

NRC FORM 241 (7-1999)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY CRIS: NO. 2150-2613

EXPIRES: 6/30/2002

### REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS

(Please read the instructions before completing this form)

Estimated burden per response to comply with this mandatory notification requirement is 15 minutes. This notification is required so that NRC may schedule inspection of the activities to ensure that they are conducted in accordance with requirements for protection of the public health and safety. Send questionnaire regarding burden estimate to the Records Management Branch (T-5 67), U.S. Nuclear Regulatory Commission, Washington, DC 20542-0001, or by Internet e-mail to [dist@nrc.gov](mailto:dist@nrc.gov), and to the Desk Officer, Office of Management and Regulatory Affairs, NRC-1820, (3150-0013), Office of Management and Budget, Washington, DC 20503. If a means used to capture an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) <b>Krueger-Gilbert Health Physics, Inc</b>	2. TYPE OF REPORT INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> CLARIFICATION <input checked="" type="checkbox"/>
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3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be reached) <b>3601 E. Joppa Road Baltimore, Maryland 21234</b>	4. LICENSEE CONTACT AND TITLE <b>Wendy Charlton/Health Physicist</b>
5. TELEPHONE NUMBER (Include Area Code) <b>410-665-5447</b>	6. FACSIMILE NUMBER (Include Area Code) <b>410-665-2074</b>

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20

WELLS LOGGING       LEAK TESTING AND/OR CALIBRATIONS       THERAPY/RADIATION SERVICE

PORTABLE GAUGES       OTHER (Specify)  $\Rightarrow$  \_\_\_\_\_

RADIOGRAPHY  $\Rightarrow$  \_\_\_\_\_ REGISTERED AS USER OF PACKAGING CERTIFICATES OF COMPLIANCE NUMBERS \_\_\_\_\_

8. CLIENT NAME, ADDRESS, CITY, COUNTY, STATE, ZIP CODE <b>Cardiac Diagnostic Services of Virginia 3289 Woodburn Road, Suite 50 Annandale, VA 22003</b>	9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and number or other location. Give as complete an address as directed as possible.) <b>Same as 8</b>
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10. CLIENT TELEPHONE NUMBER (Include Area Code) <b>(703) 641-0244</b>	11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) <b>(703) 641-0244</b>
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12. DATES SCHEDULED FROM <b>well reschedule</b> TO _____	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER <b>000134</b>
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LIST ADDITIONAL WORK SITES ON SEPARATE SHEETS TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 8-16 ABOVE.

17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED (Provide description of type and quantity of radioactive material, source, source, or device to be used.)

**Cs-137 ICN MLD-01#309389, 250uCi (11/23/87)**  
**Cs-137 NAS MED 3550 #A7380, 182.5 uCi (11/1/97)**

18. AGREEMENT STATE SPECIFIC LICENSE NUMBER AND STATES THE LICENSEE IS AUTHORIZED TO CONDUCT ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEM 8 ABOVE. (Four copies of the specific license must accompany the initial NRC Form 241.)	LICENSE NUMBER <b>MD-05-101-01</b>	STATE <b>MD</b>	EXPIRATION DATE <b>6/30/2003</b>
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#### 19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)

I, THE UNDERSIGNED, HEREBY CERTIFY THAT:

- All information in this report is true and complete.
- I have read and understand the provision of the general license 10 CFR 150.20 reprinted on the instructions of this form; and I understand that I am required to comply with these provisions as to all byproduct, source, or special nuclear material which I possess and use in non-Agreement States or offshore waters under the general license for which this report is filed with the U.S. Nuclear Regulatory Commission.
- I understand that activities, including storage, conducted in non-Agreement States under general license 10 CFR 150.20 are limited to a total of 180 days in calendar year. With the exception of work conducted in off-shore waters, which is authorized for an unlimited period of time in the calendar year.
- I understand that I may be inspected by NRC at the above listed work site locations and at the Licensee home office address for activities performed in non-Agreement States or offshore waters.
- I understand that conduct of any activities not described above, including conduct of activities on dates or locations different from those described above or without NRC authorization, may subject me to enforcement action, including civil or criminal penalties.

CERTIFYING OFFICER - RSO or Management Representative (Name and Title) <b>Suzanne F. Krueger-Schmidt, Pres.</b>	SIGNATURE <i>Suzanne F. Krueger-Schmidt</i>	DATE <b>4/24/01</b>
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WARNING: False statements in this certificate may be subject to civil and/or criminal penalties. NRC regulations require that submissions to the NRC be complete and accurate in all material respects. 18 U.S.C. Section 1001 makes it a criminal offense to make a willfully false statement or representation to any department or agency of the United States as to any matter within its jurisdiction.

