

<p>NRC FORM 241 (7-1-00)</p> <p style="text-align: center;">U.S. NUCLEAR REGULATORY COMMISSION</p> <p style="text-align: center;">REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS</p> <p style="text-align: center;"><i>(Please read the instructions before completing this form)</i></p>		<p>APPROVED BY OMB: NO. 3160-0013 EXPIRES: 07/31/2002</p> <p><small>Estimated burden per response to comply with this mandatory collection request: 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 comments regarding burden estimate to the Records Management Branch (T-8 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to bja1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEDB-10202, (3150-0013), Office of Management and Budget, Washington, DC 20503. If a means used to impose 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.</small></p>	
<p>1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)</p> <p><i>Elekta Instruments, Inc.</i></p>		<p>2. TYPE OF REPORT</p> <p><input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> CLARIFICATION</p>	
<p>3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)</p> <p><i>3155 Northwoods Parkway Norcross, GA 30071</i></p>		<p>4. LICENSEE CONTACT AND TITLE</p> <p><i>Martin Knotts, Service Manager</i></p>	
		<p>5. TELEPHONE NUMBER (Include Area Code)</p> <p><i>770-300-9725</i></p>	<p>6. FACSIMILE NUMBER (Include Area Code)</p> <p><i>770-488-6338</i></p>
<p>7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20</p> <p><input type="checkbox"/> WELL LOGGING <input type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS <input type="checkbox"/> TELETHERAPY/IRRADIATOR SERVICE</p> <p><input type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) ⇒ <i>Leksell Gamma Knife Preventative Maint.</i></p> <p><input type="checkbox"/> RADIOGRAPHY ⇒ REGISTERED AS USER OF PACKAGING (CITIFRATES OF COMPLIANCE NUMBERS)</p>			
<p>8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE</p> <p><i>University of VA North. Sciences Ctr Km. 6, 506, Primary Care Ctr. Charlottesville, VA 22908</i></p>		<p>9. ACTUAL, PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible)</p> <p><i>Same</i></p>	
		<p>10. CLIENT TELEPHONE NUMBER (Include Area Code)</p> <p><i>804-982-0091</i></p>	<p>11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)</p> <p><i>804-782-0543</i></p>
<p>12. DATE(S) SCHEDULED</p> <p>FROM <i>11/2001</i> TO</p>		<p>13. NUMBER OF WORK DAYS</p> <p><i>7(31)</i></p>	<p>14. ADD</p>
		<p>15. DELETE</p>	<p>16. LOCATION REFERENCE NUMBER</p> <p><i>000070</i></p>
<p>17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED (Include description of type and quantity of radioactive material, sealed sources, or devices to be used)</p> <p><i>Cobalt 60</i></p>			
<p>18. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEM 9 ABOVE. (Four copies of the specific license must accompany the initial NRC Form 241)</p>		<p>LICENSE NUMBER</p> <p><i>GA 1153-1</i></p>	<p>STATE</p> <p><i>GA</i></p>
		<p>EXPIRATION DATE</p> <p><i>6-30-2004</i></p>	
<p style="text-align: center;">19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)</p> <p>I, THE UNDERSIGNED, HEREBY CERTIFY THAT:</p> <ol style="list-style-type: none"> 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. 			
<p>CERTIFYING OFFICIAL (NRC or Management Representative (Name and Title))</p> <p><i>Martin Knotts, Service Manager</i></p>		<p>SIGNATURE</p> <p><i>Martin Knotts - (Paula Knott)</i></p>	<p>DATE</p> <p><i>12-29-00</i></p>
<p>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.</p>			
<p>FOR NRC USE ONLY</p>		<p>REVIEWING OFFICIAL (Typed Printed Name and Title)</p> <p><i>Gene Stein</i></p>	<p>SIGNATURE</p> <p><i>Gene Stein</i></p>
		<p>DATE</p> <p><i>11/1/01</i></p>	<p>TOTAL USAGE - DAYS TO DATE</p>

NRC FORM 241 (7-1994)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0013 EXPIRES: 07/31/2002
Estimated burden per response to comply with this mandatory collection request: 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 comments regarding burden estimate to the Records Management Branch (7-426), U.S. Nuclear Regulatory Commission, Washington, DC 20545-0001, or by Internet e-mail to brs1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NECH-10202, (3150-0013), Office of Management and Budget, Washington, DC 20503. If a measure used to impose 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.

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) Elekta Instruments, Inc.		2. TYPE OF REPORT <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> CLARIFICATION	
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) 3155 Northwoods Parkway Norcross, GA 30071		4. LICENSEE CONTACT AND TITLE Martin Knotts, Service Manager	
		5. TELEPHONE NUMBER (Include Area Code) 770-300-9725	6. FACSIMILE NUMBER (Include Area Code) 770-488-6338

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

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

PORTABLE GAUGES OTHER (Specify) **⇒ LeKsell Gamma Knife Upgrade**

RADIOGRAPHY REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/STATE, ZIP CODE University of VA Health Sciences Ctr. Rm. 6506, Primary Care Ctr. Charlottesville, VA 22908		9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.) Same.	
10. CLIENT TELEPHONE NUMBER (Include Area Code) 804-982-0091		11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 804-982-0543	

12. DATES SCHEDULED	13. NUMBER OF WORK DAYS	14. AGO	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM: 5/2001 TO:	7310			NUMBER TO BE ASSIGNED BY NRC 000070

LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 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 devices to be used.)

Cobalt 60

18. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WITH ARE (If same, EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEM 9, ABOVE. (Four copies of the specific license must accompany the initial NRC Form 241.)	LICENSE NUMBER GA 1153-1	STATE GA	EXPIRATION DATE 6-30-2004
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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.

IDENTIFYING OFFICER - RMO or Management Representative (Name and Title) Martin Knotts - Service Manager	SIGNATURE <i>Martin Knotts</i>	DATE 12-29-00
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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 (Type, Print Name and Title) Clare Stein	SIGNATURE <i>Clare Stein</i>	DATE 1/4/01	TOTAL USAGE - DAYS TO DATE
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NRC FORM 241
(7-1999)

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 OMB: NO. 3150-0013 **EXPIRES: 07/31/2002**
Estimated burden per response to comply with this mandatory collection request: 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 comments regarding burden estimate to the Records Management Branch (T-8 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to tb1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEGB-10202, (3150-0013), Office of Management and Budget, Washington, DC 20503. A means used to impose 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) Elekta Instruments, Inc.		2. TYPE OF REPORT <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> CLARIFICATION	
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) 3155 Northwoods Parkway Norcross, GA 30071		4. LICENSEE CONTACT AND TITLE Martin Knotts, Service Manager	
		5. TELEPHONE NUMBER (Include Area Code) 770-300-9725	6. FACSIMILE NUMBER (Include Area Code) 770-488-6338
7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20			
<input type="checkbox"/> WELL LOGGING <input type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS <input type="checkbox"/> TELETHERAPY/IRRADIATOR SERVICE <input type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) ⇒ Leksell Gamma Knife Preventative Maint. <input type="checkbox"/> RADIOGRAPHY ⇒ REGISTERED AS USER OF PACKAGING (CHECK INDICATES OF COMPLIANCE NUMBERS)			
8. CLIENT NAME, ADDRESS, CITY, COUNTY, STATE, ZIP CODE Parbykian Hospital 700 N.E. 13th St Oklahoma City, OK 73109		9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.) SAME	
		10. CLIENT TELEPHONE NUMBER (Include Area Code) 800-477-1855	11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 405-271-2542
12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD
FROM 12/29-2002	TO 10	TBD	
		15. DELETE	16. LOCATION REFERENCE NUMBER NUMBER TO BE ASSIGNED BY NRC 000071
17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED (Include description of type and quantity of radioactive material, sealed sources, or devices to be used.) Cobalt-60			
18. AGREEMENT STATE SPECIAL LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEM 9 ABOVE. (Four copies of the special license must accompany the initial NRC Form 241.)		LICENSE NUMBER GA 1153-1	STATE GA
		EXPIRATION DATE 6-30-2004	
19. 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 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. c. I understand that activities, including storage, conducted in non-Agreement States under general license 10 CFR 150.20 are limited to a total of 100 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 - NRC or Member Representative (Name and Title) Martin Knotts - Service Manager		SIGNATURE Martin Knotts - Service Manager	DATE 12-29-00
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) Crane Heim	SIGNATURE Crane Heim
		DATE 1/2/01	TOTAL USAGE - DAYS TO DATE

PRINTED ON RECYCLED PAPER

NRC FORM 241 (7-1995) **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 OMB: NO. 3150-0013 **EXPIRES: 07/31/2002**
 Estimated burden per response to comply with this mandatory collection request: 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 comments regarding burden estimate to the Records Management Branch (7-6 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to rs1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOS-10202, (3150-0013), Office of Management and Budget, Washington, DC 20503. If a means used to impose 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)
 Elekta Instruments, Inc.

