

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FOOD AND DRUG ADMINISTRATION

NOTE: This form is authorized by Section 510 of the Food, Drug, and Cosmetic Act (21 U.S.C. 360). Failure to report this information is a violation of Section 301(p) of the Act (21 U.S.C. 331(p)). Persons who violate this provision may, if convicted, be subject to fine or imprisonment or both. The submission of any report that is false or misleading in any material respect is a violation of Section 301(q)(2) (21 U.S.C. 331(q)(2)) and may be a violation of 18 U.S.C. 1001.

**ANNUAL REGISTRATION OF  
DEVICE ESTABLISHMENT**



3005686889

REGISTRATION NUMBER

3005686889

OWNER/OPERATOR NUMBER

9085663

**1. REGISTERED ESTABLISHMENT INFORMATION** (Enter corrections below on right side)

Select Only One:  Information is Correct, No Changes  No Longer a Device Establishment  Out of Business  Establishment Name/Address Change (Moved to new location)  Establishment Name/Address Change (Merged with other establishment)

INGEN TECHNOLOGIES, INC.

Establishment Name

35193 AVENUE A, SUITE-C

Address

Address

YUCAIPA, CA 92399

City, State, ZIP Code

Foreign State or Province/Country/Postal Code

**2. ESTABLISHMENT TYPES** (For each type check one box)

- |  |   |                                  |   |  |
|--|---|----------------------------------|---|--|
| 1. Contract Manufacturer                     | <input type="checkbox"/> Current Est. Type            | <input type="checkbox"/> Correct | <input type="checkbox"/> Delete this Establishment Type | <input type="checkbox"/> Add this Establishment Type |
| 2. Contract Sterilizer                       | <input type="checkbox"/> Current Est. Type            | <input type="checkbox"/> Correct | <input type="checkbox"/> Delete this Establishment Type | <input type="checkbox"/> Add this Establishment Type |
| 3. Foreign Exporter                          | <input type="checkbox"/> Current Est. Type            | <input type="checkbox"/> Correct | <input type="checkbox"/> Delete this Establishment Type | <input type="checkbox"/> Add this Establishment Type |
| 4. Initial Distributor/Importer              | <input type="checkbox"/> Current Est. Type            | <input type="checkbox"/> Correct | <input type="checkbox"/> Delete this Establishment Type | <input type="checkbox"/> Add this Establishment Type |
| 5. Manufacturer                              | <input checked="" type="checkbox"/> Current Est. Type | <input type="checkbox"/> Correct | <input type="checkbox"/> Delete this Establishment Type | <input type="checkbox"/> Add this Establishment Type |
| 6. Remanufacturer                            | <input type="checkbox"/> Current Est. Type            | <input type="checkbox"/> Correct | <input type="checkbox"/> Delete this Establishment Type | <input type="checkbox"/> Add this Establishment Type |
| 7. Repackager/Relabeler                      | <input type="checkbox"/> Current Est. Type            | <input type="checkbox"/> Correct | <input type="checkbox"/> Delete this Establishment Type | <input type="checkbox"/> Add this Establishment Type |
| 8. Reprocessor of Single Use Devices         | <input type="checkbox"/> Current Est. Type            | <input type="checkbox"/> Correct | <input type="checkbox"/> Delete this Establishment Type | <input type="checkbox"/> Add this Establishment Type |
| 9. Specification Developer                   | <input type="checkbox"/> Current Est. Type            | <input type="checkbox"/> Correct | <input type="checkbox"/> Delete this Establishment Type | <input type="checkbox"/> Add this Establishment Type |
| 10. U.S. Manufacturer of Export Only Devices | <input type="checkbox"/> Current Est. Type            | <input type="checkbox"/> Correct | <input type="checkbox"/> Delete this Establishment Type | <input type="checkbox"/> Add this Establishment Type |
|  | <input type="checkbox"/> Current Est. Type            | <input type="checkbox"/> Correct | <input type="checkbox"/> Delete this Establishment Type | <input type="checkbox"/> Add this Establishment Type |
|  | <input type="checkbox"/> Current Est. Type            | <input type="checkbox"/> Correct | <input type="checkbox"/> Delete this Establishment Type | <input type="checkbox"/> Add this Establishment Type |

**3. OWNER/OPERATOR (O/O) INFORMATION** (Enter corrections below on right side)

Select Only One:  Information is Correct, No Changes  O/O Name/Address Change, Same Company With New Name or Address  O/O Change, Sold Establishment

INGEN TECHNOLOGIES, INC.

