

REGISTRY OF RADIOACTIVE SEALED SOURCES AND DEVICES
SAFETY EVALUATION OF DEVICE
(CORRECTED PAGE 1 - September 16, 1996)

NO.: NR-104-D-101-S

DATE: April 28, 1995

PAGE 1 OF 8

DEVICE TYPE: Transmission Line Source Housing

MODEL: STEP

MANUFACTURER/DISTRIBUTOR: Picker International
(Formerly Ohio Imaging)
Nuclear Medicine Division
595 Miner Road
Highland Heights, OH 44143

SEALED SOURCE MODEL DESIGNATION: Isotope Products Laboratories:
Model 3409

<u>ISOTOPE:</u>	<u>MAXIMUM ACTIVITY:</u>
Cobalt-57	29 mCi (1.07 Gbq) Isotope Product Code HEGL-0021
Gadolinium-153	86 mCi (3.2 Gbq) Isotope Product Code HEGL-0022
Technetium-99m ⁽¹⁾	23 mCi (0.85 GBq)

LEAK TEST FREQUENCY: 6 Months

PRINCIPAL USE: (B) Medical Radiography

(1) Not a sealed source; user fabricated source at site.

NRC FORM 567

(8-93)

U. S. NUCLEAR REGULATORY COMMISSION

1995 JUL 12 PM 12:30

fx.

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>Picker International</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 <i>NL-104-D-101-5</i>	

COMMENTS

*595 Miner Road
Highland Heights, OH 44143*

FOR SSSS USE ONLY

REVIEWER <i>D. Smith / J. K. Rankin</i>	MODEL NUMBERS <i>STEP</i>	NUMBER ASSIGNED <i>96-52</i>
DATE RECEIVED <i>7/10/96</i>	DATE ASSIGNED <i>8/19/96</i>	DATE TO FEES <i>7/12/96</i>

TYPE OF ACTION (Indicate the number of each type)

COMMERCIAL DISTRIBUTION (FORMAL)		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 type="checkbox"/> NEW 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	
NUMBER OF DEFICIENCY CALLS	

FOR BILLING PURPOSES ONLY

<input 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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FOR FEE USE ONLY

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

NRC FORM 567 (8-93)

ORIGINAL TO SSSS

(8-93)

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

REQUESTER <i>Pickup International</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	<i>NR-104-D-101-S</i>

COMMENTS

595 Miner Road
Highland Heights, OH 44143

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REVIEWER <i>D. Smith</i>	MODEL NUMBERS <i>STEP</i>	NUMBER ASSIGNED <i>96-52</i>
DATE RECEIVED <i>7/10/96</i>	DATE ASSIGNED <i>8/19/96</i>	DATE TO FEES <i>7/12/96</i>

TYPE OF ACTION (Indicate the number of each type)

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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 type="checkbox"/> AMENDMENT
<input type="checkbox"/> NO SAFETY EVALUATION REQUIRED <input type="checkbox"/> NO FEES REQUIRED		<input type="checkbox"/> LICENSING ACTION REQUIRED IF KNOWN	
OTHER (Specify)		<input type="checkbox"/> YES <input type="checkbox"/> NO	

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

FOR BILLING PURPOSES ONLY

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FOR FEE USE ONLY

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

COMMENTS

U. S. NUCLEAR REGULATORY COMMISSION
 FY 96 Annual Materials Fee Invoice
 Period 10/1/1995 - 9/30/1996
 10 CFR 171.16

Invoice Date
 =====
 06/11/1996

License Anniversary Month
 =====
 April

Invoice Number
 =====
 AM3193-96

INTERNATIONAL
 PICKER - ~~OHIO IMAGING~~ NUCLEAR MEDICINE DIVISION
 ATTENTION: RADIATION SAFETY OFFICER
~~23060 MILES ROAD~~ 595 MINER ROAD (216) 473-3000
~~BEDFORD HEIGHTS~~ ~~OH 44128~~
 HIGHLAND HEIGHTS OH 44143

** Vendor
 104
 542
 976*

***** Mark THIS COPY with any billing address changes *****

License/Approval/ Registration/ Certificate Number =====	Code AA905 =====	Annual Fee Category(s) =====	Fee Amount =====
NR0104D101S	ANN	9A	\$ 6,700.00
TOTAL:			\$ 6,700.00
TOTAL INVOICE:			\$ 6,700.00

Make Checks Payable To:
 =====

U.S. Nuclear Regulatory Commission
 License Fee & Accounts Receivable Branch
 PO Box 954514
 St. Louis, MO 63195-4514

<== This PO Box address is
 <== for receipt of payments
 <== only.

For terms and conditions see attached.
 Questions: call 301/415-7554.

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 * P A Y M E N T C O P Y *
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==> To ensure accurate credit, return this copy of the <==
 ==> invoice with your payment. Processing may be <==
 ==> delayed if the invoice is not included. <==