2. TYPE OF REPORT
 INITIAL REVISION CLARIFICATION

3. ADDRESS OF LICENSEE (Include address or other location where licensee may be located)
 3155 Northwoods Parkway
 Norcross, GA 30071

4. LICENSEE CONTACT AND TITLE
 Martin Knotts, Service Manager

5. TELEPHONE NUMBER (Include Area Code)
 770-300-9725

6. FACSIMILE NUMBER (Include Area Code)
 770-488-6338

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

WELL LOGGING LEAK TESTING AND/OR CALIBRATIONS TETHERED THERAPY/IRRADIATOR SERVICE

PORTABLE GAUGES OTHER (Specify) ⇒ LeKsell Gamma Knife Preventative Maint.

RADIOGRAPHY ⇒ REGISTERED AS USER OF PACKAGING (CERTIFICATION OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE
 Presbyterian University Hospital
 200 Lothrop St.
 S.W. B-400
 Pittsburgh, PA 15213

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (List and Number or other location. Give as complete an address or directions as possible)
 Same.

10. CLIENT TELEPHONE NUMBER (Include Area Code)
 412-647-7744

11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)
 412-647-5447

12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM	TO				NUMBER TO BE ASSIGNED BY NRC
TBD		TBD			000076

17. LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.

17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED (Include description of type and quantity of radioactive material, sealed sources, or devices to be used)
 Cobalt-60

18. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEM 9 ABOVE. (Four copies of this specific license must accompany the initial NRC Form 241.)

LICENSE NUMBER GA 1153-1 **STATE** GA **EXPIRATION DATE** 6-30-2004

Diane Heim 11/2/01

<p>NRC FORM 241 (7-15-99)</p> <p align="center">U.S. NUCLEAR REGULATORY COMMISSION</p> <p align="center">REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS</p> <p align="center"><i>(Please read the instructions before completing this form)</i></p>		<p>APPROVED BY OMB: NO. 3150-0013 EXPIRES: 07/31/2002</p> <p><small>Estimated burden per response to comply with this mandatory collection request: 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 comments regarding burden estimate to the Records Management Branch (T-8 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20586-0001, or by Internet e-mail to hs1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOS-10202, (3150-0013), Office of Management and Budget, Washington, DC 20503. If a means used to impose 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.</small></p>	
<p>1. NAME OF LICENSEE: <i>(Person or firm proposing to conduct the activities described below)</i></p> <p><i>Elekta Instruments, Inc.</i></p>		<p>2. TYPE OF REPORT</p> <p><input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> CLARIFICATION</p>	
<p>3. ADDRESS OF LICENSEE: <i>(Mailing address or other location where licensee may be located)</i></p> <p><i>3155 Northwoods Parkway Norcross, GA 30071</i></p>		<p>4. LICENSEE CONTACT AND TITLE</p> <p><i>Martin Knotts, Service Manager</i></p>	
<p>5. TELEPHONE NUMBER <i>(Include Area Code)</i></p> <p><i>770-300-9725</i></p>		<p>6. FACSIMILE NUMBER <i>(Include Area Code)</i></p> <p><i>770-488-6338</i></p>	
<p>7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20</p>			
<p><input type="checkbox"/> WELL LOGGING <input type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS <input type="checkbox"/> TETHERAPY/IRRADIATOR SERVICE</p> <p><input type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) <i>⇒ LeKsell Gamma Knife Upgrade</i></p> <p><input type="checkbox"/> RADIOGRAPHY <i>⇒ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)</i></p>			
<p>8. CLIENT NAME, ADDRESS, CITY/STATE, ZIP CODE</p> <p><i>St. Mary's Hospital Gamma Knife Suite G-603 1216 Stewart St. SW. Rockdale, MN 55902</i></p>		<p>9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION <i>(Street and Number or other location. Give as complete an address or directions as possible)</i></p> <p><i>Soull</i></p>	
<p>10. CLIENT TELEPHONE NUMBER <i>(Include Area Code)</i></p> <p><i>507-255-3199</i></p>		<p>11. WORK LOCATION TELEPHONE NUMBER <i>(Include Area Code)</i></p> <p><i>507-255-6463</i></p>	
<p>12. DATES SCHEDULED</p>		<p>13. NUMBER OF WORK DAYS</p>	
<p><i>From</i></p> <p><i>May - 2001</i></p>		<p><i>730</i></p>	
<p>14. ADD</p>		<p>15. DELETE</p>	
<p>16. LOCATION REFERENCE NUMBER</p>		<p>NUMBER TO BE ASSIGNED BY NRC</p>	
<p><i>000013</i></p>		<p><i>000013</i></p>	
<p>LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.</p>			
<p>17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED <i>(Include short names of type and quantity of radioactive material, sealed sources, or devices to be used)</i></p> <p><i>Cobalt-60</i></p>			
<p>18. ACHIEVEMENT STATE (LICENSEE LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEM 9, ABOVE) (Four copies of the specific license must accompany this initial NRC Form 241.)</p>		<p>LICENSE NUMBER</p> <p><i>GA 1153-1</i></p>	<p>STATE</p> <p><i>GA</i></p>
<p>19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)</p>		<p>EXPIRATION DATE</p> <p><i>6-30-2004</i></p>	
<p>1. THE UNDERSIGNED, HEREBY CERTIFY THAT:</p> <p>a. All information in this report is true and complete.</p> <p>b. I have read and understand the provisions 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.</p> <p>c. 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.</p> <p>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.</p> <p>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.</p>			
<p>20. SIGNING OFFICIAL (Typed Name and Title)</p> <p><i>Martin Knotts, Service Manager</i></p>		<p>SIGNATURE</p> <p><i>Martin Knotts (Printed Name)</i></p>	<p>DATE</p> <p><i>12-29-01</i></p>
<p>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.</p>			
<p>FOR NRC USE ONLY</p>		<p>21. SIGNING OFFICIAL (Typed Name and Title)</p> <p><i>Gene Klein</i></p>	<p>DATE</p> <p><i>12/01</i></p>
<p>22. TOTAL USAGE - DAYS TO DATE</p>		<p>23. TOTAL USAGE - DAYS TO DATE</p>	
<p><i>730</i></p>		<p><i>730</i></p>	

NRC FORM 241 (7-1-00) **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 OMB: NO. 3150-0013 **EXPIRES: 07/31/2002**
 Estimated burden per response to comply with this mandatory collection request: 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 comments regarding burden estimate to the Records Management Branch (T-3 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20545-0001, or by Internet e-mail to b1e1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202 (3150-0013), Office of Management and Budget, Washington, DC 20503. If a means used to impose 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)
 Elekta Instruments, Inc.

