



memorandum

Off-Site Source Recovery Project (OSRP)

To/MS: Interested Parties
From/MS: Mike Flores, AET-1, J576 *EMF*
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Phone/Fax: 7-4711/Fax 5-7913
Symbol: AET-1-15-009
Date: April 29, 2015

SUBJECT: Ordering of Replacement Special Form Capsule Components

The Off-Site Source Recovery Project (OSRP) is a U.S. Government activity sponsored by the National Nuclear Security Administration's Office of Global Material Security and is managed at Los Alamos National Laboratory (LANL) through the Nuclear Engineering & Nonproliferation Division. At this time, OSRP is not permitted to sell Special Form Capsules (SFCs) to others.

In the interest of global material security and to promote safe use, storage, and transport of radioactive materials, OSRP has permission to send SFCs from existing inventory to organizations outside of LANL. In these cases OSRP, requires the SFC recipient to contact the LANL approved SFC fabricator (see below) to order equivalent replacement items for direct drop-shipment to LANL. Cost of each replacement capsule is at the expense of the outside organization.

Upon delivery to LANL, components are validated through LANL's quality assurance process and assembled into a usable SFC package.

Attached to this memo is the form that should be submitted to the LANL approved fabricator to order replacement capsules. Upon receipt of this form, the LANL approved fabricator will provide a cost estimate in a timely manner.

LANL approved fabricator:

Jona Manufacturing Services, Inc.
264 DP Rd.
Los Alamos, NM 87544
Phone: 505-662-4611
Fax: 505-662-1424
Email: jona@swcp.com

Replacement Special Form Capsule Order Form

Please fill out and submit this form to order replacement Special Form Capsules (SFCs) for the Off-Site Source Recovery Program (OSRP) at Los Alamos National Laboratory (LANL). The replacement capsule will be drop shipped to the OSRP at LANL and will replace the capsule that was provided from the OSRP's existing inventory of SFCs. Upon receipt of the completed form, the LANL approved fabricator will provide a cost estimate for the replacement capsule in a timely manner.

Model I SFC Quantity _____ Part #/Length: _____

Model II SFC Quantity _____

Model III SFC Quantity _____ Part #/Length: _____

Contact Information

Name: _____

Company/Organization: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Submit to:

Jona Manufacturing Services, Inc.
264 DP Rd.
Los Alamos, NM 87544
Phone: 505-662-4611
Fax: 505-662-1424
Email: jona@swcp.com