

REGISTRY OF RADIOACTIVE SEALED SOURCES AND DEVICES  
SAFETY EVALUATION OF DEVICE  
(AMENDED PAGE 1 - 7/22/96)

NO.: NR-8030-D-801-E

DATE: May 11, 1995

PAGE 1 OF 3

DEVICE TYPE: Rifle Night Sight

MODEL: MR-331, MR-332, MR-336, MR-337, MR-338, MR-353M  
MR-354, MR-361, MR-365, MR-372

DISTRIBUTOR: Magnum Research, Inc.  
2825 Anthony Lane South  
Minneapolis, MN 55418

MANUFACTURER: Israel Military Industries  
Weapons Division  
P.O. Box 7080  
Tel. Aviv 61070  
Israel

SEALED SOURCE MODEL DESIGNATION: Israel Atomic energy  
Commission Soreg Nuclear  
Research Center krinor, D1.5,  
L6.S P15100G, or  
  
Brandhurst Co., England,  
Model: Ct/12-14/6.5, Ct/13-  
15/6-5 or  
  
Saunders-Roe Development Ltd.  
England Model MH 31/G/200

ISOTOPE:

Hydrogen-3

MAXIMUM ACTIVITY:

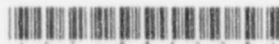
126 mCi (4.662 GBq)

LEAK TEST FREQUENCY: Not Required

PRINCIPAL USE: (W) Self-Luminous Application

CUSTOM DEVICE: \_\_\_\_\_ YES \_\_\_\_\_ X \_\_\_\_\_ NO

9703280196 960722  
PDR RC \*  
SSD PDR



Neo 1/1

NRC FORM 567

(8-93)

U. S. NUCLEAR REGULATORY COMMISSION

# 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>Magnum Research</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 checked="" type="checkbox"/> AMENDMENT OF REGISTRATION SHEET NUMBER(S)	
MAIL CONTROL NUMBER(S)		<input type="checkbox"/> DEVICE REVIEW <i>NR 030 D801E</i>	
LETTER/APPLICATION DATE	LICENSE NUMBER(S)	<input type="checkbox"/> CUSTOM REVIEW	

COMMENTS:

*2825 Anthony Lane S  
Minneapolis, MN 55418*

## FOR SSSS USE ONLY

REVIEWER <i>Ken Rindal</i>	MODEL NUMBERS <i>TNLC (10)</i>	NUMBER ASSIGNED <i>92-62</i>
DATE RECEIVED <i>7/12/96</i>	DATE ASSIGNED <i>7/14/96</i>	DATE TO FEES <i>7/14/96</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 checked="" 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 <i>typo</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	FEE CATEGORY <input type="checkbox"/> 9A <input type="checkbox"/> 9B <input type="checkbox"/> 9C <input type="checkbox"/> 9D		
AMOUNT RECEIVED	CHECK NUMBER	MATANN UPDATED AS REQUIRED	
DATE OF CHECK	LOG <i>July 96 2 SSND</i>	MATSYS UPDATED AS REQUIRED	
APPROVED BY	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>Mugnum Research</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 <i>3/20/97</i>	TYPE OF ACTION REQUESTED (Check as appropriate)  <input type="checkbox"/> SOURCE REVIEW <input checked="" type="checkbox"/> AMENDMENT OF REGISTRATION SHEET NUMBER(S) <input type="checkbox"/> DEVICE REVIEW <input type="checkbox"/> CUSTOM REVIEW <i>NR 830 D801E</i>	
APPLICANT'S NAME			
MAIL CONTROL NUMBER(S) <i>10-62</i>			
LETTER/APPLICATION DATE	LICENSE NUMBER(S)		

COMMENTS:

*2825 Anthony Lane S  
Minneapolis, MN 55418*

## **FOR SSSS USE ONLY**

REVIEWER <i>Ken Rindal</i>	MODEL NUMBERS <i>TATL (10)</i>	NUMBER ASSIGNED <i>96-62</i>
DATE RECEIVED <i>7/12/96</i>	DATE ASSIGNED <i>7/14/96</i>	DATE TO FEES <i>7/14/96</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 checked="" 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) _____			

TOTAL NUMBER OF REVIEW HOURS	NOTES <i>Typo</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	FEE CATEGORY <input type="checkbox"/> 9A <input type="checkbox"/> 9B <input type="checkbox"/> 9C <input type="checkbox"/> 9D		
AMOUNT RECEIVED	CHECK NUMBER	MATANN UPDATED AS REQUIRED	
DATE OF CHECK <i>Admin Charge</i>	LOG <i>Jul 96 2 55 PM</i>	MATSYS UPDATED AS REQUIRED	
APPROVED BY <i>No fee required</i>	DATE RETURN <i>7/24/96</i>	DATE	

COMMENTS:



3-  
#4 Typo  
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SAFETY EVALUATION OF DEVICE

NR: NR-0830-D-801-E

DATE: May 11, 1995

PAGE: 1 OF 3

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Magnum Research, Inc.  
2825 Anthony Lane South  
Minneapolis, MN 55418

MANUFACTURER:

Israel Military Industries  
Weapons Division  
P.O. Box 7080  
Tel. Aviv 61070  
Israel

SEALED SOURCE MODEL DESIGNATION:

Israel Atomic Energy  
Commission Soreq Nuclear  
Research Center Krinor, D1.5,  
L6.S P15100G, or

Need to change

to 8030

N

1 action

Brandhurst Co., England,  
Model: Ct/12-14/6.5, Ct/13-  
15/6-5 or

Saunders-Roe Development Ltd.  
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Hydrogen-3

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Not Required

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CUSTOM DEVICE:

YES

X

NO