2. TYPE OF REPORT
 INITIAL REVISION CLARIFICATION

3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)
 3155 Northwoods Parkway
 Norcross, GA 30071

4. LICENSEE CONTACT AND TITLE
 Martin Knotts, Service Manager

5. TELEPHONE NUMBER (Include Area Code)
 770-370-9725

6. FACSIMILE NUMBER (Include Area Code)
 770-488-6338

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

WELL LOGGING LEAK TESTING AND/OR CALIBRATIONS TELETHERAPY/IRRADIATOR SERVICE
 PORTABLE GAUGES OTHER (Specify) => Leksell Gamma Knife Preventative Maint.
 RADIOGRAPHY => REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE
 St. Marians Hospital
 Gamma Knife Suite G-603
 1216 Sycamore St. SW
 Kennesaw, GA 30144

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

10. CLIENT TELEPHONE NUMBER (Include Area Code)
 527-255-3129

11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)
 507-255-6463

12. DATE(S) SCHEDULED	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
Feb - 2001 Nov - 2001	7 (3 D)			000073

17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED (Indicate description of type and quantity of radioactive material, source, or devices to be used.)
 Cobalt 60

18. AGREEMENT STATE (If using license which authorizes the undersigned 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	STATE	EXPIRATION DATE
GA 1153-1	GA	6-30-2004

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 - (ISO or Management (or) consultant (Name and Title))
 Martin Knotts - Service Manager

SIGNATURE
 Martin Knotts - (Martin Knotts)

DATE
 12-29-00

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 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 (Type of Review Name and Title)
 Diane Helm

SIGNATURE
 Diane Helm

DATE
 1/8/01

TOTAL USAGE - DAYS TO DATE

NRC FORM 241 (7-1-00) PRINTED ON RECYCLED PAPER

NRC FORM 341 (7-1999) 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 OMB: NO. 3150-0013 EXPIRES: 07/31/2002
 Estimated burden per response to comply with this mandatory collection request: 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 comments regarding burden estimate to the Records Management Branch (T-9 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to bja1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NE08-10202, (3150-0013), Office of Management and Budget, Washington, DC 20503. If a means used to impose 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)
 Elekta Instruments, Inc.

2. TYPE OF REPORT
 INITIAL REVISION CLARIFICATION

3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)
 3155 Northwoods Parkway
 Norcross, GA 30071

4. LICENSEE CONTACT AND TITLE
 Martin Knotts, Service Manager

5. TELEPHONE NUMBER (Include Area Code)
 770-300-9725

6. FACSIMILE NUMBER (Include Area Code)
 770-488-6338

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

WELL LOGGING LEAK TESTING AND/OR CALIBRATIONS TELE THERAPY/IRRADIATOR SERVICE

PORTABLE GAUGES OTHER (Specify) => LeKsell Gamma Knife Preventative Maint.

RADIOGRAPHY => FOR SHIPPED AND USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE
 Kansas Jewish Hospital
 216 W. Kengue Highway
 St. Louis, MO 63108

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

10. CLIENT TELEPHONE NUMBER (Include Area Code)
 314-454-5001

11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)
 314-454-8154

12. DATES SCHEDULED	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM: Jan - 2001 TO: Dec. 2001	TBD			NUMBER TO BE ASSIGNED BY NRC 000074

17. LIST RADIOACTIVE MATERIALS, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED (Include description of type and quantity of radioactive material, sealed sources, or devices to be used.)
 Cobalt 60

18. AGREEMENT STATE SIGNATURE LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEM 9 ABOVE. (Four copies of the specific license must accompany the initial NRC Form 341.)

LICENSE NUMBER GA 1153-1	STATE GA	EXPIRATION DATE 6-30-2004
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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 100 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.

20. SIGNATURE AND DATE

EMPLOYEE OFFICER - (Full or Management Representative (Name and Title))
 Martin Knotts Service Manager

SIGNATURE
 Martin Knotts (Paul Knott)

DATE
 12-29-00

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

REVICATING OFFICIAL (Typed/Printed Name and Title)
 Cecile Neime

SIGNATURE
 Cecile Neime

DATE
 1/2/01

TOTAL USAGE - DAYS TO DATE

NRC FORM 341 (7-1999) PRINTED ON RECYCLED PAPER

NRC FORM 241 (1-10-93)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3150-0013 Estimated burden per response to comply with this mandatory collection request: 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 comments regarding burden estimate to the Records Management Branch (T-8 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to b1r1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOF-10202, (3150-0013), Office of Management and Budget, Washington, DC 20503. It means used to impose 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.		EXPIRES: 07/31/2002	
REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS (Please read the instructions before completing this form)				2. TYPE OF REPORT <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> CLARIFICATION			
1. NAME OF LICENSEE (If person or firm preparing to conduct the activities described below) Elekta Instruments, Inc.				4. LICENSEE CONTACT AND TITLE Martin Knotts, Service Manager			
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) 3155 Northwoods Parkway Norcross, GA 30071				5. TELEPHONE NUMBER (Include Area Code) 770-300-9725		6. FACSIMILE NUMBER (Include Area Code) 770-488-6338	
7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20							
<input type="checkbox"/> WELL LOGGING		<input type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS		<input type="checkbox"/> TELE THERAPY/RADIATOR SERVICE			
<input type="checkbox"/> PORTABLE GAUGES		<input type="checkbox"/> OTHER (Specify) ⇒ <u>LeKsell Gamma Knife Preventative Maint.</u>					
<input type="checkbox"/> RADIOGRAPHY ⇒		REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)					
8. CLIENT NAME, ADDRESS, CITY/STATE, ZIP CODE St. Andrew's University 550 University Blvd. St. Andrews, SC 29020				9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible) Same			
10. CLIENT TELEPHONE NUMBER (Include Area Code) 317-274-1197				11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 317-274-2486			
12. DATE SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER		
Feb-2001 Mar-2001		TBD			000075		
17. LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.							
18. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED (Include description of type and quantity of radioactive material, sealed sources, or devices to be used) Cobalt 60							
18. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEM 9 ABOVE. (Four copies of the specific license must accompany the initial NRC Form 241.)				LICENSE NUMBER GA 1153-1	STATE GA	EXPIRATION DATE 6-30-2004	
19. 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 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.							
c. 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.							
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) Martin Knotts, Service Manager				SIGNATURE Martin Knotts		DATE 12-29-00	
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]		SIGNATURE [Signature]		DATE 1/2/01	TOTAL USAGE - DAYS TO DATE

NRC FORM 241 (7-1999) **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 OMB: NO. 3150-0013 **EXPIRES: 07/31/2002**
 Estimated burden per response to comply with this mandatory collection request: 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 comments regarding burden estimate to the Records Management Branch (7-255), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to bj1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0013), Office of Management and Budget, Washington, DC 20503. If a means used to impose 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 (For sole or joint preparing to conduct the activities described below)
 Elekta Instruments, Inc.

2. TYPE OF REPORT
 INITIAL REVISION CLARIFICATION

3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)
 3155 Northwoods Parkway
 Norcross, GA 30071

4. LICENSEE CONTACT AND TITLE
 Martin Knotts, Service Manager

5. TELEPHONE NUMBER (include Area Code)
 770-300-9725

6. FACSIMILE NUMBER (include Area Code)
 770-488-6338

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

WELL LOGGING LEAK TESTING AND/OR CALIBRATIONS TELETHERAPY/IRRADIATOR SERVICE

PORTABLE GAUGES OTHER (Specify) ⇒ Leksell Gamma Knife Preventative Maint.

RADIOGRAPHY ⇒ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/STATE, & STATE, ZIP CODE
 Harper Hospital
 4160 John R. St.
 S.W. 930
 Detroit, MI 48201

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

10. CLIENT TELEPHONE NUMBER (include Area Code)
 313-966-8054

11. WORK LOCATION TELEPHONE NUMBER (include Area Code)
 313-966-0368

12. DATE(S) SCHEDULED	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM: Jan - 2001 TO: July - 2001	TBD			000076

17. LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 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 devices to be used.)
 Cobalt-60

18. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE UNDERSIGNED 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 this initial NRC Form 241.)
 LICENSE NUMBER: GA 1153-1
 STATE: GA
 EXPIRATION DATE: 6-30-2004

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: RECORD MANAGEMENT REPRESENTATION (Name and Title)
 Martin Knotts Service Manager

SIGNATURE
 Martin Knotts

DATE
 12-29-00

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 in any department or agency of the United States as to any matter within its jurisdiction.

