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MEMO**Hochiki America Corporate Planning** telephone (714) 898-0795 ext. 265  fax (714) 398-0639  e-mail: us009760@interramp.com**DATE:** September 27, 1996**CC:** LL, SS - Hochiki America**TO:** Chris Brown- USNRC**# of pages:** 1**FROM:** Gyo Shinozaki **RE:** Quality Control

In response to your letter dated September 26th, 1996, Hochiki America has decided upon the following to insure compliance with USNRC Regulatory Guide 6.9 for units produced at our facility in Japan. Hochiki America Quality Assurance will perform annual audits of our parent company's facility located in Japan for compliance to the QC procedures as outlined in my fax to you dated September 19th, 1996. These audits will continue until such time that the Japanese facility no longer produces product for distribution by Hochiki America. Should either of the two types of product (AIE or AIC) be manufactured in our facility located in Huntington Beach, CA, Hochiki America will insure that the QC procedures used will be identical to the procedures contained in the same September 19th, 1996 fax referenced above. Should there be any changes made to the QC procedures, amendments will be properly submitted to the USNRC to insure Hochiki America's compliance.

Please feel free to contact me should you have any questions. Thank you in advance for your cooperation.

9610210013 961011
PDR RC *
SSD PDR

HOCHIKIHOCHIKI AMERICA CORPORATION
5415 INDUSTRIAL DRIVE
HUNTINGTON BEACH, CA 92649(714) 898-0795
(310) 431-0809
ADMIN. FAX (714) 898-0659
SALES FAX (714) 892-2809PAGE: 1/2

TO: Chris Brown - USNRC

DATE: 9/27/96

VIA:

CC:

FROM: G. Shinozaki

Chris,

I got your message regarding the "realistic" time frames Thanks for your help ~~but~~ Please find attached the letter we had discussed with Doug. I hope this will take care of everything. I will not be in the office on Monday but will be ~~re~~ picking up my messages so please call to acknowledge receipt of this fax. Also should you have any additional questions, please leave them on my voice mail. Thanks again for your help ... (would it expedite matters any further if I were a Redskins fan?!)

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NRC FORM 567

U. S. NUCLEAR REGULATORY COMMISSION

(8-93)

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>Hochiki America 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 RE : RATION SHEET NL. : R(S)	
MAIL CONTROL NUMBER(S)		<input type="checkbox"/> DEVICE REVIEW	
LETTER/APPLICATION DATE <i>6/17/96</i>	LICENSE NUMBER(S)	<input type="checkbox"/> CUSTOM REVIEW	
COMMENTS			

FOR SSSS USE ONLY		
REVIEWER <i>C. Brown</i>	MODEL NUMBERS <i>AI - Series</i>	NUMBER ASSIGNED <i>96-49</i>
DATE RECEIVED <i>6/11/96</i>	DATE ASSIGNED <i>6/17/96</i>	DATE TO FEES <i>6/17/96</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 <input type="checkbox"/> AMENDMENT	<input type="checkbox"/> NEW <input 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	
<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 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 <i>Contn of Prev. Reg.</i>	CHECK NUMBER	MATANN UPDATED AS REQUIRED	
DATE OF CHECK	LOG <i>Jul 96³ SSD</i>	MATSYS UPDATED AS REQUIRED	
APPROVED BY <i>Mr. Stangitt</i>	DATE RETURN <i>7/25/96</i>	DATE	
COMMENTS			

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REQUESTER <i>Hochepi America 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 <i>6/17/96</i>	LICENSE NUMBER(S)	<input type="checkbox"/> CUSTOM REVIEW	

COMMENTS

FOR SSSS USE ONLY

REVIEWER <i>C. Brown</i>	MODEL NUMBERS <i>AI - Series</i>	NUMBER ASSIGNED <i>96-49</i>
DATE RECEIVED <i>6/11/96</i>	DATE ASSIGNED <i>6/17/96</i>	DATE TO FEES <i>6/17/96</i>

1. 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 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 <input type="checkbox"/> 9A <input type="checkbox"/> 9B <input type="checkbox"/> 9C <input type="checkbox"/> 9D	
AMOUNT RECEIVED <i>Contn of Prev. Reg.</i>	CHECK NUMBER	<input type="checkbox"/> MATANN UPDATED AS REQUIRED
DATE OF CHECK	LOG <i>Jul 96 3 SSO</i>	<input type="checkbox"/> MATSYS UPDATED AS REQUIRED
APPROVED BY <i>per S. S. S. S.</i>	DATE RETURN <i>7/25/96</i>	DATE
COMMENTS		

NRC FORM 567

(8-93)

U. S. NUCLEAR REGULATORY COMMISSION

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REQUESTER <i>S. Kimberly</i>		REGION/LOCATION: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input checked="" type="checkbox"/> HQ <input type="checkbox"/> LFDCB	
TELEPHONE NUMBER	DATE <i>9/11/95</i>	TYPE OF ACTION REQUESTED (Check as appropriate)	
APPLICANT'S NAME <i>Hochiki America Corp</i>		<input type="checkbox"/> SOURCE REVIEW <input type="checkbox"/> AMENDMENT OF REGISTRATION SHEET NUMBER(S)	
MAIL CONTROL NUMBER(S) <i>021777</i>		<input type="checkbox"/> DEVICE REVIEW	
LETTER/APPLICATION DATE <i>8/24/95</i>	LICENSE NUMBER(S) <i>04-14886-01E</i>	<input type="checkbox"/> CUSTOM REVIEW	
COMMENTS			

