

DRAPER

LETTER OF TRANSMITTAL

TO:	NRC and NRC Agreement States	FROM:	Andrea Voehringer, MEng, CSP Environmental Health & Safety
		DATE:	1/25/2021
		RE:	NRC Form 653

We are sending you ☒ Attached ☐ Under Separate Cover the following items:

☐ See Below ☐ Prints ☐ Plans ☐ _____

☐ Report ☐ Copy of Letter ☐ Change Order

COPIES	DATE	DESCRIPTION
1	01/25/2021	NRC FORM 653 FOR 4Q 2020

THESE ARE TRANSMITTED as checked below:		
<input type="checkbox"/> For approval <input checked="" type="checkbox"/> For your use <input type="checkbox"/> As requested <input type="checkbox"/> For review and comment	<input type="checkbox"/> No exceptions taken <input type="checkbox"/> Revise as noted <input type="checkbox"/> Amend and resubmit <input type="checkbox"/> Rejected – see remarks	<input type="checkbox"/> Resubmit ____ copies for approval <input type="checkbox"/> Submit ____ copies for distribution <input type="checkbox"/> Return ____ corrected prints <input type="checkbox"/> _____
<p>Remarks:</p> <p>No devices were transferred or received this quarter.</p> <p>Please call or e-mail questions to Andrea Voehringer, 617-258-2990 or avoehringer@draper.com</p>		

NMSS10
NMSS

PHONE. 1-617-258-2990, FAX. 1-617-258-4765



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 The Charles Stark Draper Laboratory	Reporting Period	
License Number 53-0653	From 10/01/2020	To 12/31/2020

Intermediate Person(s) (if any)

Name of Intermediate Person(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number
Name of Intermediate Person(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	mark_walsh@dfci.harvard.edu	

Information on Device(s) Transferred

Date of Transfer	Type of Device	Model Number	Serial Number	Isotope	Activity and Units
No transfers Q4 2020					

Intermediate Person(s) (if any)

Name of Intermediate Person(s)	Name of Responsible Individual	Title of Responsible Individual	Business Telephone Number
Name of Intermediate Person(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 (TO GENERAL LICENSEES) (continued)

Intermediate Person(s) (if any)

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

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General Licensee Information

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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 **(TO GENERAL LICENSEES) (continued)**

Intermediate Person(s) (if any)

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

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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	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)
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Information on Device(s) Received

Date of Receipt	Type of Device	Model Number	Serial Number	Manufacturer or Initial Transferor (If not reporting party)
No received Q4 2020				

General Licensee Information

Name of General Licensee	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)
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Information on Device(s) Received

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

General Licensee Information

Name of General Licensee	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)
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Information on Device(s) Received

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

General Licensee Information

Name of General Licensee	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)
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Information on Device(s) Received

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

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

10 CFR 32

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	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)
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Information on Device(s) Received

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

General Licensee Information

Name of General Licensee	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)
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Information on Device(s) Received

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

General Licensee Information

Name of General Licensee	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)
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Information on Device(s) Received

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

General Licensee Information

Name of General Licensee	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)
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Information on Device(s) Received

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

TRANSFERS OF INDUSTRIAL DEVICES REPORT (LABEL CHANGES)
For each device for which required label information has been changed, supply the following:

General Licensee User Information

Name of General Licensee User	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)
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Information on Device(s) Received

Type of Device	Model Number	Previous Serial Number	New Serial Number	Previous Isotope	New Isotope	Previous Label Activity and Units	Label Activity and Units

General Licensee User Information

Name of General Licensee User	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)
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Information on Device(s) Received

Type of Device	Model Number	Previous Serial Number	New Serial Number	Previous Isotope	New Isotope	Previous Label Activity and Units	Label Activity and Units

General Licensee User Information

Name of General Licensee User	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)
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Information on Device(s) Received

Type of Device	Model Number	Previous Serial Number	New Serial Number	Previous Isotope	New Isotope	Previous Label Activity and Units	Label Activity and Units

General Licensee User Information

Name of General Licensee User	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)
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Information on Device(s) Received

Type of Device	Model Number	Previous Serial Number	New Serial Number	Previous Isotope	New Isotope	Previous Label Activity and Units	Label Activity and Units

TRANSFERS OF INDUSTRIAL DEVICES REPORT (LABEL CHANGES) (continued)

For each device for which required label information has been changed, supply the following:

General Licensee User Information

Name of General Licensee User	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)
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Information on Device(s) Received

Type of Device	Model Number	Previous Serial Number	New Serial Number	Previous Isotope	New Isotope	Previous Label Activity and Units	Label Activity and Units

General Licensee User Information

Name of General Licensee User	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)
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Information on Device(s) Received

Type of Device	Model Number	Previous Serial Number	New Serial Number	Previous Isotope	New Isotope	Previous Label Activity and Units	Label Activity and Units

General Licensee User Information

Name of General Licensee User	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)
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Information on Device(s) Received

Type of Device	Model Number	Previous Serial Number	New Serial Number	Previous Isotope	New Isotope	Previous Label Activity and Units	Label Activity and Units

General Licensee User Information

Name of General Licensee User	Mailing Address at the Location of Use (No P.O. Boxes, include zip code)
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Information on Device(s) Received

Type of Device	Model Number	Previous Serial Number	New Serial Number	Previous Isotope	New Isotope	Previous Label Activity and Units	Label Activity and Units