03031616 ORC

VOID SHEET

TO: License Fee Management Branch

FROM: Carolyn Boyle

SUBJECT: VOIDED APPLICATION

Control Number: 021791

Applicant: Thorn Automated Systems

Date Voided: 06/05/96

Reason for Void: Approved for one-time 5-year extension of license expiration date.

Susan L. Greene 06/05/96
Signature Date
IMAB/IMNS/NMSS

Attachment:
Official Record Copy of
Voided Action

FOR LFMB USE ONLY

Final Review of VOID Completed:

☑ Refund Authorized and processed

☐ No Refund Due

☐ Fee Exempt or Fee Not Required

ML00 0/1

Comments:

Log completed ☐

Processed by:

UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D.C. 20555-0001

June 4, 1996

THORN AUTOMATED SYSTEMS, INC.
ATTN: MR. E. JOSEPH MARTINI
Radiation Safety Officer

835 SHARON DRIVE
WESTLAKE, OH 44145

SUBJECT: ONE-TIME EXTENSION OF LICENSE EXPIRATION DATE
LICENSE NUMBER 34-23772-02E, DOCKET NUMBER 3031616

Dear MR. E. JOSEPH MARTINI

On January 16, 1996, the Nuclear Regulatory Commission (NRC) amended its regulations in 10 CFR 30, 40, and 70 to extend the expiration date of certain byproduct, source, and special nuclear material licenses by five years (61 FR 1109). The above referenced license was extended by this rulemaking and will now expire on October 31, 2000. Your license will not be amended to show this extended date until the next routine licensing action. Until then, you may provide copies of this letter to vendors and other interested parties as evidence that the license has been extended as a result of the rule.

The extended license authorizes the same activities and contains the same limitations as it previously did. There will be no change in the frequency that the NRC inspects activities authorized by this license.

The amended rules state that in the case of licensees who are granted extensions and who have a currently pending renewal application for that extended license, the application will be considered withdrawn by the licensee and any renewal fees paid by the licensee for that application will be refunded. This will apply to licenses with expiration dates after July 1, 1995, for which renewal applications and the appropriate fees have been submitted and the renewal is still pending. Refunds will be mailed to licensees under separate cover.

All licensees, including those whose renewal applications were withdrawn by this rulemaking, who wish to change their radiation safety programs must request amendment of their licenses to reflect these changes. Amendment requests must include the correct amendment fee since the NRC cannot apply pending renewal refund balances toward amendment fees.

If you have any questions regarding this letter, please contact the individual below.

Headquarters: Susan L. Greene, (301) 415-7843

Thank you for your cooperation in this matter.

Sincerely,

Donald A. Cool, Director
Division of Industrial and Medical Nuclear Safety
Office of Nuclear Materials Safety and Safeguards

UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D.C. 20555-0001

NOTE: THE ONE-TIME, 5-YEAR EXTENSION OF YOUR LICENSE EXPIRATION DATE DOES NOT ELIMINATE THE 5-YEAR REPORTING REQUIREMENTS ASSOCIATED WITH YOUR DISTRIBUTION LICENSE. THEREFORE, YOU MUST SUBMIT A PRODUCT TRANSFER REPORT AS OUTLINED IN 10 CFR PART 32 EVEN THOUGH YOUR LICENSE WAS GRANTED A ONE-TIME, 5-YEAR EXTENSION.

C Bayle

THORN AUTOMATED SYSTEMS

Thorn Automated Systems, Inc.
835 Sharon Drive
Westlake, OH 44145
Telephone: (216) 871-9900
Facsimile: (216) 871-8320

featuring Thorn Autocall life safety systems

Director of Nuclear Material Safety and Safeguards
U.S. Nuclear Regulatory Commission
Washington, D.C. 20555

March 6, 1996

Dear Sirs:

As required by our License No.34-23772-01, I am submitting a report on the transfer of the products covered under our license from April 1992 until February 22, 1996.

Device Model	Amercium 241	No. of Units Distributed	Isotope Distributed Microcuries
MF Series	1.0 Microcuries	2678	2678
NID 68AS	1.0 Microcuries	9914	9914
PU90-2000-1	1.0 Microcuries	0	0
PU90-41000-1	1.0 Microcuries	0	0
NID 58	1.0 Microcuries	0	0

If there is any further information required, please contact me at (216) 899-5403.

