

REGISTRY OF RADIOACTIVE SEALED SOURCES AND DEVICES
SAFETY EVALUATION OF DEVICE
(CORRECTED PAGE 1 - September 5, 1996)

NO.: NR-174-D-101-E

DATE: July 28, 1995

PAGE 1 OF 3

DEVICE TYPE: Gas and Aerosol Detector

MODEL: Sensor Unit

DISTRIBUTOR: Palomar Sensor Applications Corporation
(Formerly Temet USA, Inc.)
737 Walker Road, Suite 1
P.O. Box 439
Great Falls, VA 22066

MANUFACTURER: Environics OY
Tyomiehenkatu 2
50100 Mikkeli, FINLAND

SEALED SOURCE MODEL DESIGNATION: Amersham: AMM

<u>ISOTOPE:</u>	<u>MAXIMUM ACTIVITY:</u>
Americium-241	160 μ Ci (5.92 GBq)

LEAK TEST FREQUENCY: Not required

PRINCIPAL USE: (P) Ion Generator, Chemical Agent Detectors

CUSTOM DEVICE: _____ YES _____ X _____ NO

NRC FORM 567

(8-93)

U. S. NUCLEAR REGULATORY COMMISSION

REQUEST FOR A SEALED SOURCE OR DEVICE EVALUATION

INSTRUCTIONS: Send this request AND a copy of all related letters/applications and drawings to: The Sealed Source Safety Section, ATTN: Chief, OWFN Mail Stop 6 H3. Change the License Tracking System milestone to 19 and assign to reviewer code I-5.

NOTE: Retain a copy of this request with the application and background files.

REQUESTER <i>Palomar Sensor App Corp.</i>		REGION/LOCATION: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> HQ <input type="checkbox"/> LFDCB	
TELEPHONE NUMBER	DATE	TYPE OF ACTION REQUESTED (Check as appropriate)	
APPLICANT'S NAME		<input type="checkbox"/> SOURCE REVIEW <input type="checkbox"/> AMENDMENT OF REGISTRATION SHEET NUMBER(S)	
MAIL CONTROL NUMBER(S)		<input type="checkbox"/> DEVICE REVIEW	
LETTER/APPLICATION DATE	LICENSE NUMBER(S)	<input type="checkbox"/> CUSTOM REVIEW	

COMMENTS

*737 Walker Road, Suite 1
P.O. Box 439
Great Falls, VA 22066*

FOR SSSS USE ONLY

REVIEWER <i>Smith</i>	MODEL NUMBERS <i>Sensor Unit</i>	NUMBER ASSIGNED <i>96-41</i>
DATE RECEIVED <i>5/13/96</i>	DATE ASSIGNED <i>8/7/96</i>	DATE TO FEES <i>from 8/7/96 N/A</i>

TYPE OF ACTION (Indicate the number of each type)

<input checked="" type="checkbox"/> COMMERCIAL DISTRIBUTION (FORMAL)		<input type="checkbox"/> USE BY A SINGLE APPLICANT (CUSTOM)	
SOURCE (9C)	DEVICE (9A)	SOURCE (9D)	DEVICE (9B)
<input type="checkbox"/> NEW AMENDMENT	<input checked="" type="checkbox"/> NEW AMENDMENT	<input type="checkbox"/> NEW AMENDMENT	<input checked="" type="checkbox"/> NEW AMENDMENT
<input checked="" type="checkbox"/> NO SAFETY EVALUATION REQUIRED NO FEES REQUIRED		<input type="checkbox"/> LICENSING ACTION REQUIRED IF KNOWN	
<input type="checkbox"/> OTHER (Specify)		YES NO	

TOTAL NUMBER OF REVIEW HOURS	NOTES
NUMBER OF DEFICIENCY LETTERS	
NUMBER OF DEFICIENCY CALLS	

FOR BILLING PURPOSES ONLY

<input checked="" type="checkbox"/> NAME CHANGE	<input type="checkbox"/> ADDRESS CHANGE	<input type="checkbox"/> NEW REGISTRATION -- ADD TO BILLING	<input type="checkbox"/> PRODUCT INACTIVE -- REMOVE FROM BILLING
---	---	---	--

