

U.S. NUCLEAR REGULATORY COMMISSION
OFFICE OF INSPECTION AND ENFORCEMENT

TERA

Licensee Name: UOP/AIR CORRECTION Div.

Address: P.O. Box 193
CONESVILLE, OHIO.

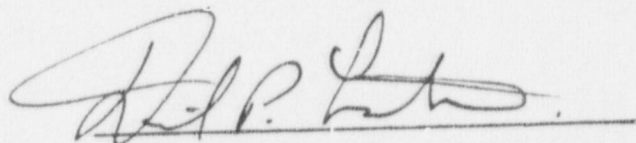
Telephone: 614-829-2266

If you possess the gauges under a specific NRC license, enter the license number: ?

1. If you have transferred or otherwise disposed of any Kay-Ray gauges, place a check or mark in the box and provide the information required by action item 2 in the Bulletin instructions. ☒

Complete the following for Kay-Ray gauges in your possession:

2. Date the card was mailed to Kay-Ray, Inc., confirming the specific source heads in your possession. Nov. 5, 78
(date)
3. Number of source heads visually inspected for evidence of weld cracks between the dome and box on models 7050, 7050B, 7051, 7051B, 7060, 7060B, 7061, and 7061B. 2
(number)
4. Number of source heads inspected in the items above which had weld cracks. 0
(number)
5. Date support brackets were received from Kay-Ray. _____
(date)
6. Date installation of support brackets was completed. _____
(date)



DAVID P. LOVETERE

Signature and printed name of
responsible individual or Radiation
Safety Officer.

After completing the above actions and entering the required information, sign the form, fold it so that the NRC return address is showing, tape or staple closed and place in the mail. No postage is required.

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