

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

TRANSFERS OF INDUSTRIAL DEVICES REPORT (FROM GENERAL LICENSEE)

For each "person" to whom a devices(s) has been transferred during the reporting period, 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)
DEPARTMENT	

INFORMATION ON DEVICE(S) TRANSFERRED

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

GENERAL LICENSEE USER INFORMATION

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

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