



SECTION 1
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GENERAL LICENSEE REGISTRATION

OMB EXPIRATION DATE: 09/30/2022

NMSSID
NMSS



01/25/2021

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Enter the name, telephone number and title of the person who is the responsible individual for the device(s).

[illegible][illegible]

7

[illegible]

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[illegible][illegible][illegible][illegible][illegible][illegible]

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	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)
1	AM241 <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	100 <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	mCi <div> <div></div> <div></div> <div></div> </div>
2	<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>
3	<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>
4	<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>
5	<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>
6	<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>







01/25/2021

SECTION 2

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849989 (Internal Control Number)

Distributor/Distributed By: Peco Controls Corporation

[illegible]

Distributor License Number: 3823-50 GL

[illegible]

Manufacturer name: PECO CONTROLS CORPORATION

[illegible]

Device Model (Not Source Model): FILLTRAC G

[illegible]

Device Serial Number: F033281823

[illegible]

Transfer Date: 06/05/2018

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☐ **Not in possession of device (Also complete Section 4.)**

DD

YYYY

Activity (e.g. 1005)

Unit (e.g. mCi)

100

mCi

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[illegible]

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2

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[illegible]

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3

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[illegible]

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[illegible]

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[illegible]

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6

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[illegible]

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SECTION 2

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851376 (Internal Control Number)

Distributor/Distributed By: Peco Controls CorporationDistributor License Number: 3823-50 GL

Manufacturer name: PECO CONTROLS CORPORATION

Device Model (Not Source Model): FILLTRAC G

Device Serial Number: F033371850Transfer Date: 12/17/2018

☐ Not in possession of device (Also complete Section 4.)

MM

DD

YYYY

Isotope (e.g. AM241)

Activity (e.g. 1005)

Unit (e.g. mCi)

1 AM241

100mCi2

3

456



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[illegible][illegible][illegible][illegible][illegible]

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MM

DD

☐ Other Sources

Unit (e.g. mCi)

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[illegible]

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[illegible]

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[illegible]

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[illegible]

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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4

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Provide information about devices listed in Section 2 or 6, but no longer in your possession.

Part 1

Transfer Date:

NRC Device Key:

(from Section 2 or 6)

751783

06102018

MM

DD

YYYY

Location of the Device:

- ☐ Whereabouts Unknown (Complete Part 1 only)
- ☐ Never Possessed the Device (Complete Part 1 only)
- ☐ Returned to Manufacturer (Complete Part 1 only)

- ☐ Transferred to another general licensee (Complete Parts 2 and 3)
- ☒ Transferred to a Specific Licensee (Not the manufacturer)
(Complete Part 2)

Part 2 License Number of Recipient (if transferred to a specific licensee):

GL714981-26

Company Name:

General Mills

Department:

Address Line 1:

One Red Devil Road

Address Line 2:

City:

Hannibal

State:

MO

Zip Code:

63401

Part 3 Enter the name of the individual responsible for this device:

Last name:

First name:

Middle Initial:

Business Telephone
Number:

Extension:

Title:



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SECTION 5 - CERTIFICATION

SECTION 5
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I hereby certify that:

- A. All information contained in this registration is true and complete to the best of my knowledge and belief.
- B. A physical inventory of the devices subject to registration has been completed, and the device information on this form has been checked against the device labeling.
- C. I am aware of the requirements of the general license, provided in 10 CFR 31.5.

(Copies of applicable regulations may be viewed at the NRC website at:

<http://www.nrc.gov/reading-rm/doc-collections/cfr>)



SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)

3-15-21

DATE

WARNING: FALSE STATEMENTS MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. NRC REGULATIONS REQUIRE THAT SUBMISSIONS TO THE NRC BE COMPLETE AND ACCURATE IN ALL MATERIAL ASPECTS. 18 U.S.C SECTION 1001 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY WRONG STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER IN ITS JURISDICTION.

*In 2018 The Radiation Source From NRC Device
Key 751783 was transferred to NRC Device Key
849989.*



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SECTION 6 - DEVICE NOT SUBJECT TO REGISTRATION

SECTION 6
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NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date:

Isotope:

Activity:

Unit:

