

BECKMAN

BECKMAN INSTRUMENTS, INC.
EXECUTIVE OFFICES

2500 Harbor Boulevard, Box 3100, Fullerton, California 92634 • Telephone: (714) 871-4848 • TWX: 910-592-1260 • Telex: 06-70413

OFFICE OF
VICE PRESIDENT-LEGAL

September 20, 1984

U.S. N.R.C.
LIC. FEE MGMT. BRANCH

84 SEP 26 AM 4:40

RECEIVED

Mr. John W. N. Hickey
United States Nuclear
Regulatory Commission
Material Licensing Branch
Division of Fuel Cycle
and Material Safety
Washington, D.C. 20555

Re: Modification of License
Beckman Instruments, Inc.
3311 Kennicott Ave., Arlington Hts., IL
License Numbers 12-15201-02 and 12-15201-03G

Dear Mr. Hickey,

Please amend the subject licenses by substituting
George Brohl for David Murchow as the facility's Radiation
Safety Officer. A Statement of Training and Experience is
enclosed for Mr. Brohl.

Applicant	
Check No.	215763 (\$120)
Amount	\$60 applied
Fee Category	to CD 18171
Type of Fee	3P and
Date Check Rec'd	10/30/84
Received By	Cap

Sincerely,

Jack E. Sorokin
Jack E. Sorokin
Senior Staff Attorney

84 SEP 24 P 3:22

Enclosure: As Noted Above
Certified Mail - Return Receipt Requested

cc: Mr. George Brohl
Beckman Instruments, Inc.
Arlington Heights, IL.

RECEIVED BY LFMB	
Date	9/26/84
Log	Sept 17
By	Cap
Time	2:24

B506040372 B50515
REG3 LIC30
12-15201-01 PDR

18171

18179

- b. Radioactive materials previously used. Cite typical radioisotopes in appropriate box and key to Part 4.a above:

	Quantities Handled			
	Microcuries	Millicuries	Curies	Kilocuries
Sealed sources	^{125}I			
Unsealed alpha emitters				
Unsealed beta-gamma emitters	^3H ^{14}C			
Neutron sources				

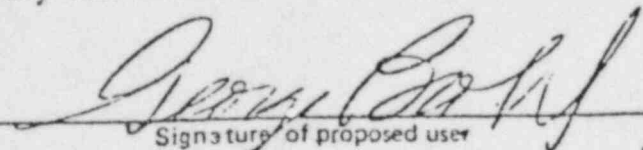
- c. Describe procedures similar to those proposed in Part 2 with which you have had experience. Indicate months or years for each and key to Part 4.a above.

- d. Indicate which types of facilities you have used and key to Part 4.a.

- ☒ Ordinary Chemical laboratories
☐ "Controlled Area" (Type B) laboratories
☐ Glove boxes
☐ Shielded glove boxes
☐ Caves with remote manipulators
☐ Field operations with portable equipment

5. Certificate:

I hereby certify that all information contained in this Statement is true and correct.



 Signature of proposed user

 7-22-83
 Date

Radiologic Health Branch
744 P Street
Sacramento, California 95814

STATEMENT OF TRAINING AND EXPERIENCE
(Use additional sheets as necessary)

Instruction: Every individual proposing to use radioactive material is required to submit a Statement of Training and Experience in duplicate to the address given above. Physicians should request Form RH 2000 A when applying for human use authorizations.

1. Name of proposed user: George Brohl Position title: Facility RSO
Address: 3311 N. Kennicott Ave. City: Arlington Hts., Zip: 60004
To be included on Lic. No. _____ in name of _____
2. Description of proposed use

3. Training:

- a. High School Graduate: Yes X No _____
b. College or University: Name and location Wayne State U., Detroit; Xavier U., Cincinnati;
Long Beach City Coll., CA; UCLA, Los Angeles
Years completed 2 Degree _____ Course of study Chemistry
c. Education specifically applicable to use of radioactive material

30 units of chemistry

4. Experience:

- a. List experience with radioactivity beginning with most recent

(1) Dates: From Nov., 1975 to Jan., 1979

Title and duties: Field Sales Rep., Demonstrated Liquid Scintillation and Gamma
Analyzers.

Employer: _____ Address: _____

(2) Dates: From _____ to _____

Title and duties: _____

Employer: _____ Address: _____

(3) Dates: From _____ to _____

Title and duties: _____

Employer: _____ Address: _____