



February 22, 1996

U.S. NUCLEAR REGULATORY COMMISSION
Attn.: John W. Lubinski
Sealed Source Safety Section
Source Containment and Devices Branch
Division of Industrial and Medical Nuclear Safety
Washington, D.C. 20555-0001

Dear Mr. Lubinski:

A copy of Amersham drawing A62055, Issue C, is enclosed to keep your file up-to-date. This change simply adds an alternate method of preventing the hermetically sealed inner capsule from rotating, or otherwise moving, inside of the hermetically sealed outer capsule. It does not change the integrity or radiological safety characteristics of the source in anyway.

Reference: Up-to-date engineering drawings of sealed sources submitted in my letter of August 13, 1993.

ABB Mdl No.	Isotope	Vendor Mdl No.	Vendor Drawing
S-20	Pm-147	PHCK2026	A62055 (Issue C)

Sincerely,

John (Jack) R. Dukes, Director
Nucleonics and Radiological Operations

encl.:

cc: Radiological Operations

-0010406.DOC

9610160099 960222
PDR RC *
SSD PDR

ABB Industrial Systems Inc.

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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 ABS		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 2/22/96	LICENSE NUMBER(S)	<input type="checkbox"/> CUSTOM REVIEW	

COMMENTS:
**650 Ackerman Rd
 P.O. Box 02650
 Columbus, Ohio 43202**

FOR SSSS USE ONLY

REVIEWER Kim	MODEL NUMBERS 5-20	NUMBER ASSIGNED 96-12
DATE RECEIVED 2/27/96	DATE ASSIGNED 2/27/96	DATE TO FEES N/A

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 type="checkbox"/> AMENDMENT
<input checked="" 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 - Kim pl update all ABS files with 5-20 as source.
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			
	<input type="checkbox"/> 9A	<input type="checkbox"/> 9B	<input type="checkbox"/> 9C	<input type="checkbox"/> 9D
AMOUNT RECEIVED	CHECK NUMBER	MATANN UPDATED AS REQUIRED		
DATE OF CHECK	LOG	MATSYS UPDATED AS REQUIRED		
APPROVED BY	DATE RETURN	DATE		

COMMENTS

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(8-93)

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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 ABB		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 2/22/96	LICENSE NUMBER(S)	<input type="checkbox"/> CUSTOM REVIEW	
COMMENTS 650 Ackerman Rd PO Box 02650 Columbus, Ohio 43202			
FOR SSSS USE ONLY			
REVIEWER Kim	MODEL NUMBERS 5-20	NUMBER ASSIGNED 96-12	
DATE RECEIVED 2/27/96	DATE ASSIGNED 2/27/96	DATE TO FEES N/A	
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 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"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> OTHER (Specify)			
TOTAL NUMBER OF REVIEW HOURS		NOTES - Kim PD update all ABB file with 5-20 as Surrender	
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
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 (8-93)

ORIGINATORS COPY

September 30, 1996

Mr. John R. Dukes
ABB Process Automation
650 Ackerman Road
Columbus, OH 43202-1502

Dear Mr. Dukes:

This is in response to your letters dated August 13, 1993, and February 22, 1996, notifying us of a change to add an alternate method of preventing the hermetically sealed inner capsule from rotating. We have amended attachment four on registration certificates' NR-109-D-121-B, NR-109-D-122-B and NR-109-D-124-B.

Please be advised that you must manufacture and distribute the product in accordance with the statements and representations contained in your application, with enclosures thereto, and the information set out in your registration certificate. As a general rule, you must request and obtain an amendment to the certificate before you make changes or modification to the information submitted to obtain the certificate.

Please read over the enclosed registration certificate in its entirety and notify us immediately of any errors or omissions.

You are obligated to notify us promptly in writing should you decide to no longer manufacture or offer service support for the product.

Please be aware that, as a holder of a NRC registration, you may be subject to the NRC's licensing and inspection fees in accordance with 10 CFR Part 170, and annual fees in accordance with 10 CFR Part 171. If you have any questions concerning the fee requirements, please contact the License Fee and Debt Collection Branch at (301) 415-7544.

If you have any questions, please contact me at (301) 415-7273.

Sincerely,

151
Kim Randall, Registration Assistant
Sealed Source Safety Section
Medical, Academic, and Commercial
Use Safety Branch
Division of Industrial and
Medical Nuclear Safety, NMSS

Enclosure: As stated
cc: SKimberley, LFDCB (w/encl.)

Distribution

SSSS r/f	SSD 96-12	SSD 96-20	NEO1
SBaggett	NR-109-D-121-B	NR-109-D-122-B	NR-109-D-124-B

DOCUMENT NAME: NR109D121B

"C" = Copy without attachment/enclosure "E" = Copy with attachment/enclosure "N" = No copy

OFFICE	IMAB <i>KR</i>	IMAB <i>SB</i>					
NAME	KRandall	SBaggett					
DATE	9/13/96	9/10/96					

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