5510



**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-6 A10M), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by 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 <b>The Charles Stark Draper Laboratory, Inc.</b>		Reporting Period	
License Number <b>53-0653</b>		From <b>7/1/19</b>	To <b>9/30/19</b>

**Intermediate Person(s) (if any)**

Name of Intermediate Person(s) <b>N/A</b>	Name of Responsible Individual <b>N/A</b>	Title of Responsible Individual <b>N/A</b>	Business Telephone Number <b>N/A</b>
Name of Intermediate Person(s) <b>N/A</b>	Name of Responsible Individual <b>N/A</b>	Title of Responsible Individual <b>N/A</b>	Business Telephone Number <b>N/A</b>

**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	Business Telephone Number		
Title of Responsible Individual			

**Information on Device(s) Transferred**

Date of Transfer	Type of Device	Model Number	Serial Number	Isotope	Activity and Units
<b>NA</b>					

**Intermediate Person(s) (if any)**

Name of Intermediate Person(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number
Name of Intermediate Person(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number

**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	Business Telephone Number		
Title of Responsible Individual			

**Information on Device(s) Transferred**

Date of Transfer	Type of Device	Model Number	Serial Number	Isotope	Activity and Units

**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	Business Telephone Number
Name of Intermediate Person(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number

**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	Business Telephone Number		
Title of Responsible Individual			

**Information on Device(s) Transferred**

Date of Transfer	Type of Device	Model Number	Serial Number	Isotope	Activity and Units

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Title of Responsible Individual			

**Information on Device(s) Transferred**

Date of Transfer	Type of Device	Model Number	Serial Number	Isotope	Activity and Units

**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	Business Telephone Number

**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	Business Telephone Number		
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**Information on Device(s) Transferred**

Date of Transfer	Type of Device	Model Number	Serial Number	Isotope	Activity and Units

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Name of Intermediate Person(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number

**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	Business Telephone Number		
Title of Responsible Individual			

**Information on Device(s) Transferred**

Date of Transfer	Type of Device	Model Number	Serial Number	Isotope	Activity and Units

# TRANSFERS OF INDUSTRIAL DEVICES REPORT (FROM GENERAL LICENSEES)

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

## General Licensee Information

Name of General Licensee	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)
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## Information on Device(s) Received

Date of Receipt	Type of Device	Model Number	Serial Number	Manufacturer or Initial Transferor (if not reporting party)

## General Licensee Information

Name of General Licensee	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)
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## Information on Device(s) Received

Date of Receipt	Type of Device	Model Number	Serial Number	Manufacturer or Initial Transferor (if not reporting party)

## General Licensee Information

Name of General Licensee	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)
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## Information on Device(s) Received

Date of Receipt	Type of Device	Model Number	Serial Number	Manufacturer or Initial Transferor (if not reporting party)

## General Licensee Information

Name of General Licensee	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)
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## Information on Device(s) Received

Date of Receipt	Type of Device	Model Number	Serial Number	Manufacturer or Initial Transferor (if not reporting party)

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

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

**General Licensee Information**

Name of General Licensee	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)
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Date of Receipt	Type of Device	Model Number	Serial Number	Manufacturer or Initial Transferor (If not reporting party)

**General Licensee Information**

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Date of Receipt	Type of Device	Model Number	Serial Number	Manufacturer or Initial Transferor (If not reporting party)

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Name of General Licensee	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)
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**General Licensee Information**

Name of General Licensee	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)
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**Information on Device(s) Received**

Date of Receipt	Type of Device	Model Number	Serial Number	Manufacturer or Initial Transferor (If not reporting party)

# TRANSFERS OF INDUSTRIAL DEVICES REPORT (LABEL CHANGES)

For each device for which required label information has been changed, supply the following:

## General Licensee User Information

Name of General Licensee User

Mailing Address at the Location of Use (No P.O. Boxes, include zip code)

## Information on Device(s) Received

Type of Device	Model Number	Previous Serial Number	New Serial Number	Previous Isotope	New Isotope	Previous Label Activity and Units	Label Activity and Units

## General Licensee User Information

Name of General Licensee User

Mailing Address at the Location of Use (No P.O. Boxes, include zip code)

## Information on Device(s) Received

Type of Device	Model Number	Previous Serial Number	New Serial Number	Previous Isotope	New Isotope	Previous Label Activity and Units	Label Activity and Units

## General Licensee User Information

Name of General Licensee User

Mailing Address at the Location of Use (No P.O. Boxes, include zip code)

## Information on Device(s) Received

Type of Device	Model Number	Previous Serial Number	New Serial Number	Previous Isotope	New Isotope	Previous Label Activity and Units	Label Activity and Units

## General Licensee User Information

Name of General Licensee User

Mailing Address at the Location of Use (No P.O. Boxes, include zip code)

## Information on Device(s) Received

Type of Device	Model Number	Previous Serial Number	New Serial Number	Previous Isotope	New Isotope	Previous Label Activity and Units	Label Activity and Units

**TRANSFERS OF INDUSTRIAL DEVICES REPORT (LABEL CHANGES) (continued)**

For each device for which required label information has been changed, supply the following:

**General Licensee User Information**

Name of General Licensee User

Mailing Address at the Location of Use (No P.O. Boxes, include zip code)

**Information on Device(s) Received**

Type of Device	Model Number	Previous Serial Number	New Serial Number	Previous Isotope	New Isotope	Previous Label Activity and Units	Label Activity and Units

**General Licensee User Information**

Name of General Licensee User

Mailing Address at the Location of Use (No P.O. Boxes, include zip code)

**Information on Device(s) Received**

Type of Device	Model Number	Previous Serial Number	New Serial Number	Previous Isotope	New Isotope	Previous Label Activity and Units	Label Activity and Units

**General Licensee User Information**

Name of General Licensee User

Mailing Address at the Location of Use (No P.O. Boxes, include zip code)

**Information on Device(s) Received**

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