FOR NRC USE ONLY **RECORDING OFFICIAL (Typed Name and Title)**
 Crane Klein

SIGNATURE
 Crane Klein

DATE
 01/02/01

TOTAL USAGE - DAYS TO DATE

NRC FORM 341
(7-1999)

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 OMB: NO. 3150-0013 **EXPIRES: 07/31/2002**
Estimated burden per response to comply with this mandatory collection request: 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 comments regarding burden estimate to the Records Management Branch (T-6 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to nra1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NE08-10202, (3150-0013), Office of Management and Budget, Washington, DC 20503. If a means used to impose 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)
Elekta Instruments, Inc.

2. TYPE OF REPORT
 INITIAL REVISION CLARIFICATION

3. ADDRESS OF LICENSEE (Mailing address of other location where licensee may be located)
3155 Northwoods Parkway
Norcross, GA 30071

4. LICENSEE CONTACT AND TITLE
Martin Knotts, Service Manager

5. TELEPHONE NUMBER (Include Area Code) **6. FACSIMILE NUMBER (Include Area Code)**
770-300-9725 770-488-6338

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

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

PORTABLE GAUGES OTHER (Specify) => LeKsell Gamma Knife Preventative Maint.

RADIOGRAPHY => _____
REGISTRATION AS USER OF PACKAGING (CERTIFICATE OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY, COUNTY, STATE, ZIP CODE
Wills Eye Hospital
900 Locust St. 13 level
Philadelphia, PA 19107

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.)
See above

10. CLIENT TELEPHONE NUMBER (Include Area Code) **11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)**
215-928-7077 215-928-7211

12. DATES SCHEDULED	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM: May - 2001 TO: Nov - 2001	TBD			NUMBER TO BE ASSIGNED BY NRC 000077

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

18. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED (Include description of type and quantity of radioactive material, sealed sources, or devices to be used.)
Cobalt-60

19. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEM 9 ABOVE. (Four copies of the specific license must accompany the initial NRC Form 341.)
LICENSE NUMBER: GA 1153-1 STATE: GA EXPIRATION DATE: 6-30-2004

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: (Must be Authorized Representative (Name and Title))
Martin Knotts, Service Manager

SIGNATURE **DATE**
[Signature] 12-29-01

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 **(BY REVIEWING OFFICIAL (Typed/Printed Name and Title))** **SIGNATURE** **DATE** **TOTAL USAGE -- DAYS TO DATE**
Cheryl Heim 1/04/01

PRINTED ON RECYCLED PAPER

NRC FORM 241
(7-1998)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0013
Estimated burden per response to comply with this mandatory collection request: 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 comments regarding burden estimates to the Records Management Branch (T-8 Em), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to bjt1@nrc.gov, NEOS-10202, (3150-0013), Office of Management and Budget, Washington, DC 20503. If a means used to impose 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.

EXPIRES: 07/31/2002

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

(Please read the instructions before completing this form)

1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) Elekta Instruments, Inc.		2. TYPE OF REPORT <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> CLARIFICATION	
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) 3155 Northwoods Parkway Norcross, GA 30071		4. LICENSEE CONTACT AND TITLE Martin Knotts, Service Manager	
		5. TELEPHONE NUMBER (Include Area Code) 770-300-9725	6. FACSIMILE NUMBER (Include Area Code) 770-488-6338
7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20			
<input type="checkbox"/> WELL LOGGING	<input type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS	<input type="checkbox"/> TELETHERAPY/IRRADIATOR SERVICE	
<input type="checkbox"/> PORTABLE GAUGES	<input type="checkbox"/> OTHER (Specify) ⇒ Leksell Gamma Knife Preventative Maint.		
<input type="checkbox"/> RADIOGRAPHY ⇒	REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)		
8. CLIENT NAME, ADDRESS, CITY, COUNTY, STATE, ZIP CODE M. Leckert Gamma Knife Center 2316 E. Meyer Blvd. Hannover City, MD 64130		9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.) Same	
		10. CLIENT TELEPHONE NUMBER (Include Area Code) 816-276-4262	11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 816-276-9333
12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD
FROM February 2001 TO 10		750	
			15. DELETE
			16. LOCATION REFERENCE NUMBER NUMBER TO BE ASSIGNED BY NRC 000078
17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED (Include description of type and quantity of radioactive material, sealed sources, or devices to be used.) Cobalt 60			
18. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE UNDERSIGNED 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 GA 1153-1	STATE GA
		EXPIRATION DATE 6-30-2004	
19. 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 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.			
c. 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.			
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.			
SIGNATURE OF OFFICER (Person or Management Representative) (Name and Title) Martin Knotts Service Manager		SIGNATURE Martin Knotts (Printed Name)	DATE 10-27-00
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) Charm Henn	DATE 11/2/01
		TOTAL USAGE - DAYS TO DATE	

PRINTED ON RECYCLED PAPER

NRC FORM 241 <small>(7-1999)</small>		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3150-0013		EXPIRES: 07/31/2002	
<p align="center">REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS</p> <p align="center"><i>(Please read the instructions before completing this form)</i></p>							
1. NAME OF LICENSEE: <i>(Person or firm proposing to conduct the activities described below)</i> Elekta Instruments, Inc.				2. TYPE OF REPORT <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> CLARIFICATION			
3. ADDRESS OF LICENSEE: <i>(Home? address or other location where licensee may be located)</i> 3155 Northwoods Parkway Norcross, GA 30071				4. LICENSEE CONTACT AND TITLE Martin Knotts, Service Manager			
				5. TELEPHONE NUMBER <small>(Include Area Code)</small> 770-300-9725		6. FACSIMILE NUMBER <small>(Include Area Code)</small> 770-488-6338	
7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20							
<input type="checkbox"/> WELL LOGGING		<input type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS		<input type="checkbox"/> TELETHERAPY/RADIATOR SERVICE			
<input type="checkbox"/> PORTABLE GAUGES		<input type="checkbox"/> OTHER (Specify) ⇒ <u>Leksell Gamma Knife Preventative Maint.</u>					
<input type="checkbox"/> RADIOGRAPHY ⇒		REGISTERED AS USER OF PACKAGING (CERTIFICATE OF COMPLIANCE NUMBERS)					
8. CLIENT NAME, ADDRESS, CITY, COUNTY, STATE, ZIP CODE Yale - New Haven Health Observatory Service Corp. 410 Temple St. New Haven, CT 06510				9. ACTUAL, PHYSICAL ADDRESS OF WORK LOCATION <small>(Street and Number or other location. Give as complete an address or directions as possible.)</small> Same			
				10. CLIENT TELEPHONE NUMBER <small>(Include Area Code)</small> 203-498-4040		11. WORK LOCATION TELEPHONE NUMBER <small>(Include Area Code)</small> 203-488-2953	
12. DATES SCHEDULED		13. NUMBER OF WORK DAYS		14. ADD		15. DELETE	
FROM Jan - 2001 Jul - 2001		TBD				16. LOCATION REFERENCE NUMBER NUMBER TO BE ASSIGNED BY NRC 000079	
<p align="center">LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 8-16 ABOVE.</p>							
17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED <small>(Include description of type and quantity of radioactive material, sealed sources, or devices to be used.)</small> Cobalt 60							
18. AGREEMENT STATE ISSUES LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WITHIN THE STATE, EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEM 9 ABOVE. <i>(Four copies of the specific license must accompany this Initial NRC Form 241.)</i>				LICENSE NUMBER GA 1153-1		STATE GA	
				EXPIRATION DATE 6-30-2004			
<p align="center">19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)</p>							
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 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.							
c. 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.							
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.							
CHIEF OF YOUR OFFICE: (NRC or Management Representative (Name and Title)) Martin Knotts, Service Manager				SIGNATURE Martin Knotts - (Paula Knott)		DATE 12-27-00	
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) Glenn Heim		SIGNATURE Glenn Heim		DATE 01/01/01	
						TOTAL USAGE - DAYS TO DATE	

NRC FORM 241
(7-19-99)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0013 EXPIRES: 07/31/2002
Estimated burden per response to comply with this mandatory collection request: 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 comments regarding burden estimate to the Records Management Branch (T-8 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internal e-mail to bje1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOF-10202, (3150-0013), Office of Management and Budget, Washington, DC 20503. If a means used to impose 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.

