

# SLEEPSAFE CORPORATION

*"makers of the safe smoke detector"*

2121 Electric Road SW  
Roanoke, Virginia 24018  
(703) 989-5738

July 28, 1994

Ms. Susan L. Greene  
Commercial Use Safety Branch  
U.S. NRC - Mailstop T8F5  
11555 Rockville Pike  
Rockville, MD 20852

Dear Susan:

Enclosed are applications for 1) a device review and  
2) an exempt "E" distribution license for our smoke  
detector product.

Our device will contain the element Americium 241 as  
a sealed source. The maximum amount that likely would be  
possessed at any one time would be 100,000 chambers or  
1,000 millicuries.

Thank you for your assistance, and I look forward to  
working with you on this project.

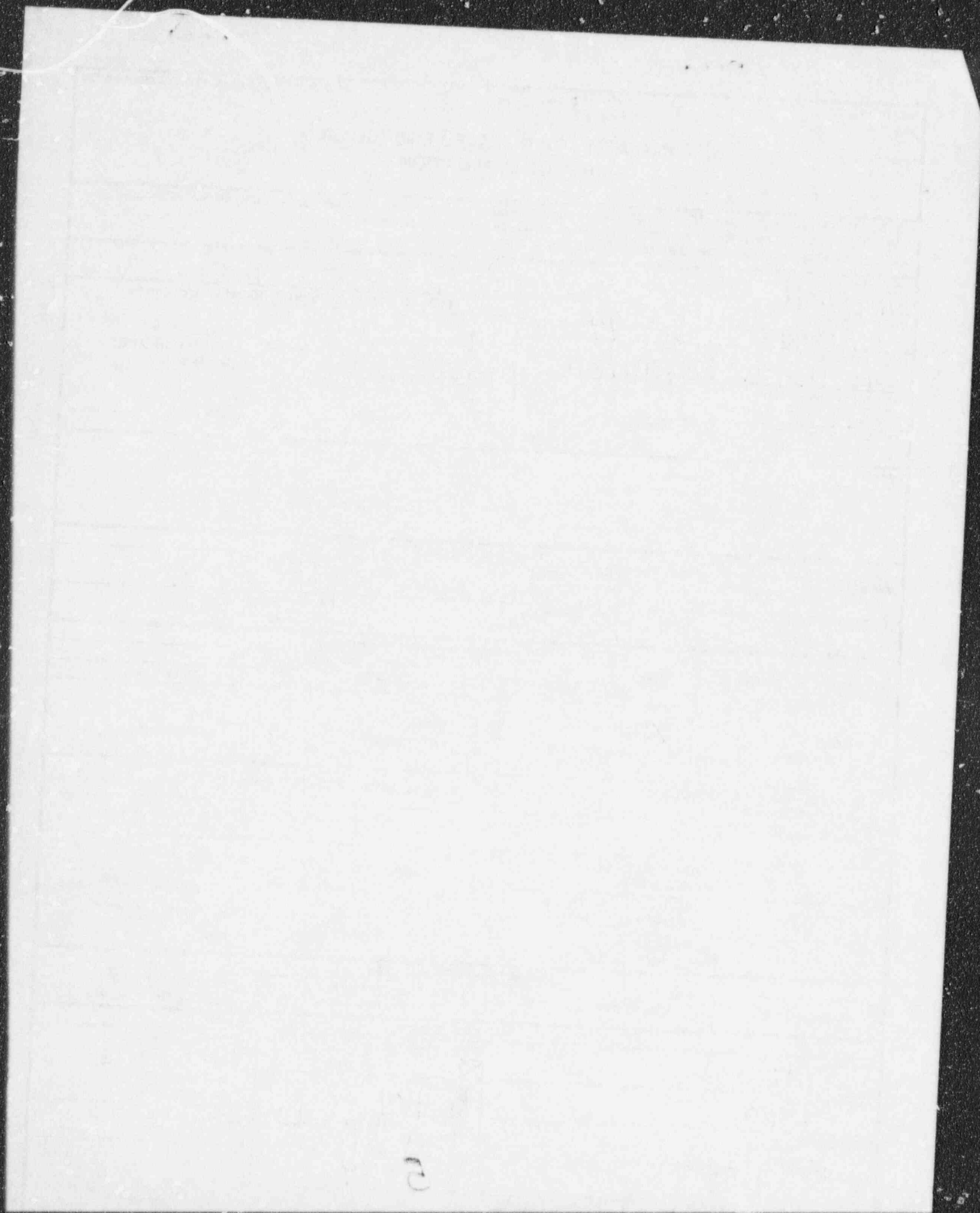
Sincerely,



Scott N. Markwell  
President

SNM/ct

Attachments



# 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>Mitchell</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 <i>415-6062</i>	DATE <i>8-4-94</i>	TYPE OF ACTION REQUESTED (Check as appropriate)	
APPLICANT'S NAME <i>Sleepsafe Corporation</i>		<input type="checkbox"/> SOURCE REVIEW <input type="checkbox"/> AMENDMENT OF REGISTRATION SHEET NUMBER(S)	
MAIL CONTROL NUMBER(S) <i>021654</i>		<input checked="" type="checkbox"/> DEVICE REVIEW	
LETTER/APPLICATION DATE <i>7/28/94</i>	LICENSE NUMBER(S)	<input type="checkbox"/> CUSTOM REVIEW	

COMMENTS

*CR S. Greene*

## FOR SSSS USE ONLY

REVIEWER <i>MDen</i>	MODEL NUMBERS <i>5005 + 200P Seism</i>	NUMBER ASSIGNED <i>94-49</i>
DATE RECEIVED <i>8/4/94</i>	DATE ASSIGNED <i>12/11</i>	DATE TO FEES <i>12 8/5/94</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 checked="" 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 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 <i>Also still getting some information - check w/ SG Greene before def</i>
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>APP</i>	FEE CATEGORY <input checked="" type="checkbox"/> 9A <input type="checkbox"/> 9B <input type="checkbox"/> 9C <input type="checkbox"/> 9D
AMOUNT RECEIVED <i>\$3700</i>	CHECK NUMBER <i>484</i>
DATE OF CHECK <i>7-28-94</i>	DATE <i>Aug 1991 SS&amp;D</i>
APPROVED BY <i>LM</i>	DATE RETURNED <i>8-5-94</i>

COMMENTS

*(see also Aug 1 HHS Log)*