Sincerely,

David L. Megraw

David L. Megraw
Quality Manager

NRC FORM 577
(10-94)

U.S. NUCLEAR REGULATORY COMMISSION

LICENSE FEE REQUIREMENTS

ATTN: Sandra Kemberling
LICENSE FEE AND DEBT COLLECTION BRANCH
DIVISION OF ACCOUNTING AND FINANCE
OFFICE OF THE CONTROLLER
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555-0001
301 415 6096

Thorn Automated Systems, Inc.
ATTN: Mary Lee Aust
Executive Assistant
835 Sharon Drive
Westlake, OH 44145

TYPE OF ACTION

- [ ] NEW LICENSE
- [X] RENEWAL OF LICENSE
- [ ] AMENDMENT TO LICENSE

REQUESTED DATE: 9/15/95

LICENSE NUMBER: 34-23772-02E

CONTROL NUMBER: 021791

I. APPLICATION FEE DUE

Your request for a licensing action is subject to the fee(s) in the category(ies) noted below in accordance with Section 170.31 of the enclosed Federal Register notice. Payment of the fee is required prior to the issuance of the license, renewal, or amendment.

FEE CATEGORY	APPLICATION	RENEWAL	AMENDMENT
3H	$	$ 2,700	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$

FEE(s) DUE: $2,700
PAYMENT RECEIVED: $
AMOUNT DUE: $2,700

- [X] Your request was received without the prescribed application fee.
- [ ] We received your Check No. _____ in the amount of $_____. Payment of the additional fee noted above is required.
- [ ] Your request will increase the scope of your license program. Therefore, your request is subject to the application fee(s) noted above. Refer to Section 170.31 and Footnote 1(d)(2).
- [ ] Your license expired prior to the receipt of your application for renewal. Therefore, your request is subject to the application fee(s) noted above. Refer to Section 170.31 and Footnote 1(a).

MAKE PAYMENT OF THE FEE(S) TO THE U.S. NUCLEAR REGULATORY COMMISSION AND MAIL THE PAYMENT TO THE ADDRESS LISTED AT THE TOP OF THIS FORM. IF WE DO NOT RECEIVE A REPLY FROM YOU WITHIN 30 CALENDAR DAYS FROM THE DATE LISTED BELOW, WE SHALL ASSUME THAT YOU DO NOT WISH TO PURSUE YOUR APPLICATION AND WILL VOID THIS ACTION.

II. FEE NOT REQUIRED

- [ ] Enclosed is Check No. _____ which accompanied your request. The fee is not required because:
  - [ ] We received your Check No. _____ in payment of the fee.
  - [ ] The Licensing staff has informed us that your request is to be considered as a continuation of your request dated _____, Control No. _____.
  - [ ] Your request was combined, prior to review, with your _____ request, Control No. _____.

III. CHECK RETURNED

- [ ] Enclosed is Check No. _____ which was returned to us by the bank for:
  - [ ] INSUFFICIENT FUNDS
  - [ ] ACCOUNT CLOSED
  - [ ] OTHER

MAIL THE REPLACEMENT CHECK TO THE ADDRESS LISTED AT THE TOP OF THIS FORM AND REFERENCE THE ABOVE CONTROL NUMBER.

IV. LICENSE ISSUED WITHOUT THE REQUIRED FEE

- [ ] License No. _____, Amendment No. ___, issued on _____ was issued without the required fee being collected. The fee required is noted in Section I of this form.
- [ ] The scope of your licensed program was increased. Therefore, your request is subject to the application fee(s) noted in Section 1 of this form. Refer to Section 170.31 and Footnote 1(d)(2).
- [ ] Because of the urgency of your request, the license was issued without remittance of the prescribed fee noted in Section 1 of this form.

SIGNATURE -- LICENSE FEE ANALYST	LFDCB	LFDCB
[signature]	[signature]	
	11/21/95	/ /

DISTRIBUTION
OC/DAF/RF
LFDCB R/F (2)
Pending Fee File
Region ~~4~~ HQs
S. Green

DATE: 11/21/95

NRC FORM 577 (10-94)

October 30, 1995

License No. 34-23772-02E
Docket No. 030-31616
Control No. 021791

Thorn Automated Systems, Inc.
ATTN: Mary Lee Aust
Executive Assistant
835 Sharon Drive
Westlake, Ohio 44145

SUBJECT: LICENSE RENEWAL APPLICATION

Dear Ms. Aust:

This is to acknowledge receipt of your application for renewal of the materials license identified above. Your application is deemed timely filed and, accordingly, the license will not expire until final action has been taken by this office.