Business Name

35193 AVENUE A, SUITE-C

Address

Address

YUCAIPA, CA 92399

City, State, ZIP Code

Foreign State/Country/Postal Code

(909) 790-7180

9085663

Phone

O/O Number (if changed)

**4. OTHER BUSINESS TRADING NAMES** (For each name listed check one box; add new names if any)

- |          |                                  |   |   |
|----------|----------------------------------|---|---|
| a. _____ | <input type="checkbox"/> Correct | <input type="checkbox"/> No Longer Used | <input type="checkbox"/> Corrected Name _____ |
| b. _____ | <input type="checkbox"/> Correct | <input type="checkbox"/> No Longer Used | <input type="checkbox"/> Corrected Name _____ |
| c. _____ | <input type="checkbox"/> Correct | <input type="checkbox"/> No Longer Used | <input type="checkbox"/> Corrected Name _____ |

NEW TRADING NAME		NEW TRADING NAME		REGISTRATION NUMBER <b>3005686889</b>	
<b>5. OFFICIAL CORRESPONDENT INFORMATION</b> (Enter corrections below on right side) Select Only One: <input checked="" type="checkbox"/> Information is Correct, No Changes <input type="checkbox"/> Correction Needed					
MR. SCOTT R SAND			Name of Individual		
INGEN TECHNOLOGIES, INC.			Business Name		
35193 AVENUE A, SUITE-C			Address		
			Address		
YUCAIPA, CA 92399			City, State, ZIP Code (If foreign, enter: City, State or Province, Country, and Postal Code)		
scottsand@ingen-tech.com			Email Address		
PH:(909) 790-7180		FAX:(909) 795-6340		Phone No. (Incl. area code; if foreign, incl. country & local codes)	
				FAX No. (Incl. area code; if foreign, incl. country & local codes)	
<b>6. US AGENT INFORMATION</b> (Enter corrections below on right side) Select Only One: <input type="checkbox"/> Information is Correct, No Changes <input type="checkbox"/> Correction Needed					
			Name		
			Business Name		
			Address		
			Address		
			City, State, ZIP Code		
			Email Address		
PH:( ) -				Phone	
				FAX Number	
SIGNATURE OF OFFICIAL CORRESPONDENT 		NAME <b>SCOTT R. SAND</b>		TITLE <b>C.E.O.</b>	
				DATE SIGNED <b>7/3/06</b>	
 869932		Public reporting burden for this collection of information is estimated to average .25 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Food and Drug Administration, Center for Devices and Radiological Health HFZ-308, 9200 Corporate Blvd., Rockville, MD 20850-4015. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.			
<b>Instructions</b> 1. Review data on left hand side of form 2. If information is correct select the box "Information is Correct, No Changes" for Items 1, 3, 5, and 6. An answer must be selected regardless of any changes. For items 2 and 4 you will need to check a box for each Establishment Type or Business Name. 3. If changes are needed select the box that indicates the reason for the change and make the corrections on the right hand side of the form. 4. Review the attached listing information and if changes are needed fill out Form FDA 2892. To obtain a Form FDA 2892 go to : <a href="http://www.fda.gov/cdrh/reglistpage.html">http://www.fda.gov/cdrh/reglistpage.html</a> 5. Sign the form and mail to: Food and Drug Administration, Center for Devices and Radiological Health, HFZ-308, 9200 Corporate Blvd. Rockville, MD 20850-4015 6. If no changes were needed then mark "No Changes" on the lower left hand corner of your envelope.			<b>Some definitions to assist you in determining why changes are being made:</b> 1. <b>No Longer a Device Establishment</b> - The establishment is no longer engaged in activities which require it to be registered as a medical device establishment, but the establishment is still in existence for other activities or purposes. 2. <b>Out of Business</b> - The establishment has ceased to exist as an identifiable organization. 3. <b>Owner/Operator Change - Sold Establishment</b> - Indicates Owner/Operator has changed because establishment sold to another firm. 4. <b>Owner/Operator Name/Address Change</b> - Same Company With New Name or Address - Indicates only a new name and address for Owner/Operator, but remains under same ownership. 5. <b>Establishment Type</b> - definitions can be found at: <a href="http://www.fda.gov/cdrh/reglistpage.html">http://www.fda.gov/cdrh/reglistpage.html</a>		

3005688889 INGEN TECHNOLOGIES, INC.

<b>Class:</b> 1	<b>Product Code</b> BYM	<b>Classification Name:</b> TUBE, THORPE, UNCOMPENSATED
<b>Date of Last Update</b>	<b>Listing #</b>	<b>Proprietary Name:</b> OXYVIEW
27-APR-06	E376132	<b>Common Name:</b> FLOW METER

**Establishment Types:** MANUFACTURER (M) (O)

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**Total Active Listings:** 1