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) Elekta Instruments, Inc.	2. TYPE OF REPORT <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> CLARIFICATION
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3. ADDRESS OF LICENSEE (including address or other location where licensee may be located) 3155 Northwoods Parkway Norcross, GA 30071	4. LICENSEE CONTACT AND TITLE Martin Knotts, Service Manager
5. TELEPHONE NUMBER (include Area Code) 770-300-9725	6. FACSIMILE NUMBER (include Area Code) 770-488-6338

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

WELL LOGGING LEAK TESTING AND/OR CALIBRATIONS TETHERED/IRRADIATOR SERVICE

PORTABLE GAUGES OTHER (Specify) \Rightarrow **Leksell Gamma Knife Preventative Maint.**

RADIOGRAPHY \Rightarrow REGISTERED AS USER OF PACKAGING (INDICATE(S) OF COMPLIANCE NUMBER(S))

8. CLIENT NAME, ADDRESS, CITY, COUNTY, STATE, ZIP CODE JFK Medical Center 65 James St Edison, NJ 08818	9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.) Same
10. CLIENT TELEPHONE NUMBER (include Area Code) 732-321-7167	11. WORK LOCATION TELEPHONE NUMBER (include Area Code) 732-321-7167

12. DATES SCHEDULED FROM March 2001 TO Sept 2001	13. NUMBER OF WORK DAYS TBD	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER NUMBER TO BE ASSIGNED BY NRC 000081
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LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.

17. LIST RADIOACTIVE MATERIAL WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED (Include description of type and quantity of radioactive material, sealed sources, or devices to be used.)
Cobalt-60

18. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEM 3 ABOVE. (Four copies of the specific license must accompany the initial NRC Form 241.)	LICENSE NUMBER GA 1153-1	STATE GA	EXPIRATION DATE 6-30-2004
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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 OFFICIAL - Read or Management Representative (Name and Title) Martin Knotts Service Manager	SIGNATURE <i>Martin Knotts</i>	DATE 12-29-00
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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	RENEWING OFFICIAL (Type/Print Name and Title) Tom Henn	SIGNATURE <i>Tom Henn</i>	DATE 12/01	TOTAL USAGE - DAYS TO DATE
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NRG FORM 241 (7-1999) **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 OMB: NO. 3150-0013 **EXPIRES: 07/31/2002**
 Estimated burden per response to comply with this mandatory collection request: 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 comments regarding burden estimate to the Records Management Branch (F-8 60), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to brs1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEJ8-10202 (3150-0013), Office of Management and Budget, Washington, DC 20503. If a means used to impose 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)
 Elekta Instruments, Inc.

2. TYPE OF REPORT
 INITIAL REVISION CLARIFICATION

3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)
 3155 Northwoods Parkway
 Norcross, GA 30071

4. LICENSEE CONTACT AND TITLE
 Martin Knotts, Service Manager

5. TELEPHONE NUMBER (Include Area Code) **6. FACSIMILE NUMBER** (Include Area Code)
 770-300-9725 770-488-6338

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20
 WELL LOGGING LEAK TESTING AND/OR CALIBRATIONS THERAPY/RADIATOR SERVICE
 PORTABLE GAUGES OTHER (Specify) ⇒ LeKsell Gamma Knife Preventative Maint.
 RADIOGRAPHY ⇒ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/STATE, ZIP CODE
 St. Joseph's Hospital
 1000 North Oak Ave
 Marshfield WI 54449

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and number or other location. Give as complete an address or directions as possible.)
 Same

10. CLIENT TELEPHONE NUMBER (Include Area Code) **11. WORK LOCATION TELEPHONE NUMBER** (Include Area Code)
 715-387-7637 Same

12. DATE(S) SCHEDULED	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM July - 2001 to Oct - 2001	15 TBD			NUMBER TO BE ASSIGNED BY NRC 600082

17. LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.
17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED (Include description of type and quantity of radioactive material, sealed sources, or devices to be used.)
 Cobalt 60

18. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEM 9 ABOVE. (Four copies of the specific license must accompany the initial NRC Form 241.)
 LICENSE NUMBER: GA 1153-1
 STATE: GA
 EXPIRATION DATE: 6-30-2004

19. 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 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.
 c. 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.
 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.

CLIENT/POINT OFFICIAL (Name and Title) **SIGNATURE** **DATE**
 Martin Knotts Service Manager Martin Knotts - (Paula Knott) 12-29-00

FOR NRC USE ONLY **REVIEWING OFFICIAL** (Typed Name and Title) **SIGNATURE** **DATE** **TOTAL USAGE - DAYS TO DATE**
 [Signature] [Signature] [Date]

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.

NRG FORM 241 (7-1999) **PRINTED ON RECYCLED PAPER**

NRC FORM 241 (7-1996) **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 OMB: NO. 3160-0013 **EXPIRES: 07/31/2002**
 Estimated burden per response to comply with this mandatory collection request: 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 comments regarding burden estimate to the Records Management Branch (T-6 80), U.S. Nuclear Regulatory Commission, Washington, DC 20545-0001, or by Internet e-mail to bml1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0013), Office of Management and Budget, Washington, DC 20503. If a means used to impose 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)
 Elekta Instruments, Inc.

2. TYPE OF REPORT
 INITIAL REVISION CLARIFICATION

3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)
 3155 Northwoods Parkway
 Norcross, GA 30071

4. LICENSEE CONTACT AND TITLE
 Martin Knotts, Service Manager

5. TELEPHONE NUMBER (Include Area Code)
 770-300-9725

6. FACSIMILE NUMBER (Include Area Code)
 770-488-6338

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

WELL LOGGING LEAK TESTING AND/OR CALIBRATIONS TELETHERAPY/IRRADIATOR SERVICE
 PORTABLE GAUGES OTHER (Specify) ⇒ LeKsell Gamma Knife Upgrade
 RADIOGRAPHY ⇒ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY, COUNTY, STATE, ZIP CODE
 St. Joseph's Hospital
 1000 North Oak Ave.
 Mansfield, IL 61849

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

10. CLIENT TELEPHONE NUMBER (Include Area Code)
 715-387-7637

11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)
 Same

12. DATE SCHEDULED	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
From: <u>March 2001</u> TO: _____	<u>7130</u>			NUMBER TO BE ASSIGNED BY NRC <u>000082</u>

17. LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.

18. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED (Include description of type and quantity of radioactive material, sealed sources, or devices to be used.)
Cobalt 60

19. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES UNDER THIS FORM, EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEM 9 ABOVE. (Provide copies of the specific license must accompany the Initial NRC Form 241)

LICENSE NUMBER <u>GA 1153-1</u>	STATE <u>GA</u>	EXPIRATION DATE <u>6-30-2004</u>
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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 those 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.

