

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 20556-0001, or by internet e-mail to bjs1@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.

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

(Please read the Instructions before completing this form)

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

2. TYPE OF REPORT INITIAL [ ] REVISION [ ] CLARIFICATION [X]

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

4. LICENSEE CONTACT AND TITLE Donna Thim /Health Physicist 5. TELEPHONE NUMBER (include Area Code) 410-665-5447 6. FACSIMILE NUMBER (include Area Code) 410-665-2074

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20 [ ] WELL LOGGING [X] LEAK TESTING AND/OR CALIBRATIONS [ ] TELETHERAPY/RADIATOR SERVICE [ ] PORTABLE GAUGES [ ] OTHER (Specify) => REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS) [ ] RADIOGRAPHY =>

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE Bayhealth Medical Center Kent General Hospital 640 South State Street Dover, Delaware 19901

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.) same as #8 10. CLIENT TELEPHONE NUMBER (include Area Code) 302-674-4700 11. WORK LOCATION TELEPHONE NUMBER (include Area Code) 302-674-4700

Table with 5 columns: 12. DATES SCHEDULED (FROM 9/13/01 TO 9/13/01), 13. NUMBER OF WORK DAYS 1, 14. ADD 9/13/01, 15. DELETE 9/1/01, 16. LOCATION REFERENCE NUMBER 060111

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

18. AGREEMENT STATE SPECIFIC LICENSE 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 MD-05-101-01 STATE MD EXPIRATION DATE 6/30/2003

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) SIGNATURE Suzanne F. Krueger-Schmidt, Pres DATE 8/23/01

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

FOR NRC USE ONLY REVIEWING OFFICIAL (Typed/Printed Name and Title) SIGNATURE John Mcraeth DATE 8/28/01 TOTAL USAGE - DAYS TO DATE 51

Handwritten circled date: 8/28/01

**NRC FORM 241 (7-1999)** **U.S. NUCLEAR REGULATORY COMMISSION** **APPROVED BY OMB: NO. 3160-0013** **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)*

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 bja1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NE08-10202, (3160-0013), 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) <b>Krueger-Gilbert Health Physics, Inc</b>		2. TYPE OF REPORT - INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> CLARIFICATION <input checked="" type="checkbox"/>	
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) <b>3601 E. Joppa Road Baltimore, Maryland 21234</b>		4. LICENSEE CONTACT AND TITLE <b>Health Malek Daneshvar Physicist</b>	
		5. TELEPHONE NUMBER (Include Area Code) <b>410-665-5447</b>	6. FACSIMILE NUMBER (Include Area Code) <b>410-665-2074</b>

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

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

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

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

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE <b>Delaware Diagnostic Service, Inc. Community Imaging Center 1941 Limestone Road, Suite 214 Wilmington, Delaware 19808</b>		9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible) <b>same as #8</b>	
10. CLIENT TELEPHONE NUMBER (Include Area Code) <b>302-892-6200</b>		11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) <b>302-892-6200</b>	

12. DATES SCHEDULED	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM <b>9/7/01</b> TO <b>9/8/01</b>	<b>1</b>	<b>9/7/01</b>	<b>9/8/01</b>	NUMBER TO BE ASSIGNED BY NRC <b>000112</b>

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.)

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

18. AGREEMENT STATE SPECIFIC LICENSE 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 <b>MD-05-101-01</b>	STATE <b>MD</b>	EXPIRATION DATE <b>6/30/2003</b>
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19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)

I, THE UNDERSIGNED, HEREBY CERTIFY THAT:

- 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) <b>Suzanne F. Krueger-Schmidt, Pres.</b>	SIGNATURE <i>Suzanne F. Krueger-Schmidt</i>	DATE <b>8/23/01</b>
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WARNING: False statements in this certificate may be subject to civil and/or criminal penalties. NRC regulations require that submissions to the NRC be complete and accurate in all material respects. 18 U.S.C. Section 1001 makes it a criminal offense to make a willfully false statement or representation to any department or agency of the United States as to any matter within its jurisdiction.