Any correspondence regarding the renewal application should reference the control number specified and your license number.

Sincerely,

DISTRIBUTION:
License File 34-23772-02E
NMSS r/f
IMNS Central File
CJBoyle
PSantiago
LCamper

Original signed by:

Carolyn Boyle, Licensing Assistant
Medical, Academic, and Commercial
Use Safety Branch
Division of Industrial and
Medical Nuclear Safety
Office of Nuclear Material Safety
and Safeguards

Docket No. 030-31616

DOCUMENT NAME: C:\32-DEEMT.CB
C = COVER E = COVER & ENCLOSURE N = NO COPY

OFC	IMAB:NMSS	C						
NAME	CBoyle:cjb							
DATE	10/30/95							

OFFICIAL RECORD COPY

030-31616

THORN
AUTOMATED SYSTEMS

Thorn Automated Systems, Inc.
835 Sharon Drive
Westlake, OH 44145
Telephone: (216) 871-9900
Facsimile: (216) 871-8320

featuring Thorn Autocall life safety systems

September 15, 1995

United States
Nuclear Regulatory Commission
Washington, D.C. 20555-0001

Attention: Susan Green
Licensing
Mail Stop T8F5

Reference: License 34-23772-02E [Distribution License]

Dear Ms. Green:

Thank you for your assistance in helping me understand the licensing process. We definitely want to renew the above referenced license but have requested an extension per the attached letter sent to Donald A. Cool.

My purpose in writing is to confirm we wish to have the license active and to ask if you can advise if the extension has been or will be granted. Todate, I have heard nothing regarding this license.

Please review and advise so I know what avenue I should take so the license does not expire. I realize we have a little time but don't want this to fall through the cracks and have our license suspended. If you have any questions and/or comments, do not hesitate to contact me.

Again, I appreciate all of your help.

Sincerely,

Thorn Automated Systems, Inc.

Mary Lee Aust

Mary Lee Aust
Executive Assistant

Enclosure

NRC-License.L#1

021791

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R1201021                    LICENSING TRACKING SYSTEM                 DATE: 951020
                                                                      PAGE:  1

                                  LTS WORKSHEET

DOCKET NO : 03031616    LICENSE NO    : 34-23772-02E         STATUS: 2

MAIL CONTROL: 021791    RECEIPT DATE : 951018           ACTION TYPE: 3
                        DUE     DATE : 960415

FED. GOVT : N           INST. CODE    : 23772        LICENSE REGION: 0

ISSUE DATE: 940603      ORIGINAL DATE: 901029    EXPIRATION DATE: 19951031

NAME        : THORN AUTOMATED SYSTEMS, INC.         DECOM FIN ASSUR REQD: N
                                                                    SUBM: _

DEPT/BUREAU: _______ __________________________     CONT PLAN REQD: N  APPRV: _

BUILDING    : ____________________________ ____

STREET      : 835 SHARON DRIVE

CITY        : WESTLAKE                 STATE: OH      ZIP: 44145

CONTACT PERSON: MARY LEE AUST                         PHONE: 216-871-9900   x5131

PRIMARY PGM CODE : 03255     SECONDARY PGM CODES: ______________________

INSPECTION REGION: 3         PRIORITY CODE: 5  INSPECTION CATEGORY: E

RADIATION SAFETY OFFICER: __________________________________

STATES WHERE USE IS AUTHORIZED: 1      0 - ALL LISTED STATES
                                       1 - SAME AS STATE IN ADDRESS
                                       2 - ALL STATES
                                       3 - NON-AGREEMENT STATES
AUTHORIZED STATES: ____________________________ (USE ONLY IF ABOVE IS ZERO)

REPORTING IDENTIFICATION SYMBOL: __________

APPROVAL FOR: REDISTRIBUTION: N     STORAGE ONLY: N
         TEMPORARY JOB SITES: N     INCINERATION: N
                      BURIAL: N

