



5350 N 13th Street
Terre Haute, IN 47805
(812) 466-5478

March 30, 2020

ATTN: Document Control Desk/GLTS
U.S Nuclear Regulatory Commission
Washington, DC 20555-0001

SUBJECT: Transfers of Industrial Devices Report, Q1 of 2020

Dear Sir or Madam:

Enclosed is a list of device transfers by Industrial Maintenance Engineering, Inc. d/b/a AIS Gauging in Q1 of 2020. If your state or jurisdiction does not appear on this list than no devices were shipped to your state during the reporting period.

If you have any questions please call me at 812-466-5478 or send email to John.Young@aisgauging.com.

Sincerely,

John B. Young, Jr., President/RSO
Industrial Maintenance Engineering, Inc.

NMSSIO



TRANSFERS OF INDUSTRIAL DEVICES REPORT (TO GENERAL LICENSEES)

(Continue on NRC Form 653, 653A or 653B, as appropriate)

Estimated burden per response to comply with this mandatory collection request: 36 minutes. NRC requests quarterly reports to keep apprised of device movements. Send comments regarding the burden estimate to the Information Services Branch (T-6 A10M), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to Infocollects.Resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0001), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

For each "licensee" to whom a device(s) has been transferred during the reporting period, supply the following:

Name of Vendor Industrial Maintenance Engineering, Inc. d/b/a AIS Gauging	Reporting Period	
	From 01/01/2020	To 03/31/2020
License Number 030-34598		

Intermediate Person(s) (if any)

Name of Intermediate Persons(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number
Name of Intermediate Persons(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number

General Licensee Information

Name of General Licensee Pactiv	Mailing Address at the Location of Use (No P.O. Boxes, include zip code) 8170 Alcovy Rd. Covington, GA 30014
Name of Responsible Individual Thomas Gray	Business Telephone Number 770-784-4214
Title of Responsible Individual Sr. Process Engineer	

Information on Device(s) Transferred

Date of Transfer	Type of Device	Model Number	Serial Number	Isotope	Activity and Units
20 Feb 2020	Beta Gauge	BAL	AO-3621	KR-85	300 mCi
20 Feb 2020	Beta Gauge	BAL	AO-3622	KR-85	300 mCi
20 Feb 2020	Beta Gauge	BAL	AO-3623	KR-85	300 mCi
20 Feb 2020	Beta Gauge	BAL	AO-3624	KR-85	300 mCi

Intermediate Person(s) (if any)

Name of Intermediate Persons(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number
Name of Intermediate Persons(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number

General Licensee Information

Name of General Licensee Pactiv	Mailing Address at the Location of Use (No P.O. Boxes, include zip code) 8170 Alcovy Rd. Covington, GA 30014
Name of Responsible Individual Thomas Gray	Business Telephone Number 770-784-4214
Title of Responsible Individual Sr. Process Engineer	

Information on Device(s) Transferred

Date of Transfer	Type of Device	Model Number	Serial Number	Isotope	Activity and Units
02/20/2020	Beta Gauge	BAL	AO-3621	KR-85	300 mCi
Feb 20, 2020	Beta Gauge	BAL	AO-3621	KR-85	300 mCi
02/20/2020	Beta Gauge	BAL	AO-3621	KR-85	300 mCi
02/20/2020	Beta Gauge	BAL	AO-3621	KR-85	300 mCi

TRANSFERS OF INDUSTRIAL DEVICES REPORT (TO GENERAL LICENSEES) (continued)

Intermediate Person(s) (if any)

Name of Intermediate Persons(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number
Name of Intermediate Persons(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number

General Licensee Information

Name of General Licensee Advanced Extrusion		Mailing Address at the Location of Use (No P.O. Boxes, include zip code) 22101 Industrial Blvd. Rogers, MN 55374	
Name of Responsible Individual Brandon Eid	Business Telephone Number 763-316-6642		
Title of Responsible Individual Process Engineer			

Information on Device(s) Transferred

Date of Transfer	Type of Device	Model Number	Serial Number	Isotope	Activity and Units
03/03/2020	Beta Gauge	Apollo B1-n	AH-5235	Sr-90	50 mCi

Intermediate Person(s) (if any)

Name of Intermediate Persons(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number
Name of Intermediate Persons(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number

General Licensee Information

Name of General Licensee		Mailing Address at the Location of Use (No P.O. Boxes, include zip code)	
Name of Responsible Individual	Business Telephone Number		
Title of Responsible Individual			

Information on Device(s) Transferred

Date of Transfer	Type of Device	Model Number	Serial Number	Isotope	Activity and Units

TRANSFERS OF INDUSTRIAL DEVICES REPORT (FROM GENERAL LICENSEES)

For each "licensee" from whom a device(s) has been received during the reporting period, supply the following:

General Licensee Information

Name of General Licensee

Avery Dennison

Mailing Address at the Location of Use (No P.O. Boxes, include zip code)

250 Chester St.
Painesville, OH 4407**Information on Device(s) Received**

Date of Receipt	Type of Device	Model Number	Serial Number	Manufacturer or Initial Transferor (If not reporting party)
03/10/2020	Beta Gauge	NDC103	13364	NDC Technologies
03/10/2020	Beta Gauge	NDC103	13365	NDC Technologies
03/10/2020	Beta Gauge	NDC103	13366	NDC Technologies

General Licensee Information

Name of General Licensee

Avery Dennison

Mailing Address at the Location of Use (No P.O. Boxes, include zip code)

250 Chester St.
Painesville, OH 4407**Information on Device(s) Received**

Date of Receipt	Type of Device	Model Number	Serial Number	Manufacturer or Initial Transferor (If not reporting party)
03/10/2020	Beta Gauge	NDC103	13367	NDC Technologies

General Licensee Information

Name of General Licensee

Tredegar

Mailing Address at the Location of Use (No P.O. Boxes, include zip code)

3400 Fort Harrison Rd
Terre Haute, IN 47804**Information on Device(s) Received**

Date of Receipt	Type of Device	Model Number	Serial Number	Manufacturer or Initial Transferor (If not reporting party)
03/12/2020	Beta Gauge	NDC302	8870	NDC Technologies

General Licensee Information

Name of General Licensee

Mailing Address at the Location of Use (No P.O. Boxes, include zip code)

Information on Device(s) Received

Date of Receipt	Type of Device	Model Number	Serial Number	Manufacturer or Initial Transferor (If not reporting party)