STATE OF FLORIDA - DEPARTMENT OF HEALTH - BUREAU OF RADIATION CONTROL Transfers of Industrial Devices Report 04/2007 54E-5.21D(4)

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

Department of Health Bureau of Radiation Control 4052 Bald Cypress Way - Bin #C21 Tallahassee Florida 32399-1741

(Also use below "FROM GENERAL LICENSES or LABEL CHANGES", as appropriate)

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For each "li	censee" to who	om a devid	e(s) has been trans	ferred during the rep	orting period,	supply t	he following:	
NAME OF VENDOR					REPORTING PERIOD			
*******			FROM					
LICENSE NUMBER								
			INTERMEDIATE P	ERSON(S) (if any)				
NAME OF INTERMEDIATE PE	ERSON(S)	NAME OF RES	PONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INC	TITLE OF RESPONSIBLE INDIVIDUAL			
NAME OF INTERMEDIATE PERSON(S) NAME OF RESP			PONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL			TELEPHONE	
			GENERAL LICENS	EE INFORMATION				
NAME OF GENERAL UCENS	EE			MAILING ADDRESS AT THE	LOCATION OF USE (N	о Р.О. Вохе	s, include Zip Code)	
NAME OF RESPONSIBLE IN	DIMDUAL.		TELEPHONE					
TITLE OF RESPONSIBLE INC	DIVIDUAL							
			INFORMATION ON DEV	/ICE(S) TRANSFERRED			***************************************	
DATE OF TRANSFER	TYPE OF D	EVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS		
			A 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
							******	
			-					
			INTERMEDIATE P	ERSON(S) (if any)				
NAME OF INTERMEDIATE PE	RSON	NAME OF RES	PONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL TE			TELEPHONE	
NAME OF INTERMEDIATE PERSON NAME OF RE		NAME OF RES	PONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INC	TITLE OF RESPONSIBLE INDIVIDUAL TELEPHONE			
		<u>'</u>	GENERAL LICENS	EE INFORMATION		***************************************		
NAME OF GENERAL LICENS	EE			MAILING ADDRESS AT THE	LOCATION OF USE (A	lo., P.O. Box	es, include Zip Code)	
NAME OF RESPONSIBLE IN	DIMDUAL		TELEPHONE					
TITLE OF RESPONSIBLE IND	JAUDUNG		инини состава на применения на					
			INFORMATION ON DEV	/ICE(S) TRANSFERRED				
DATE OF TYPE O		EVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	AC	TIVITY AND UNITS	

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ransfers of Industrial Devices Report 04/2007 Continued	
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## TRANSFERS OF INDUSTRIAL DEVICES REPORT (TO GENERAL LICENSES)

(IO GENERAL LICENSEES)								
INTERMEDIATE PERSON(S) (if any)								
NAME OF INTERMEDIATE PERSON(S)  NAME OF RESPONSIBLE INDIV			PONSIBLE INDIMIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL			TELEPHONE	
NAME OF INTERMEDIATE PE	RSON(S)	NAME OF RES	PONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL			TELEPHONE	
			GENERAL LICENSE	E INFORMATION				
NAME OF GENERAL LICENSE	Œ			MAILING ADDRESS AT THE LOCATION OF USE (No P O. Boxes, include Zip Code)				
NAME OF RESPONSIBLE IND	MDUAL		TELEPHONE					
TITLE OF RESPONSIBLE INDI	VIDUAL							
			INFORMATION ON DEVIC	E(S) TRANSFERRED				
DATE OF TRANSFER	TYPE OF D	EVICE	MODEL NUMBER	SERIAL NUMBER ISOTOPE		ACT	ACTIVITY AND UNITS	
						*******		
			INTERMEDIATE PER	RSON(S) (if any)				
NAME OF INTERMEDIATE PE	RSON(S)	NAME OF RES	PONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL TELEPHONE			TELEPHONE	
NAME OF INTERMEDIATE PERSON(S) NAME OF RE		NAME OF RES	PONSIBLE INDIMIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL			TELEPHONE	
		1	GENERAL LICENSEI	E INFORMATION				
NAME OF GENERAL LICENSE	E		MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)					
NAME OF RESPONSIBLE INDIVIDUAL. TELEPHONE				-				
TITLE OF RESPONSIBLE INDI	VIDUAL							
INFORMATION ON DEVICE(S) TRANSFERRED								
DATE OF TYPE OF DEVICE		MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACT	FIVITY AND UNITS		