EXEMPTIONS: (1)___________________      (2)___________________



                          POSSESSION LIMIT INFORMATION                      PAGE:  2
MATERIAL TYPE    : NPA               FORM CODE: NPA    AGGREGATE CODE: NPA
MODEL NUMBER     : ________________________________________ _____
DESCRIPTION      : ________________________________________
TOTAL QUANTITY   : 0000000.000000000     UNIT: ___
OTHER            : _                 # SOURCES: ___
MATERIAL TYPE    : _________         FORM CODE: ___    AGGREGATE CODE: ___
MODEL NUMBER     : ________________________________________
DESCRIPTION      : ________________________________________
TOTAL QUANTITY   : ___________________   UNIT: ___
OTHER            : _                 # SOURCES: ___
MATERIAL TYPE    : _________         FORM CODE: ___    AGGREGATE CODE: ___
MODEL NUMBER     : ________________________________________
DESCRIPTION      : ________________________________________
TOTAL QUANTITY   : ___________________   UNIT: ___
OTHER            : _                 # SOURCES: ___
MATERIAL TYPE    : _________         FORM CODE: ___    AGGREGATE CODE: ___
MODEL NUMBER     : ________________________________________
DESCRIPTION      : ________________________________________
TOTAL QUANTITY   : ___________________   UNIT: ___
OTHER            : _                 # SOURCES: ___
MATERIAL TYPE    : _________         FORM CODE: ___    AGGREGATE CODE: ___
MODEL NUMBER     : ________________________________________
DESCRIPTION      : ________________________________________
TOTAL QUANTITY   : ___________________   UNIT: ___
OTHER            : _                 # SOURCES: ___
MATERIAL TYPE    : _________         FORM CODE: ___    AGGREGATE CODE: ___
MODEL NUMBER     : ________________________________________
DESCRIPTION      : ________________________________________
TOTAL QUANTITY   : ___________________   UNIT: ___
OTHER            : _                 # SOURCES: ___
MATERIAL TYPE    : _________         FORM CODE: ___    AGGREGATE CODE: ___
MODEL NUMBER     : ________________________________________
DESCRIPTION      : ________________________________________
TOTAL QUANTITY   : ___________________   UNIT: ___
OTHER            : _                 # SOURCES: ___
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                    INDIVIDUAL USERS                          PAGE:  3
          NAME                              AUTHORIZATION

              ADDRESS WHERE MATERIAL IS USED OR POSSESSED
BUILDING:
ROOM:
STREET:
CITY:
STATE:
BUILDING:
ROOM:
STREET:
CITY:
STATE:
BUILDING:
ROOM:
STREET:
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STATE:
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          DECOMMISSIONING FINANCIAL ASSURANCE INFORMATION        PAGE:  4
-----------------------------------------------------------------------------
DOCKET: 03031616  LIC: 34-23772-02E    NAME: THORN AUTOMATED SYSTEMS, INC.
=============================================================================
PARTY ISSUING MECHANISM:                          ASSUR TYPE : _  (C=CERT D=DFP)
NAME :                                            MECH TYPE  : __
ADDR1:                                            MECH AMOUNT:
ADDR2:                                            APPROVED? _  DATE:
CITY :                                            EXPIRES ? _  DATE:
STATE: __    ZIP:
-----------------------------------------------------------------------------
PARTY ISSUING MECHANISM:                          ASSUR TYPE : _  (C=CERT D=DFP)
NAME :                                            MECH TYPE  : __
ADDR1:                                            MECH AMOUNT:
ADDR2:                                            APPROVED? _  DATE:
CITY :                                            EXPIRES ? _  DATE:
STATE: __    ZIP:
-----------------------------------------------------------------------------
PARTY ISSUING MECHANISM:                          ASSUR TYPE : _  (C=CERT D=DFP)
NAME :                                            MECH TYPE  : __
ADDR1:                                            MECH AMOUNT:
ADDR2:                                            APPROVED? _  DATE:
CITY :                                            EXPIRES ? _  DATE:
STATE: __    ZIP:
-----------------------------------------------------------------------------
PARTY ISSUING MECHANISM:                          ASSUR TYPE : _  (C=CERT D=DFP)
NAME :                                            MECH TYPE  : __
ADDR1:                                            MECH AMOUNT:
ADDR2:                                            APPROVED? _  DATE:
CITY :                                            EXPIRES ? _  DATE:
STATE: __    ZIP:
-----------------------------------------------------------------------------
PARTY ISSUING MECHANISM:                          ASSUR TYPE : _  (C=CERT D=DFP)
NAME :                                            MECH TYPE  : __
ADDR1:                                            MECH AMOUNT:
ADDR2:                                            APPROVED? _  DATE:
CITY :                                            EXPIRES ? _  DATE:
STATE: __    ZIP:
-----------------------------------------------------------------------------
PARTY ISSUING MECHANISM:                          ASSUR TYPE : _  (C=CERT D=DFP)
NAME :                                            MECH TYPE  : __
ADDR1:                                            MECH AMOUNT:
ADDR2:                                            APPROVED? _  DATE:
CITY :                                            EXPIRES ? _  DATE:
STATE: __    ZIP:
-----------------------------------------------------------------------------
PARTY ISSUING MECHANISM:                          ASSUR TYPE : _  (C=CERT D=DFP)
NAME :                                            MECH TYPE  : __
ADDR1:                                            MECH AMOUNT:
ADDR2:                                            APPROVED? _  DATE:
CITY :                                            EXPIRES ? _  DATE:
STATE: __    ZIP:
-----------------------------------------------------------------------------
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DOCKET NO: 03031616 LICENSE NUMBER: 34-23772-02E
NAME : THORN AUTOMATED SYSTEMS. INC.