20. SIGNATURE OF LICENSEE (RUC or Management Representative (Name and Title))
 Martin Knotts, Service Manager

SIGNATURE
 Martin Knotts (Print Name)

DATE
 12-29-00

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

RECEIVING OFFICIAL (Typed/Printed Name and Title)
 Crane, Henry

SIGNATURE
 [Signature]

DATE
 [Date]

TOTAL USAGE - DAYS TO DATE
 [Blank]

PRINTED ON RECYCLED PAPER

NRC FORM 241 (7-1996)

NRC FORM 241 <small>(7-1999)</small>		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3150-0013 <small>Expires: 07/31/2002</small> <small>Estimated burden per response to comply with this mandatory collection request: 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 comments regarding burden estimate to the Records Management Branch (T-8 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bja1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NRCB-10202, (3150-0013), Office of Management and Budget, Washington, DC 20503. If a means used to impose 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.</small>		
REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS <small>(Please read the instructions before completing this form)</small>				2. TYPE OF REPORT <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> CLARIFICATION		
1. NAME OF LICENSEE <small>(Provide full name proposing to conduct the activities described below)</small> Elekta Instruments, Inc.		3. ADDRESS OF LICENSEE <small>(Mailing address or other location where licensee may be located)</small> 3155 Northwoods Parkway Norcross, GA 30071		4. LICENSEE CONTACT AND TITLE Martin Knotts, Service Manager		
		5. TELEPHONE NUMBER <small>(Include Area Code)</small> 770-300-9725		6. FACSIMILE NUMBER <small>(Include Area Code)</small> 770-488-6338		
7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20						
<input type="checkbox"/> WELL LOGGING		<input type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS		<input type="checkbox"/> TELE THERAPY/IRRADIATOR SERVICE		
<input type="checkbox"/> PORTABLE GAUGES		<input type="checkbox"/> OTHER (Specify) → <u>Leksell Gamma Knife Preventative Maint.</u>				
<input type="checkbox"/> RADIOGRAPHY →		<small>REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)</small>				
8. CLIENT NAME, ADDRESS, CITY, COUNTY, STATE, ZIP CODE New England Medical Center 750 Washington St. Boston, MA 02111			9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION <small>(Street and Number or other location. Give as complete an address or directions as possible.)</small> Suite 12L			
			10. CLIENT TELEPHONE NUMBER <small>(Include Area Code)</small>		11. WORK LOCATION TELEPHONE NUMBER <small>(Include Area Code)</small>	
12. DATES SCHEDULED FROM: Feb - 2001 TO: Aug - 2001		13. NUMBER OF WORK DAYS TBD	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER NUMBER TO BE ASSIGNED BY NRC 000083	
17. LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 8-16 ABOVE.						
18. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED <small>(Provide description of type and quantity of radioactive material, sealed sources, or devices to be used.)</small> Cobalt-60						
19. AGREEMENT STATE LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEM 9 ABOVE. <small>(Four copies of the specific license must accompany the initial NRC Form 241.)</small>			LICENSE NUMBER GA 1153-1	STATE GA	EXPIRATION DATE 6-30-2004	
19. 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 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.						
c. I understand that activities, including storage, conducted in non-Agreement States under general license 10 CFR 150.20 are limited to a total of 100 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 <small>(NRC or Management Representative (Name and Title))</small> Martin Knotts, Service Manager			SIGNATURE Martin Knotts (Service Manager)		DATE 12-29-00	
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 <small>(Typed Printed Name and Title)</small> James Kern		SIGNATURE James Kern	DATE 01/03/01	
					TOTAL USAGE - DAYS TO DATE	

NRC FORM 241 (7-1999) **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 OMB: NO. 3150-0013 **EXPIRES: 07/31/2002**
 Estimated burden per response to comply with this mandatory collection request: 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 comments regarding burden estimate to the Records Management Branch (T-8 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internal e-mail to brs1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NE08-10202, (3150-0013), Office of Management and Budget, Washington, DC 20503. If a means used to impose 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)
 Elekta Instruments, Inc.

2. TYPE OF REPORT
 INITIAL REVISION CLARIFICATION

3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)
 3155 Northwoods Parkway
 Norcross, GA 30071

4. LICENSEE CONTACT AND TITLE
 Martin Knotts, Service Manager

5. TELEPHONE NUMBER (Include Area Code) **6. FACSIMILE NUMBER (Include Area Code)**
 770-300-9725 770-498-6338

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

WELL LOGGING LEAK TESTING AND/OR CALIBRATIONS THERAPY/IRRADIATOR SERVICE
 PORTABLE GAUGES OTHER (Specify) ⇒ Leksell Gamma Knife Preventative Maint.
 RADIOGRAPHY ⇒ REGISTERED AS USER OF PACKAGING (CERTIFICATE OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY, COUNTY, STATE, ZIP CODE
 St Lukes Medical Ctr.
 2900 W. Oklahoma Ave.
 Milwaukee, WI 53215

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

10. CLIENT TELEPHONE NUMBER (Include Area Code) **11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)**
 414-385-2660 414-385-2942

12. DATE(S) SCHEDULED	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM Jan. 2001 TO Dec. 2001	730			000084

17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED (Include description of type and quantity of radioactive material, sealed sources, or devices to be used.)
 Cobalt-60

18. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEM 9 ABOVE. (Four copies of the specific license must accompany the initial NRC Form 241.)
 License Number: GA 1153-1 State: GA Expiration Date: 6-30-2004

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: CEO or Management Representative (Name and Title) **SIGNATURE** **DATE**
 Martin Knotts, Service Manager Martin Knotts - (Martin Knotts) 12-29-00

FOR NRC USE ONLY **REVIEWING OFFICIAL (Typed/Printed Name and Title)** **SIGNATURE** **DATE** **TOTAL USAGE - DAYS TO DATE**
Deane Heine 1/01/01

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.

NRC FORM 241 (7-1999) **PRINTED ON RECYCLED PAPER**

NRC FORM 241
(7-1999)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0013 EXPIRES: 07/31/2002
Estimated burden per response to comply with this mandatory collection request: 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 comments regarding burden estimate to the Records Management Branch (T-6 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to b1a1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOS-10202, (3150-0013), Office of Management and Budget, Washington, DC 20503. If a means used to impose 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.

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 (For user or firm proposing to conduct the activities described below)
Elekta Instruments, Inc.

2. TYPE OF REPORT
 INITIAL REVISION CLARIFICATION

3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)
3155 Northwoods Parkway
Norcross, GA 30071

4. LICENSEE CONTACT AND TITLE
Martin Knotts, Service Manager
5. TELEPHONE NUMBER (include Area Code) 770-300-9725
6. FACSIMILE NUMBER (include Area Code) 770-488-6338

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 160.20

- WELL LOGGING
- LEAK TESTING AND/OR CALIBRATIONS
- TELE THERAPY/IRRADIATOR SERVICE
- PORTABLE GAUGES
- OTHER (Specify) LeKsell Gamma Knife Preventative Maint.
- RADIOGRAPHY REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/STATE, ZIP CODE
Leicester General
2102 Harrisburg Pike
Lawson, PA 17604

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.)
Same.
10. CLIENT TELEPHONE NUMBER (include Area Code) 800-860-9749
11. WORK LOCATION TELEPHONE NUMBER (include Area Code) 717-290-3113 883

12. DATE(S) SCHEDULED	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM <u>Jan. - 2001</u> TO	<u>7RD</u>			<u>000085</u>

LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.

17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED (Include description of type and quantity of radioactive material, sealed sources, or devices to be used.)
Cobalt-60

18. AGREEMENT STATE, SPECIFIC LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEM 9 ABOVE. (If only copies of the specific license must accompany the initial NRC Form 241.)
LICENSE NUMBER GA 1153-1 STATE GA EXPIRATION DATE 6-30-2004

19. 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 160.20 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.
- c. I understand that activities, including storage, conducted in non-Agreement States under general license 10 CFR 160.20 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.
- 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 - NRC or Management Representative (Name and Title) Martin Knotts Service Manager SIGNATURE Martin Knotts (Paul Knott) DATE 12-29-00

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: RECEIVING OFFICIAL (Typed Name and Title) SIGNATURE Chamaine DATE 1/2/01 TOTAL USAGE - DAYS TO DATE

NRC FORM 241
(7-1999)

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 OMB: NO. 3150-0013 **EXPIRES: 07/31/2002**
Estimated burden per response to comply with this mandatory collection request: 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 comments regarding burden estimate to the Records Management Branch (T-6 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to rs1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NE08-10202, (3150-0013), Office of Management and Budget, Washington, DC 20503. If a means used to impose 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)
Elekta Instruments, Inc.