FOR FEE USE ONLY

TYPE OF FEE	FEE CATEGORY <input type="checkbox"/> 9A <input type="checkbox"/> 9B <input type="checkbox"/> 9C <input type="checkbox"/> 9D	
AMOUNT RECEIVED	CHECK NUMBER	<input type="checkbox"/> MATANN UPDATED AS REQUIRED
DATE OF CHECK	LOG	<input type="checkbox"/> MATSYS UPDATED AS REQUIRED
APPROVED BY	DATE RETURN	DATE

COMMENTS

NRC FORM 567

(5-93)

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REQUESTER <i>Palomar Sensor Apps Corp</i>		REGION/LOCATION: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> HQ <input type="checkbox"/> LFDCB	
TELEPHONE NUMBER	DATE	TYPE OF ACTION REQUESTED (Check as appropriate)	
APPLICANT'S NAME		<input type="checkbox"/> SOURCE REVIEW <input type="checkbox"/> AMENDMENT OF REGISTRATION SHEET NUMBER(S)	
MAIL CONTROL NUMBER(S)		<input type="checkbox"/> DEVICE REVIEW	
LETTER/APPLICATION DATE	LICENSE NUMBER(S)	<input type="checkbox"/> CUSTOM REVIEW	

COMMENTS:

*737 Walker Road, Suite 1
PO. Box 439
Mead Falls, VA 22066*

FOR SSSS USE ONLY

REVIEWER <i>Smith</i>	MODEL NUMBERS <i>Sensor Unit</i>	NUMBER ASSIGNED <i>16 96341</i>
DATE RECEIVED <i>5/13/96</i>	DATE ASSIGNED <i>8/7/96</i>	DATE TO FEES <i>from 12/1/96</i>

TYPE OF ACTION (Indicate the number of each type)

<input checked="" type="checkbox"/> COMMERCIAL DISTRIBUTION (FORMAL)		<input type="checkbox"/> USE BY A SINGLE APPLICANT (CUSTOM)	
SOURCE (9C)	DEVICE (9A)	SOURCE (9D)	DEVICE (9B)
<input type="checkbox"/> NEW <input type="checkbox"/> AMENDMENT	<input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDMENT	<input type="checkbox"/> NEW <input type="checkbox"/> AMENDMENT	<input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDMENT
<input checked="" type="checkbox"/> NO SAFETY EVALUATION REQUIRED NO FEES REQUIRED		<input type="checkbox"/> LICENSING ACTION REQUIRED IF KNOWN	
<input type="checkbox"/> OTHER (Specify)		YES NO	

TOTAL NUMBER OF REVIEW HOURS	NOTES
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<input checked="" type="checkbox"/> NAME CHANGE	<input type="checkbox"/> ADDRESS CHANGE	<input type="checkbox"/> NEW REGISTRATION -- ADD TO BILLING	<input type="checkbox"/> PRODUCT INACTIVE -- REMOVE FROM BILLING
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AMOUNT RECEIVED	CHECK NUMBER	<input type="checkbox"/> MATANN UPDATED AS REQUIRED		
DATE OF CHECK	LOG	<input type="checkbox"/> MATSYS UPDATED AS REQUIRED		
APPROVED BY	DATE RETURN	DATE		

COMMENTS:

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REQUESTER <i>Paloma Sosa app</i>		REGION/LOCATION: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> HQ <input type="checkbox"/> LFDCB	
TELEPHONE NUMBER	DATE	TYPE OF ACTION REQUESTED (Check as appropriate)	
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MAIL CONTROL NUMBER(S)		<input type="checkbox"/> DEVICE REVIEW	
LETTER/APPLICATION DATE	LICENSE NUMBER(S)	<input type="checkbox"/> CUSTOM REVIEW	

COMMENTS <i>737 Wacker Road, Suite 1 PO Box 439 West Falls, VA 22066</i>

FOR SSSS USE ONLY

REVIEWER <i>Smide</i>	MODEL NUMBERS <i>96-41</i>	NUMBER ASSIGNED
DATE RECEIVED <i>5/23/96</i>	DATE ASSIGNED <i>8/7/96</i>	DATE TO FEES

TYPE OF ACTION (Indicate the number of each type)

