

Form NRH 653 Effective Date: November 28, 2016 Page \_\_\_\_of\_\_\_\_

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| DIVISION OF PUBLI                    |  |          | A DEPARTMENT OF H<br>ACTIVE MATERIAL PRO   |  | N SERVICES  | U                               |  |
|--------------------------------------|--|----------|--|--|---|---------------------------------|--|
|                                      |  |          | ANSFERS OF INDUS<br>tinue on Form NRH 653, |  |   |                                 |  |
| NAME OF VENDOR                       |  | (0011    |  |  | REPORTING PER   | IOD                             |  |
|                                      |  |          |  | FROM                                       |   | TO                              |  |
| LICENSE NUMBER:                      |  |          |  |  |   |                                 |  |
| For eac                              | ch "person" t                            | o whom a | devices(s) has been trans                  | sferred during the reporting               | ng period, supply t   | he following:                   |  |
|                                      |  |          | INTERMEDIATE                               | PERSON (if any)                            |   |                                 |  |
| NAME OF INTERMEDIATE F               | PERSON                                   | NAME OF  | RESPONSIBLE INDIVIDUAL                     | TITLE OF RESPONSIBLE INDIVIDUAL            |   | TELEPHONE                       |  |
|                                      |  |          | GENERAL LICENSEE                           | USER INFORMATION                           |   |                                 |  |
| NAME OF GENERAL LICEN                | SEE USER                                 |          |  | MAILING ADDRESS AT THE                     | MAILING ADDRESS AT THE LOCATION OF USE (No. P.O. Boxes, include Zip Code) |                                 |  |
| DEPARTMENT                           |  |          |  | -  |   |                                 |  |
| DEPARTMENT                           |  |          |  |  |   |                                 |  |
| NAME OF RESPONSIBLE IN               | IDIVIDUAL                                |          | TELEPHONE                                  |  |   |                                 |  |
|                                      |  |          | -  |  |   |                                 |  |
| TITLE OF RESPONSIBLE IN              | TITLE OF RESPONSIBLE INDIVIDUAL          |          |  |  |   |                                 |  |
|                                      |  |          | INFORMATION ON DE                          | VICE(S) TRANSFERRED                        |   |                                 |  |
| DATE OF TRANSFER                     | TYPE OF                                  | DEVICE   | MODEL NUMBER                               | SERIAL NUMBER                              | ISOTOPE   | ACTIVITY & UNITS                |  |
|                                      |  |          |  |  |   |                                 |  |
|                                      |  |          |  |  |   |                                 |  |
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|                                      |  |          |  |  |   |                                 |  |
|                                      |  |          |  |  |   |                                 |  |
|                                      |  |          | INTERMEDIATE                               | PERSON (if any)                            | 1   |                                 |  |
| NAME OF INTERMEDIATE F               | PERSON                                   | NAME OF  | RESPONSIBLE INDIVIDUAL                     | INDIVIDIUAL TITLE OF RESPONSIBLE TELEPHONE |   |                                 |  |
|                                      |  |          |  |  |   |                                 |  |
|                                      |  |          | GENERAL LICENSE                            | USER INFORMATION                           |   |                                 |  |
| NAME OF GENERAL LICEN                | SEE USER                                 |          |  | MAILING ADDRESS AT THE                     | LOCATION OF USE (No   | . P.O. Boxes, include Zip Code) |  |
| DEPARTMENT                           |  |          |  | -  |   |                                 |  |
| NAME OF RESPONSIBLE IN               | NAME OF RESPONSIBLE INDIVIDUAL TELEPHONE |          |  |  |   |                                 |  |
|                                      |  |          |  |  |   |                                 |  |
| TITLE OF RESPONSIBLE IN              | DIVIDUAL                                 |          |  |  |   |                                 |  |