2. TYPE OF REPORT
 INITIAL REVISION CLARIFICATION

3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)
3155 Northwoods Parkway
Norcross, GA 30071

4. LICENSEE CONTACT AND TITLE
Martin Knotts, Service Manager

5. TELEPHONE NUMBER (Include Area Code) **6. FACSIMILE NUMBER (Include Area Code)**
770-300-9725 770-488-6338

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

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

PORTABLE GAUGES OTHER (Specify) ⇒ LeKsell Gamma Knife Preventative Maint.

RADIOGRAPHY ⇒ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE
Allied Rehabilitation
Wyoming Valley
345 Pennsylvania Ave.
W. Leas Boro, PA 18764

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and number or other location. Give as complete an address or directions as possible)
VIA R.R.

10. CLIENT TELEPHONE NUMBER (Include Area Code) **11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)**
570-970-9915 570-970-9915

12. DATE(S) SCHEDULED	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM: March 2001 TO: Sept. 2001	7 RD			NUMBER TO BE ASSIGNED BY NRC 000086

17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED (Include description of type and quantity of radioactive material, sealed sources, or devices to be used.)
Cobalt 60

18. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEM 9 ABOVE. (Four copies of the specific license must accompany this Initial NRC Form 241.)

LICENSE NUMBER GA 1153-1	STATE GA	EXPIRATION DATE 6-30-2004
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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 - Basis Management Representative (Name and Title) **SIGNATURE** **DATE**
Martin Knotts, Service Manager Martin Knotts - (Person) 12-29-00

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 (Type Printed Name and Title)	SIGNATURE	DATE	TOTAL USAGE - DAYS TO DATE
		Ernie Kern	1/2/01	

PRINTED ON RECYCLED PAPER

NRC FORM 241
(7-1999)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3161-0013
Estimated burden per response to comply with this mandatory collection request: 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 comments regarding burden estimates to the Records Management Branch (7-8 Eb), U.S. Nuclear Regulatory Commission, Washington, DC 20540-0001, or by Internet e-mail to bja1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEGB-10202, (3150-0013), Office of Management and Budget, Washington, DC 20503. If a means used to impose 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.

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)
Elekta Instruments, Inc.

2. TYPE OF REPORT
 INITIAL REVISION CLARIFICATION

3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)
3155 Northwoods Parkway
Norcross, GA 30071

4. LICENSEE CONTACT AND TITLE
Martin Knotts, Service Manager

5. TELEPHONE NUMBER (Include Area Code) 770-300-9725
6. FACSIMILE NUMBER (Include Area Code) 770-488-6338

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20
 WELL LOGGING LEAK TESTING AND/OR CALIBRATIONS THERAPY/IRRADIATOR SERVICE
 PORTABLE GAUGES OTHER (Specify) LeKsell Gamma Knife Upgrade
 RADIOGRAPHY REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE
Fred Hart Memorial Lutheran
Hospital
9200 W. Wisconsin Ave.
Milwaukee, WI 53226

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

10. CLIENT TELEPHONE NUMBER (Include Area Code) 414-805-4767
11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) Same

12. DATES SCHEDULED	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM: <u>Jan 2001</u> TO: <u>Dec 2001</u>	<u>TBD</u>			NUMBER TO BE ASSIGNED BY NRC <u>0009A</u>

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 (Include description of type and quantity of radioactive material, sealed sources, or devices to be used.)
Cobalt 60

18. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEM 9 ABOVE. (Four copies of the specific license must accompany the initial NRC Form 241.)
LICENSE NUMBER: GA 1153-1 STATE: GA EXPIRATION DATE: 6-30-2004

19. 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 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.
c. I understand that activities, including storage, conducted in non-Agreement States under general license 10 CFR 150.20 are limited to a total of 100 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's 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.

20. SIGNATURE AND DATE
CERTIFYING OFFICER (NRC or Management Representative Name and Title): Martin Knotts, Service Manager
SIGNATURE: [Signature]
DATE: 12-27-00

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 Name and Title): [Signature]
DATE: 01/02/01
TOTAL USAGE - DAYS TO DATE

Georgia Department of Natural Resources

4244 International Parkway, Suite 114, Atlanta, Georgia 30354
 Lonico C. Barrett, Commissioner
 Harold F. Reheis, Director
 Environmental Protection Division
 404/362-2675

RADIOACTIVE MATERIALS PROGRAM GEORGIA RADIOACTIVE MATERIALS LICENSE

Pursuant to the Georgia Radiation Control Act O.C.G.A. 31-13 (H.B. 947) 1990 and the Georgia Department of Natural Resources Rules and Regulations, designated Chapter 391-3-17, and in reliance on statements and representations heretofore made by the licensee designated below, a license is hereby issued authorizing such licensee to transfer, receive, possess, and use the radioactive material(s) designated below; and to use such radioactive materials for the purpose(s) and at the place(s) designated below. This license is subject to all applicable rules and regulations of the Georgia Department of Natural Resources and orders issued by the Department, now or hereafter in effect, and to any condition specified below.

Page 1 of 6 Pages
 License Number GA. 1153-1
 Amendment Number .14

License (1. Name and 2. Address)

Elekta Instruments, Inc.
 3155 Northwoods Parkway, NW
 Norcross, Georgia 30071

- 3. In accordance with application dated May 28, 1999, License Number GA. 1153-1 is amended in its entirety to read as follows:
- 4. **Expiration Date:** June 30, 2004
- 5. **Telephone Number:** (770) 300-9725
Facsimile Number: (770) 448-6338

6.	RADIOACTIVE MATERIAL (ELEMENT AND MASS NUMBER)	7.	CHEMICAL AND/OR PHYSICAL FORM	8.	MAXIMUM QUANTITY LICENSEE MAY POSSESS AT ANY ONE TIME
A.	Cobalt 60	A.	Sealed sources (Models as specified in Condition 10.D)	A.	6600 Curies; 201 sources with a mean average not to exceed 32.8 Curies, and no single source to exceed 36 Curies
B.	Cesium 137	B.	Sealed sources (Victoreen Model Number 844-3-8)	B.	103 microcuries, no single source to exceed 10 microcuries

Georgia Department of Natural Resources
Radioactive Materials License
Supplementary Sheet

Page 2 of 6 Pages
License Number GA. 1153-1
Amendment Number .14

9. AUTHORIZED USE

- A. Pursuant to (8) of Rule 391-3-17-.02, the licensee is authorized to use and/or possess devices listed in Condition 10.D. of this license in accordance with the provisions of the certificate of registration issued for each device pursuant to (11)(l) of Rule 391-3-17-.02. When at existing irradiation facilities, the licensee shall strictly abide by all requirements of the customer's license and applicable requirements of the U.S. Nuclear Regulatory Commission or Agreement State within which the authorized work is performed. The authorized use and/or possession of the sources and devices includes activities incident to the following:
- (1) Source installation into and removal from devices.
 - (2) Installation, relocation, repair and maintenance of devices, including leak testing of sealed sources and radiation surveys of devices.
 - (3) Distribution of devices to persons licensed to receive the material pursuant to the terms and conditions of a specific license issued by the Department, the US Nuclear Regulatory Commission, or an Agreement State.
 - (4) Receipt, storage, and transfer of devices received from customers for disposal.
 - (5) Instruction and training of individuals in use of the devices.
- B. For use in the Victoreen Model 541-205 dosimeter calibrator to calibrate Victoreen Model 541R Pencil Dosimeters.

CONDITIONS

10. A. This license does not authorize the possession of cobalt 60.
- B. Cobalt 60 may be used only at facilities of customers in Georgia who possess a valid Georgia Radioactive Materials License for the Cobalt-60 sources. This condition does not prohibit use in other Agreement States and States under the jurisdiction of the U.S. Nuclear Regulatory Commission under reciprocity procedures which may be established by an Agreement State or the U.S. Nuclear Regulatory Commission.
- C. Cesium 137 may be used only at the licensee's address in Item 2, above.