FOR SSSS USE ONLY

REVIEWER <i>Burgin</i>	MODEL NUMBERS <i>Smoke Detector</i>	NUMBER ASSIGNED <i>95-99</i>
DATE RECEIVED <i>9/11/95 10/6/95</i>	DATE ASSIGNED <i>11/3/96</i>	DATE TO FEES <i>OK 9/1/95</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 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	
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 <i>9/19/95 - Called advising them of fee required.</i>	FEE CATEGORY <input checked="" type="checkbox"/> 9A <input type="checkbox"/> 9B <input type="checkbox"/> 9C <input type="checkbox"/> 9D
AMOUNT RECEIVED <i>\$1,200</i>	CHECK NUMBER <i>012988</i>
DATE OF CHECK <i>10/2/95</i>	LOG <i>Sep. 1955</i>
APPROVED BY <i>SK</i>	DATE RETURN
DATE	

COMMENTS

NRC FORM 567

U. S. NUCLEAR REGULATORY COMMISSION

(8-93)

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>S. Kimberly</i>		REGION/LOCATION: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input checked="" type="checkbox"/> HQ <input type="checkbox"/> LFDCB	
TELEPHONE NUMBER	DATE <i>9/11/95</i>	TYPE OF ACTION REQUESTED (Check as appropriate)	
APPLICANT'S NAME <i>Hochiki America Corp</i>		<input type="checkbox"/> SOURCE REVIEW	<input type="checkbox"/> AMENDMENT OF REGISTRATION SHEET NUMBER(S)
MAIL CONTROL NUMBER(S) <i>021777</i>		<input type="checkbox"/> DEVICE REVIEW	
LETTER/APPLICATION DATE <i>8/24/95</i>	LICENSE NUMBER(S) <i>04-14886-01E</i>	<input type="checkbox"/> CUSTOM REVIEW	
COMMENTS			

FOR SSSS USE ONLY

REVIEWER <i>Burton</i>	MODEL NUMBERS <i>Smoke Detector</i>	NUMBER ASSIGNED <i>95-99</i>
DATE RECEIVED <i>9/16/95 10/6/95</i>	DATE ASSIGNED <i>11/3/96</i>	DATE TO FEES <i>9/1/95</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 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	
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 <i>200</i>	FEE CATEGORY <input type="checkbox"/> 9A <input type="checkbox"/> 9B <input type="checkbox"/> 9C <input type="checkbox"/> 9D	
AMOUNT RECEIVED <i>200</i>	CHECK NUMBER <i>012918</i>	<input type="checkbox"/> MATANN UPDATED AS REQUIRED
DATE OF CHECK <i>10/24/95</i>	LOG <i>8/1/95</i>	<input type="checkbox"/> MATSYS UPDATED AS REQUIRED
APPROVED BY	DATE RETURN	DATE
COMMENTS		

September 26, 1996

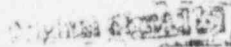
Mr. Gyo Shinozaki
Hochiki America Corporation
15412 Electronic Lane, #210
Huntington Beach, CA 92649

Dear Mr. Shinozaki:

This letter is in response to your fax dated September 19, 1996 concerning your inspection procedures in your revised quality assurance/control (QA/QC) program. In your QA/QC program, it was stated that a written certification will accompany each shipment from Hochiki Japan verifying that inspections for design conformance and removable contamination have been done. However, you have not provided adequate assurance that the manufacturer's QA/QC program and procedures are adequate to ensure that the inspections performed are in accordance with the commitments contained in your application for the inspections, as well as the written certification indicating results of these inspections. The assurance could be provided through periodic checks (i.e. annual audits by Hochiki America) of the manufacturer's QA/QC program and inspection procedures. Alternatively, inspections for design conformance and removable contamination may be performed by Hochiki America as indicated in Regulatory Guide 6.9, or by any equivalent process that would provide the necessary assurance. Please provide additional information concerning your QA/QC program that provides adequate assurance that commitments made in your application will be met, that written certifications from the manufacturer contain the results of inspections performed, that only lots that have been shown to meet the inspection criteria will be distributed.

Please provide this information as soon as possible. If I can provide further clarification, please contact me at (301) 415-5787 or Douglas Broadbuss at (301) 415-5847.

Sincerely,



Christopher L. Brown, General Engineer
Sealed Source Safety Section
Medical, Academic, & Commercial
Use Safety Branch
Division of Industrial and
Medical Nuclear Safety, NMSS

Distribution:

SSSS r/f
SSD File # NR-0355-D-105-E

SSD-96-49

NE01

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OFFICE	IMAB	<input checked="" type="checkbox"/>	IMAB	<input checked="" type="checkbox"/>					
NAME	CBrown		DBroadbuss						
DATE	09/26/96		09/26/96						

OFFICIAL RECORD COPY

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