

STATE OF FLORIDA - DEPARTMENT OF HEALTH - BUREAU OF RADIATION CONTROL

Transfers of Industrial Devices Report 04/2007
64E-5.210(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)

For each "licensee" to whom a device(s) has been transferred during the reporting period, supply the following:

NAME OF VENDOR	REPORTING PERIOD	
	FROM	TO
LICENSE NUMBER		

INTERMEDIATE PERSON(S) (if any)

NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

GENERAL LICENSEE INFORMATION

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

INTERMEDIATE PERSON(S) (if any)

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TRANSFERS OF INDUSTRIAL DEVICES REPORT (FROM GENERAL LICENSEES)

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INFORMATION ON DEVICE(S) RECEIVED

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