<input checked="" type="checkbox"/> COMMERCIAL DISTRIBUTION (FORMAL)		<input type="checkbox"/> USE BY A SINGLE APPLICANT (CUSTOM)	
SOURCE (9C)	DEVICE (9A)	SOURCE (9D)	DEVICE (9B)
<input type="checkbox"/> NEW <input type="checkbox"/> AMENDMENT	<input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDMENT	<input type="checkbox"/> NEW <input type="checkbox"/> AMENDMENT	<input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDMENT
<input type="checkbox"/> NO SAFETY EVALUATION REQUIRED <input type="checkbox"/> NO FEES REQUIRED		<input type="checkbox"/> LICENSING ACTION REQUIRED IF KNOWN	
<input type="checkbox"/> OTHER (Specify)		<input type="checkbox"/> YES <input type="checkbox"/> NO	

TOTAL NUMBER OF REVIEW HOURS	NOTES
NUMBER OF DEFICIENCY LETTERS	
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<input checked="" type="checkbox"/> NAME CHANGE	<input type="checkbox"/> ADDRESS CHANGE	<input type="checkbox"/> NEW REGISTRATION – ADD TO BILLING	<input type="checkbox"/> PRODUCT INACTIVE – REMOVE FROM BILLING
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AMOUNT RECEIVED	CHECK NUMBER	<input type="checkbox"/> MATANN UPDATED AS REQUIRED
DATE OF CHECK	LOG	<input type="checkbox"/> MATSYS UPDATED AS REQUIRED
APPROVED BY	DATE RETURN	DATE

COMMENTS

5/10/96

Steve:

Lemmet Usa, Inc.,
NR 0174D101E, has
had an ownership
change. Please note
Amd and incoming.

Thanks,

Harley K.

h.m. -

recd 5/15/96

Repl do - Blue sheet

per your change

Paul
SP

TYD # 96

MATERIALS LICENSE

Amendment No. 01

Pursuant to the Atomic Energy Act of 1954, as amended, the Energy Reorganization Act of 1974 (Public Law 93-438), and Title 10, Code of Federal Regulations, Chapter I, Parts 30, 31, 32, 33, 34, 35, 36, 39, 40, and 70, and in reliance on statements and representations heretofore made by the licensee, a license is hereby issued authorizing the licensee to receive, acquire, possess, and transfer byproduct, source, and special nuclear material designated below, to use such material for the purpose(s) and at the place(s) designated below, to deliver or transfer such material to persons authorized to receive it in accordance with the regulations of the applicable Part(s). This license shall be deemed to contain the conditions specified in Section 183 of the Atomic Energy Act of 1954, as amended, and is subject to all applicable rules, regulations, and orders of the Nuclear Regulatory Commission now or hereafter in effect and to any conditions specified below.

Name: <i>Palomar Sensor Applications Corporation</i> Licensee: <i>Max 2</i>		In accordance with letter dated March 1, 1995, 3. License Number 45-25316-02E is hereby amended to read as follows:	
1. Palomar Sensor Applications Corporation		4. Expiration Date October 31, 2000	
2. 737 Walker Road, Suite 1 P.O. Box 439 Great Falls, Virginia 22066		5. Docket or Reference No. 030-33935	
6. Byproduct, Source, and/or Special Nuclear Material		7. Chemical and/or Physical Form	8. Maximum Amount that Licensee May Possess at Any One Time Under This License
A. Americium-241		A. Foil sources (Amersham Model AMM)	A. Not applicable (See Condition 10)

9. Authorized Use

Pursuant to Section 32.26, 10 CFR Part 32, the licensee is authorized to distribute gas and aerosol detectors as specified in Condition 10 to persons exempt from the requirements for a license pursuant to Section 30.20, 10 CFR Part 30, or equivalent provisions of the regulations of any Agreement State.

CONDITIONS

10. The following gas and aerosol detector device may be distributed pursuant to this license provided the amount of americium-241 contained in the device does not exceed the amounts specified in the following table:

Device ModelMaximum Quantity per Device

M90 Chemical Agent Detector

160 microcuries

11. This license does not authorize possession or use of licensed material.
12. The licensee may distribute only from its facility located at 737 Walker Road, Suite 1, Great Falls, VA.
13. The licensee shall file periodic reports as specified in Section 32.29(c) of 10 CFR Part 32.

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lp. suppl's 01 + 02