| INFORMATION ON DEVICE(S) TRANSFERRED |  |          |  |  |   |                                 |  |
| DATE OF TRANSFER                     | TYPE OF                                  | DEVICE   | MODEL NUMBER                               | SERIAL NUMBER                              | ISOTOPE   | ACTIVITY & UNITS                |  |
|                                      |  |          |  |  |   |                                 |  |
|                                      |  |          |  |  |   |                                 |  |
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|   | NE        | BRASKA  | A DEPARTMENT OF H      | HEALTH AND HUMAN                           | <u>NSERVICES</u>         |                          |  |  |  |
| DIVISION OF PUBLIC HEALTH – RADIOACTIVE MATERIAL PROGRAM                |           |         |                        |  |                          |                          |  |  |  |
| TRANSFERS OF INDUSTRIAL DEVICES REPORT                                  |           |         |                        |  |                          |                          |  |  |  |
| (TO GENERAL LICENSEES)  |           |         |                        |  |                          |                          |  |  |  |
|   |           |         |                        |  |                          |                          |  |  |  |
| INTERMEDIATE PERSON (if any)  |           |         |                        |  |                          |                          |  |  |  |
| NAME OF INTERMEDIATE P  | ERSON     | NAME OF | RESPONSIBLE INDIVIDUAL | TITLE OF RESPONSIBLE INDIVIDUAL TELEPHONE  |                          |                          |  |  |  |
| NAME OF INTERMEDIATE P  |           |         | RESPONSIBLE INDIVIDUAL | TITLE OF RESPONSIBLE INDIVIDUAL TELEPHONE  |                          |                          |  |  |  |
| NAME OF INTERMEDIATE F  | EKSON     | NAME OF | RESPONSIBLE INDIVIDUAL | THE OF RESPONSIBLE INDIVIDUAL              |                          | TELEFHONE                |  |  |  |
|   |           | L       | GENERAL LICENSEE       | USER INFORMATION                           |                          |                          |  |  |  |
| NAME OF GENERAL LICENS  | SEE USER  |         |                        | MAILING ADDRESS AT THE L                   | OCATION OF USE (No. P.O. | Boxes, include Zip Code) |  |  |  |
| DEPARTMENT  |           |         |                        | -  |                          |                          |  |  |  |
| DEFARTMENT  |           |         |                        |  |                          |                          |  |  |  |
| NAME OF RESPONSIBLE IN  | DIVIDUAL  |         | TELEPHONE              | -  |                          |                          |  |  |  |
|   |           |         |                        |  |                          |                          |  |  |  |
| TITLE OF RESPONSIBLE IN   | DIVIDUAL  |         |                        |  |                          |                          |  |  |  |
|   |           |         | INFORMATION ON DEV     | /ICE(S) TRANSFERRED                        |                          |                          |  |  |  |
| DATE OF TRANSFER  | TYPE OF [ | DEVICE  | MODEL NUMBER           | SERIAL NUMBER                              | ISOTOPE                  | ACTIVITY & UNITS         |  |  |  |
|   |           |         |                        |  |                          |                          |  |  |  |
|   |           |         |                        |  |                          |                          |  |  |  |
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|   |           |         |                        |  |                          |                          |  |  |  |
|   |           |         |                        |  |                          |                          |  |  |  |
| INTERMEDIATE NAME OF INTERMEDIATE PERSON NAME OF RESPONSIBLE INDIVIDUAL |           |         |                        | INDIVIDIUAL TITLE OF RESPONSIBLE TELEPHONE |                          |                          |  |  |  |
|   |           |         |                        |  |                          |                          |  |  |  |
| GENERAL LICENSE USER INFORMATION  |           |         |                        |  |                          |                          |  |  |  |
| NAME OF GENERAL LICENSEE USER   |           |         |                        | MAILING ADDRESS AT THE L                   | OCATION 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         |  |  |  |
|   |           |         |                        |  |                          |                          |  |  |  |
|   |           |         |                        |  |                          |                          |  |  |  |
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