

**NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC HEALTH – RADIOACTIVE MATERIAL PROGRAM**

**TRANSFERS OF INDUSTRIAL DEVICES REPORT**  
 (Continue on Form NRH 653, 653A or 653B, as appropriate)

NAME OF VENDOR	REPORTING PERIOD	
	FROM	TO
LICENSE NUMBER:		

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

INTERMEDIATE PERSON (if any)			
NAME OF INTERMEDIATE PERSON	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

GENERAL LICENSEE USER INFORMATION		
NAME OF GENERAL LICENSEE USER	MAILING ADDRESS AT THE LOCATION OF USE (No. P.O. Boxes, include Zip Code)	
DEPARTMENT		
NAME OF RESPONSIBLE INDIVIDUAL		TELEPHONE
TITLE OF RESPONSIBLE INDIVIDUAL		

INFORMATION ON DEVICE(S) TRANSFERRED					
DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY & UNITS

INTERMEDIATE PERSON (if any)			
NAME OF INTERMEDIATE PERSON	NAME OF RESPONSIBLE INDIVIDUAL	INDIVIDUAL TITLE OF RESPONSIBLE	TELEPHONE

GENERAL LICENSEE USER INFORMATION		
NAME OF GENERAL LICENSEE USER	MAILING ADDRESS AT THE LOCATION OF USE (No. P.O. Boxes, include Zip Code)	
DEPARTMENT		
NAME OF RESPONSIBLE INDIVIDUAL		TELEPHONE
TITLE OF RESPONSIBLE INDIVIDUAL		

INFORMATION ON DEVICE(S) TRANSFERRED					
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**NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH – RADIOACTIVE MATERIAL PROGRAM**

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

INTERMEDIATE PERSON (if any)

NAME OF INTERMEDIATE PERSON	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
NAME OF INTERMEDIATE PERSON	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

GENERAL LICENSEE USER INFORMATION

NAME OF GENERAL LICENSEE USER	MAILING ADDRESS AT THE LOCATION OF USE (No. P.O. Boxes, include Zip Code)
DEPARTMENT	
NAME OF RESPONSIBLE INDIVIDUAL      TELEPHONE	
TITLE OF RESPONSIBLE INDIVIDUAL	

INFORMATION ON DEVICE(S) TRANSFERRED

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY & UNITS

INTERMEDIATE PERSON (if any)

NAME OF INTERMEDIATE PERSON	NAME OF RESPONSIBLE INDIVIDUAL	INDIVIDUAL TITLE OF RESPONSIBLE	TELEPHONE
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GENERAL LICENSE USER INFORMATION

NAME OF GENERAL LICENSEE USER	MAILING ADDRESS AT THE LOCATION OF USE (No. P.O. Boxes, include Zip Code)
DEPARTMENT	
NAME OF RESPONSIBLE INDIVIDUAL      TELEPHONE	
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INFORMATION ON DEVICE(S) TRANSFERRED

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY & UNITS