FOR NRC USE ONLY	REVIEWING OFFICIAL (Typed/Printed Name and Title) <i>John Mc...</i>	DATE <b>4/24/01</b>	TOTAL USAGE, DAYS TO DATE <b>28</b>
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(30) 4/24/01

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NRC FORM 341  
(7-1999)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY GMS: NO. 6180-8013 EXPIRES: 6/30/02  
Detailed guidance for applicants to comply with the mandatory collection response is available. This notification is required as the NRC may schedule inspection of the activities to ensure that they are conducted in accordance with requirements for protection of the public health and safety. Some comments regarding current estimates to the Records Management Branch (7-4 EM), U.S. Nuclear Regulatory Commission, Washington, DC 20545-0001, or by internet e-mail to [701@nrc.gov](mailto:701@nrc.gov), and to the Desk Officer, Office of Information and Regulatory Affairs, NEDS-1830, (3180-8013), Office of Management and Budget, Washington, DC 20503. If a surveyor is to be used to conduct an inspection, the NRC may not conduct of sponsor, and a person is not required to respond to the information collection.

# REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS

(Please read the instructions before completing this form)

1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)  
**Krueger-Gilbert Health Physics, Inc**

2. TYPE OF REPORT  
INITIAL  REVISION  CLARIFICATION

3. ADDRESS OF LICENSEE (Mailing address or other less full address licensee may so desire)  
**3601 E. Joppa Road  
Baltimore, Maryland 21234**

4. LICENSEE CONTACT AND TITLE  
**Wendy Charlton/Health Physicist**  
5. TELEPHONE NUMBER (Include Area Code) **410-665-5447**  
6. FACSIMILE NUMBER (Include Area Code) **410-665-2074**

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 191.29  
 WELL LOGGING  LEAK TESTING AND/OR CALIBRATIONS  TELETHERAPY/IRRADIATOR SERVICE  
 PORTABLE GAUGES  OTHER (Specify) **ND**  
 RADIOGRAPHY  REGISTERED AS USER OF PACKAGING (CERTIFICATE OF COMPLIANCE NUMBER)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE  
**Northern Virginia Endocrinologists  
3020 Hamaker Court, Suite 502  
Fairfax, VA 22031**

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and number or other location. Give as complete as address or coordinates as possible.)  
**Same as 8**  
10. CLIENT TELEPHONE NUMBER (Include Area Code) **(703) 849-8440**  
11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) **(703) 849-8440**

12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM <b>Will Reschedule</b>	TO	<b>1</b>		<b>4/24/01</b>	NUMBER TO BE ASSIGNED BY NRC <b>000122</b>

17. LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 8-16 ABOVE.

17. LIST RADIOACTIVE MATERIAL WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED (Provide description of type and quantity of radioactive material, sealed sources, or sources to be used)  
**Cs-137 ICN MLD-01#30938P, 250uCi (11/23/87)  
Cs-137 NAS MED 3550 #A7380, 182.5 uCi (11/1/97)**

18. AGREEMENT STATE (SPECIFIC LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES UNDER THE SAME, EXCEPT FOR LOCATION OF USE AS SPECIFIED IN ITEM 9 ABOVE. Four copies of the specific license must accompany the total NRC Form 341.)  
LICENSE NUMBER **MD-05-101-01** STATE **MD** EXPIRATION DATE **6/30/2003**

18. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)  
I, THE UNDERSIGNED, HEREBY CERTIFY THAT:  
a. All information in this report is true and complete.  
b. I have read and understand the provision of the general license 10 CFR 191.29 printed on the instructions of this form; and I understand that I am required to comply with these provisions as to all byproduct, source, or special nuclear material which I possess and use in non-Agreement States or offshore waters under the general license for which this report is filed with the U.S. Nuclear Regulatory Commission.  
c. I understand that activities, including storage, conducted in non-Agreement States under general license 10 CFR 191.29 are limited to a total of 180 days in calendar year. With the exception of work conducted in off-shore waters, which is authorized for an unlimited period of time in the calendar year.  
d. I understand that I may be inspected by NRC at the above listed work site locations and at the Licensee home office address for activities performed in non-Agreement States or offshore waters.  
e. I understand that conduct of any activities not described above, including conduct of activities on dates or locations different from those described above or without NRC authorization, may subject me to enforcement action, including civil or criminal penalties.

CERTIFYING OFFICER - RSO or Management Representative (Name and Title) SIGNATURE DATE  
**Suzanne F. Krueger-Schmidt Pres. Suzanne F. Krueger-Schmidt 4/23/01**

WARNING: False statements in this certificate may be subject to civil and/or criminal penalties. NRC regulations require that submissions to the NRC be complete and accurate in all material respects. 18 U.S.C. Section 1001 makes it a criminal offense to make a willfully false statement or representation to any department or agency of the United States as to any matter within its jurisdiction.