MEDICAL QUALITY MANAGEMENT PROGRAM REQUIRED: N RECEIVED: _ APPROVED: _

DECOMMISSIONING FINANCIAL ASSURANCE REQUIRED: N SUBMITTED: _

CONTINGENCY PLAN REQUIRED: N APPROVED: _

DECAY-IN-STORAGE APPROVED: N HOLDING FOR < 10 HALF-LIVES APPROVED: _

T 1/2 > 65 DAYS, ISOTOPE(S): _____ _____ _____
_____ _____ _____

INTERIM STORAGE UP TO 1996: N

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 03255
Status Code: 2
Fee Category: 3H
Exp. Date: 19951031
Fee Comments:
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION HQS

1. APPLICATION ATTACHED
Applicant/Licensee: THORN AUTOMATED SYSTEMS, INC.
Received Date: 951018
Docket No: 3031616
Control No.: 021791
License No.: 34-23772-02E
Action Type: Renewal

2. FEE ATTACHED
Amount: Ø
Check No.:

3. COMMENTS

Signed C Boyle
Date 12/20/95

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered / √)

1. Fee Category and Amount: 3H $2,700

2. Correct Fee Paid. Application may be processed for:
Amendment
Renewal
License

3. OTHER

Signed SK
Date 12/12/95

Log Dec 1 HQS 95
Remitter
Check No. 031169
Amt $2,700
Fee Category 3H
Type of Renewal
Date 12/12/95
Entered/Checked SK
Dpt

Refunded $2,700.5555?

OCT 2 4 1996

DIVISION OF ACCOUNTING AND FINANCE
REQUEST FOR REFUND TO EMPLOYEE/VENDOR

THE EMPLOYEE/VENDOR IDENTIFIED BELOW HAS OVERPAID THE NUCLEAR REGULATORY COMMISSION FOR GOODS AND/OR SERVICES PROVIDED AND IS DUE A REFUND

EMPLOYEE/VENDOR/PAYEE CODE: _____

NAME: Thorn Automated Systems, Inc.

ADDRESS: ATTN: Mr. E. Joseph Martini /RSO

ADDRESS: 835 Sharon Drive

CITY: Westlake STATE: OH ZIP: 44145

TRANS CODE: PX

TRANS TYPE: ____ FUND: _____ JOB CODE: _____ AMOUNT: $2,700.00

TRANS TYPE: IR FUND: R1435 JOB CODE: INTR AMOUNT: _____

TRANS TYPE: IR FUND: R1099 JOB CODE: ADCH AMOUNT: _____

TRANS TYPE: IR FUND: R1099 JOB CODE: FINE AMOUNT: _____

TOTAL REFUND AMOUNT: $2,700.00

COMMENTS: LIC 34-23772-02E/CK 31169/RENEXTN RLMKG

(limit comments to 40 characters, including spaces)

PREPARED BY: Sandra Kimberly DATE: 10/24/96

AUTHORIZED BY: _____ DATE: 10/24/96

ORIGINAL INV. NO: _____ DATE PAID: _____ AMOUNT: _____

REFUND ENTERED INTO COLLECT BY: _____

REFUND DETERMINED BY: _____ DATE: _____

PLEASE ATTACH APPROPRIATE SUPPORTING DOCUMENTATION

Acc. 1 #Ps
021791