Transfers of Industrial	Devices Report 04/2	007 Continued	REAU OF RADIATION O	REPORT (FROM GENERAL LICENSEES)		
For eac	h "licensee"	from whom a devi	ce(s) has been rece	eived during the reporting period, supply the following:		
			GENERAL LICENSE	E INFORMATION		
NAME OF GENERAL I	LCENSEE			MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)		
			INFORMATION ON DE	VICE(S) RECEIVED		
DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)		
			GENERAL LICENSE	E INFORMATION		
NAME OF GENERAL L	JCENSEE			MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)		
			INFORMATION ON DE	VICE(S) RECEIVED		
DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)		
				-		
NAME OF GENERAL L	JCENSEE		GENERAL LICENSE	E INFORMATION  MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)		
			INFORMATION ON DE	VICE(S) RECEIVED		
DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)		
NAME OF GENERAL I	ICENSEE		GENERAL LICENSE	E INFORMATION  MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)		
			INFORMATION ON DE	VICE(S) RECEIVED		
DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)		

	DA - DEPARTMENT Devices Report 04/2007 C TRANSF	ontinued		-	RT (LABEL C	HANGES)	
	For each device	e for which requ	ired label infor	nation has beer	changed, supp	ly the following:	
			GENERAL LICENSES				
NAME OF GENERAL LIC	CENSEE USER	***************************************		MAILING ADDRESS A	IT THE LOCATION OF USI	E (No P.O. Boxes, include	e Zip Code)
			INFORMATION ON	DEVICE(S) RECEIVE	ED	*	
TYPE OF DEVICE	MODEL NUMBER	PREVIOUS SERIAL NUMBER	NEW SERIAL NUMBER	PREVIOUS ISOTOPE	NEW ISOTOPE	PREVIOUS LABEL ACTIVITY AND UNITS	LABEL ACTIVITY AND UNITS
			GENERAL LICENSE	LICED INCODMAT	ON		
NAME OF GENERAL LIC	YENSEE LISER		SENERAL LICENSEI			E (No P.O. Boxes, include	e Zin Code)
or me or out to the	32 322 <b>3</b> 33 (					_ (, , , , , , , , , , , , , , , , , , ,	<b></b>
			INFORMATION ON	DEVICE(S) RECEIVE	ΕD		·
TYPE OF DEVICE	MODEL NUMBER	PREVIOUS SERIAL NUMBER	NEW SERIAL NUMBER	PREVIOUS ISOTOPE	NEW ISOTOPE	PREVIOUS LABEL ACTIVITY AND UNITS	LABEL ACTIVITY AND UNITS
44							
			GENERAL LICENSE	USER INFORMAT	ON		
NAME OF GENERAL LIC	CENSEE USER			MAILING ADDRESS A	IT THE LOCATION OF US	E (No P.O. Boxes, includ	le Zíp Code)
			INFORMATION ON	DEVICE(S) RECEIV			
TYPE OF DEVICE	MODEL NUMBER	PREVIOUS SERIAL NUMBER	NEW SERIAL NUMBER	PREVIOUS ISOTOPE	NEW ISOTOPE	PREVIOUS LABEL ACTIVITY AND UNITS	LABEL ACTIVITY AND UNITS
			GENERAL LICENSE	USER INFORMAT	ION		
NAME OF GENERAL LIC	CENSEE USER			MAILING ADDRESS A	AT THE LOCATION OF US	E (No P.O. Boxes, includ	le Zip Code)
			INFORMATION ON	DEVICE(S) RECEIVE	ED .		
TYPE OF DEVICE	MODEL NUMBER	PREVIOUS SERIAL NUMBER	NEW SERIAL NUMBER	PREVIOUS ISOTOPE	NEW ISOTOPE	PREVIOUS LABEL ACTIVITY AND UNITS	LABEL ACTIVITY AND UNITS