FOR NRC USE ONLY REVIEWING OFFICIAL (Typed Printed Name and Title) SIGNATURE DATE TOTAL USAGE - DAYS TO DATE  
**28**

50 4/24/01

APR-02-2001 15:24

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**NRC FORM 241**  
**U.S. NUCLEAR REGULATORY COMMISSION**

## REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS

(Please read the instructions before completing this form)

**APPROVED BY ONE: NO. 2150-0013**      **EXPIRES: 03/12/02**

Estimated burden per response is 10 minutes to complete with this mandatory collection. Estimated burden per response is 10 minutes to complete with this mandatory collection. Estimated burden per response is 10 minutes to complete with this mandatory collection. Estimated burden per response is 10 minutes to complete with this mandatory collection. Estimated burden per response is 10 minutes to complete with this mandatory collection.

**1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described later)**  
 Krueger-Gilbert Health Physics, Inc

**2. TYPE OF REPORT**  
 INITIAL     REVISION     CLARIFICATION

**3. ADDRESS OF LICENSEE (Mailing address or other location where questions may be asked)**  
 3601 E. Joppa Road  
 Baltimore, Maryland 21234

**4. LICENSEE CONTACT AND TITLE**  
 Wendy Charlton/Health Physicist

**5. TELEPHONE NUMBER (Include Area Code)**  
 410-665-5447

**6. FAXING NUMBER (Include Area Code)**  
 410-665-2074

**7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 190.20**

WELL LOGGING     LEAK TESTING AND/OR CALIBRATIONS     THERAPY/RADIATOR SERVICE

PORTABLE GAUGES     OTHER (Specify) → \_\_\_\_\_

RADIOGRAPHY → \_\_\_\_\_

REGISTERED AS USER OF PACKAGING (CERTIFICATE OF COMPLIANCE NUMBER) \_\_\_\_\_

**8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE**  
 Classic Imaging  
 1140 Varnum Street, N.E.  
 Suite 020  
 Washington, DC 20017

**9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.)**  
 (same as #8)

**10. CLIENT TELEPHONE NUMBER (Include Area Code)**  
 (202) 529-4624

**11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)**  
 (202) 529-4624

12. DATES SCHEDULED	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM 4/30/01 TO 4/30/01	1	4/30/01	4/23/01	000117

NUMBER TO BE ASSIGNED BY NRC: \_\_\_\_\_

**17. LIST ADDITIVE MATERIAL WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED (Include description of type and quantity of radioactive material, isotope source, or device to be used.)**  
 Cs-137 ICG MLD-01#309389, 250uCi (11/23/87)  
 Cs-137 NAS MED 3550 #A7380, 182.5 uCi (11/1/97)

**18. AGREEMENT STATE DEPARTMENT LICENSE NUMBER AUTHORIZING THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SUBJECT MATTER FOR LOCATION OF USE AS INDICATED IN ITEM 8 ABOVE. (Attach copies of the specific license authorizing the listed NRC Form 241.)**  
 LICENSE NUMBER: MD-05-101-01    STATE: MD    EXPIRATION DATE: 6/30/2003

**19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)**

I, THE UNDERSIGNED, HEREBY CERTIFY THAT:

- All information in this report is true and complete.
- I have read and understand the provisions of the general license 10 CFR 190.20 registered on the instructions of this form; and I understand that I am required to comply with these provisions as to all dependent, active, or special nuclear material which I possess and use in non-agreement States or offshore waters under the general license for which this report is filed with the U.S. Nuclear Regulatory Commission.
- I understand that activities, including storage, conducted in non-agreement States under general license 10 CFR 190.20 are limited to a total of 180 days in calendar year. With the exception of work conducted in off-shore waters, which is authorized for an unlimited period of time in the calendar year.
- I understand that I may be inspected by NRC at the above listed work site locations and at the licensee home office address for activities performed in non-agreement States or offshore waters.
- I understand that conduct of any activities not described above, including conduct of activities on dates or locations different from those described above or without NRC authorization, may subject me to enforcement action, including civil or criminal penalties.

**CERTIFYING OFFICER - NRC or Management Representative (Name and Title)**  
 Suzanne F. Krueger-Schiff, Pres.    *Suzanne F. Krueger-Schiff*    DATE: 4/23/01

**WARNING: False statements in this certificate may be subject to civil and/or criminal penalties. NRC regulations require that submissions to the NRC be complete and accurate in all material respects. 18 U.S.C. Section 1001 makes it a criminal offense to make a willfully false statement or representation to any department or agency of the United States or to any matter within its jurisdiction.**

**FOR NRC USE ONLY**    **REVISIONS OFFICE (Type and date here last time)**    **DAYS TO DATE**    **TOTAL USAGE - DAYS TO DATE**  
 \_\_\_\_\_    \_\_\_\_\_    28    28

USNRC Form 241 (2-1999)    **PRINTED ON RECYCLED PAPER**

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