



Notice of Proposed Reciprocity Activity

MAR - 6 2000

Licensee Name Varian Medical Systems 911 Hansen Way, MS C-080 Palo Alto, CA 94304	Licensee Contact Tony Sorensen, Radiation Safety Officer 650-424-6662 650-855-7375 (fax)
License Information State of California, Department of Health Services # 1025-43 Expiration Date: 11/25/97 (timely renewal)	Person Authorized to Perform Activity Richard Nusspickel Contact #: 800-864-1672

Description of Device Varian Model VariSource High Dose Rate Remote Afterloader (CA661D103S)	Activity to be Performed PMI/Routine Service
Description of Source Omnitron International Model SL-777/777V (LA0760S102S) Iridium-192, Special Form, Sealed Source Maximum Activities: 13 curies (shipped) 10 curies (installed)	

Site Name and Address Fairview University Medical Center 500 Harvard Street, S. E. Minneapolis, MN 55455	Site Contact Person Name Jerry Staiger Telephone 612-626-6764
Licensee/Site Identification Number 100 000626	Dates on which work will performed From 3/10/00 to 3/11/00

Comments RTS # 541

I hereby certify that the above information is true and complete.

Signed Date 3/6/00

Signature M. C. Hernandez
 Title: Radiation Specialist
 Date: 3/7/00

