t

Form NRH 653B
Effective Date: November 28, 2016

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

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)
DEPARTMENT	

INFORMATION ON DEVICE(S) RECEIVED

TYPE OF DEVICE	MODEL NUMBER	PREVIOUS SERAL NUMBER	NEW SERIAL NUMBER	PREVIOUS ISOTOPE	NEW ISOTOPE	PREVIOUS LABEL ACTIVITY AND UNITS	LABEL ACTIVITYAND 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	

INFORMATION ON DEVICE(S) RECEIVED

TYPE OF DEVICE	MODEL NUMBER	PREVIOUS SERAL NUMBER	NEW SERIAL NUMBER	PREVIOUS ISOTOPE	NEW ISOTOPE	PREVIOUS LABEL ACTIVITY AND UNITS	LABEL ACTIVITYAND 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	

INFORMATION ON DEVICE(S) RECEIVED

TYPE OF DEVICE	MODEL NUMBER	PREVIOUS SERAL NUMBER	NEW SERIAL NUMBER	PREVIOUS ISOTOPE	NEW ISOTOPE	PREVIOUS LABEL ACTIVITY AND UNITS	LABEL ACTIVITYAND UNITS