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NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH – RADIOACTIVE MATERIAL PROGRAM TRANSFERS OF INDUSTRIAL DEVICES REPORT (LABEL CHANGES)							
	For each o	levice for which re	quired label inform	nation has been ch	nanged, supply the	following::	
		GE	NERAL LICENSEE	USER INFORMAT	ION		
NAME OF GENERAL LICENSEE USER				MAILING ADDRESS AT THE LOCATION OF USE (No. P.O. Boxes, include Zip Code)			
DEPARTMENT				-			
		IN	DEVICE(S) RECEIV	E(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
		GE	NERAL LICENSEE	LISER INFORMAT	ION		
NAME OF GENERAL	LICENSEE USER			MAILING ADDRESS	AT THE LOCATION OF	USE (No. P.O. Boxes, ii	nclude Zip Code)
		IN	FORMATION ON D	DEVICE(S) RECEIV	'ED		
TYPE OF DEVICE	MODEL NUMBER	PREVIOUS SERAL NUMBER	NEW SERIAL NUMBER	PREVIOUS ISOTOPE	NEW ISOTOPE	PREVIOUS LABEL ACTIVITY AND UNITS	LABEL ACTIVITYAND UNITS
		GE	NERAL LICENSEE				
NAME OF GENERAL LICENSEE USER DEPARTMENT				MAILING ADDRESS	AT THE LOCATION OF	USE (No. P.O. Boxes, I	nclude Zip Code)
		IN	FORMATION ON D	EVICE(S) RECEIV	ED		
TYPE OF DEVICE	MODEL NUMBER	PREVIOUS SERAL NUMBER	NEW SERIAL NUMBER	PREVIOUS ISOTOPE	NEW ISOTOPE	PREVIOUS LABEL ACTIVITY AND UNITS	LABEL ACTIVITYAND UNITS