Georgia Department of Natural Resources
Radioactive Materials License
Supplementary Sheet

Page 3 of 6 Pages
 License Number GA. 1153-1
 Amendment Number .14

Condition 10 (continued)

D. The following table lists the devices which Elekta Instruments, Inc. may distribute pursuant to the terms and conditions of this license. The table lists the devices by model number, the sealed source model(s) which may be used in the device, and the isotope and maximum quantity which may be contained in the device.

Device Model (SS&D certificate)	Sealed Source Model (SS&D certificate)	Isotope	Maximum Activity Per Device
Leksell Gamma System Model 23016 (GA 269-D-101-S)	General Electric Company A B Elekta 43047 (CA 312-S-106-S)	Cobalt 60	6600 Curies per device. 201 sources with a average not to exceed 32.8 Curies and no single source to exceed 36 Curies.
Leksell Gamma System Model 23004 (GA 269-D-102-S)	General Electric Company A B Elekta 43047 (CA 312-S-106-S)	Cobalt 60	6600 Curies per device. 201 sources with a average not to exceed 32.8 Curies and no single source to exceed 36 Curies.
Leksell Gamma System Model 24001 (GA 269-D-102-S)	General Electric Company A B Elekta 43047 (CA 312-S-106-S)	Cobalt 60	6600 Curies per device. 201 sources with a average not to exceed 32.8 Curies and no single source to exceed 36 Curies.

11. The licensee shall comply with the provisions of Georgia Department of Natural Resources Rule 391-3-17-.03, "Standards for Protection Against Radiation, Amended.", Rule 391-3-17-.06, "Transportation of Radioactive Material, Amended.", and Rule 391-3-17-.07, "Notices, Instructions and Reports to Workers: Inspections, Amended."

12. In accordance with DNR Board Policy adopted May 27, 1992, the fees associated with this license, fee category F., are:

Application fee	\$1400	Renewal fee	\$1100
Amendment fee	\$ 630	Routine Inspection fee	\$ 800
Non-routine Inspection fee	\$ 690	Annual fee	\$1500

Additionally, the fees associated with each device evaluation, fee category J.1, are:

Application fee	\$3300	Renewal fee	\$ 0
Amendment fee	\$1200	Routine Inspection fee	\$ 0
Non-routine Inspection fee	\$ 0	Annual fee	\$2100

Georgia Department of Natural Resources
Radioactive Materials License
Supplementary Sheet

Page 4 of 6 Pages
License Number GA. 1153-1
Amendment Number .14

Condition 12 (continued)

Checks for the fees should be made payable to the Department of Natural Resources, Radioactive Materials Program, and mailed to the following address:

Radioactive Materials Fees
P.O. Box 101161
Atlanta, GA 30392

Mail license applications, amendment, and renewal requests the same day as the check to the following address:

Radioactive Materials Program
4244 International Parkway, Suite 114
Atlanta, GA 30354

Inspection fees are payable upon receipt of each invoice from the Department following inspections. Annual fees are billed by the Department at the beginning of each fiscal year.

13. The Radiation Safety Officer in this program shall be Martin Knotts.
14.
 - A. Installation, relocation, removal, maintenance, repair and operation testing of Elekta Instruments, Inc., Leksell Gamma System Gamma Knife shall be done by or under the supervision of Martin Knotts, Ulf Pettersson, Billy Andersson, Jim Mounts, Chris Trax, Joe Swauger, or Richard Oddsson.
 - B. Loading and unloading source capsules of Leksell Gamma units shall be done by Martin Knotts, Ulf Pettersson, or Jim Mounts.
15. Except for maintaining labeling as required by 391-3-17.-03, the licensee shall obtain authorization from the Department before making any changes in the sealed source, device, or source-device combination that would alter the description or specifications as indicated in the Sealed Source and Device (SS&D) Registration Certificate issued by the Department.
16. Sealed sources containing radioactive material shall not be opened by the licensee.
17. Sealed sources shall be loaded into the Leksell Gamma Unit by persons authorized by the Department, the U. S. Nuclear Regulatory Commission, or any Agreement State to perform such services.
18.
 - A. Each device distributed under this license shall bear a durable, clearly visible and legible label or labels containing the device model and serial number, the radiation symbol in colors magenta, purple or black on a yellow background, the words "CAUTION, RADIOACTIVE MATERIAL" or "DANGER, RADIOACTIVE MATERIAL," the quantity, identity and date of measurement of the radioactive material, and the name of the distributor of the device.
 - B. Each label required by this condition shall bear the statement, "Removal of this label is prohibited."

Georgia Department of Natural Resources
Radioactive Materials License
Supplementary Sheet

Page 5 of 6 Pages
License Number GA. 1153-1
Amendment Number .14

Conditions (continued)

19. The licensee shall test each device distributed under this license for leakage or contamination of radioactive material and proper operation of the "on-off" mechanism and indicator, if any, at the time of installation of the device. The licensee shall furnish the customer with a written report of each leak test in units of microcuries (μCi) or becquerels (Bq).
20. After each installation of teletherapy sources (loading or reloading) at a customer site the licensee shall perform radiation surveys with an operable radiation survey instrument, calibrated in accordance with 391-3-17-.05(7)(c), to verify that:
 - A. The maximum and average radiation levels at 1 meter from the sources with the source in the "off" position do not exceed 10 mR/hr (100 $\mu\text{Sv/hr}$) and 2 mR/hr (20 $\mu\text{Sv/hr}$), respectively; and,
 - B. With the teletherapy source in the "on" position with the largest clinically available treatment field, the radiation levels in restricted and unrestricted areas of the facility do not exceed the limits in 391-3-17-.03.
21.
 - A. Relocation of the unit within the treatment rooms that could result in increased radiation levels in areas outside the teletherapy treatment rooms shall be evaluated by a radiation survey made as described in Elekta's Radiation Safety Instructions in letter dated June 14, 1994.
 - B. Relocation of the Leksell Gamma Unit to a new treatment room or facility is not permitted except as authorized by the customer's license.
22. The licensee shall maintain a record of the radiation measurements made following installation of sources for the duration of the license. The record shall include the date of the measurements, the reason the survey is required, the manufacturer's name, model number and serial number of the Leksell Gamma Unit, the isotope, and the instrument used to measure radiation levels, each dose rate measured around the teletherapy unit while in the "off" position and the average of all measurements, a plan of the areas surrounding the treatment room that were surveyed, the measured dose rate at several points in each area expressed in mR (μSv) per hour, the calculated maximum level of radiation over a period of 1 week for each restricted and unrestricted area, and the signature of the individual performing the survey.
23. All records or copies of records pertaining to Radioactive Material License GA. 1153-1 and its associated SS&D Registration Certificates shall be maintained by the Radiation Safety Office at the address listed in Item 2 of this license.

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Conditions (continued)

24. Except as specifically provided otherwise in this license, the licensee shall conduct its program in accordance with statements, representations, and procedures contained in the documents, including any enclosures listed below:
- A. Application dated May 28, 1999, signed by Martin Knotts, Radiation Safety Officer;
 - B. SS&D Registration Certificate GA 269-D-101-S, "Leksell Gamma System Model 23016," as amended;
 - C. SS&D Registration Certificate GA 269-D-102-S, "Leksell Gamma System Model 23004 and Model 24001," as amended; and
 - D. Letter with enclosures dated August 4, 1999, signed by Martin Knotts, Radiation Safety Officer.

The Georgia Department of Natural Resources' regulations shall govern unless the statements, representations and procedures in the licensee's application and correspondence are more restrictive than the Regulations.

FOR THE DEPARTMENT OF NATURAL RESOURCES

Date: January 7, 2000

BY 
Eric T. Jameson