FOR NRC USE ONLY	REVIEWING OFFICIAL (Typed/Printed Name and Title) <b>John McLaughlin</b>	SIGNATURE <i>John McLaughlin</i>	DATE <b>8/23/01</b>	TOTAL USAGE - DAYS TO DATE <b>51</b>
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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 (7-6 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bjc1@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) <b>Krueger-Gilbert Health Physics, Inc</b>		2. TYPE OF REPORT INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> CLARIFICATION <input checked="" type="checkbox"/>	
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) <b>3601 E. Joppa Road Baltimore, Maryland 21234</b>		4. LICENSEE CONTACT AND TITLE <b>Donna Thim Health Physicist</b>	
		5. TELEPHONE NUMBER (Include Area Code) <b>410-665-5447</b>	6. FACSIMILE NUMBER (Include Area Code) <b>410-665-2074</b>

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

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

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

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

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE <b>Milford Memorial Hospital 21 W. Clark Avenue Milford, DE 19963</b>		9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.) <b>same as #8</b>	
		10. CLIENT TELEPHONE NUMBER (Include Area Code) <b>302-422-3311</b>	11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) <b>302-422-3311</b>

12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM <b>9/18/01</b>	TO <b>9/18/01</b>	<b>1</b>	<b>9/18/01</b>	<b>9/1/01</b>	NUMBER TO BE ASSIGNED BY NRC <b>000114</b>

**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.)**

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

18. AGREEMENT STATE SPECIFIC LICENSE 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 <b>MD-05-101-01</b>	STATE <b>MD</b>	EXPIRATION DATE <b>6/30/2003</b>
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**19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)**

I, THE UNDERSIGNED, HEREBY CERTIFY THAT:

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

CERTIFYING OFFICER - RSO or Management Representative (Name and Title) <b>Suzanne F. Krueger-Schmidt, Pres.</b>	SIGNATURE <i>Suzanne F. Krueger-Schmidt</i>	DATE <b>8/23/01</b>
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FOR NRC USE ONLY	REVIEWING OFFICIAL (Typed/Printed Name and Title) <b>John McLeath</b>	SIGNATURE <i>John McLeath</i>	DATE <b>8/23/01</b>	TOTAL USAGE - DAYS TO DATE <b>51</b>
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NRC FORM 241 (7-1999)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0013

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)

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

2. TYPE OF REPORT  
INITIAL  REVISION  CLARIFICATION

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

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

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

- WELL LOGGING
- LEAK TESTING AND/OR CALIBRATIONS
- TELETHERAPY/IRRADIATOR SERVICE
- PORTABLE GAUGES
- OTHER (Specify) => \_\_\_\_\_
- RADIOGRAPHY => REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE  
Nanticoke Memorial Hospital  
801 Middleford Road  
Seaford, DE 19973

B. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.)  
same as 8  
10. CLIENT TELEPHONE NUMBER (Include Area Code) 302-629-6615  
11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 302-629-6615

12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM 9/19/01	TO 9/19/01	1	9/19/01	9/1/01	NUMBER TO BE ASSIGNED BY NRC 000115

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

18. AGREEMENT STATE SPECIFIC LICENSE 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 MD-05-101-01 STATE MD EXPIRATION DATE 6/30/2003

### 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 - RSO or Management Representative (Name and Title) SIGNATURE DATE  
Suzanne F. Krueger-Schmidt, pres. Suzanne F. Krueger-Schmidt 8/23/01

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FOR NRC USE ONLY REVIEWING OFFICIAL (Typed/Printed Name and Title) SIGNATURE DATE TOTAL USAGE - DAYS TO DATE  
John McCreath 8/22/01 51

20 8/22/01

NRC FORM 241  
(7-1999)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3180-0013 EXPIRES: 07/31/2002  
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### REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS

(Please read the instructions before completing this form)

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

2. TYPE OF REPORT  
INITIAL  REVISION   CLARIFICATION

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

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

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

- WELL LOGGING
  - LEAK TESTING AND/OR CALIBRATIONS
  - TELETHERAPY/IRRADIATOR SERVICE
  - PORTABLE GAUGES
  - OTHER (Specify) => \_\_\_\_\_
  - RADIOGRAPHY => \_\_\_\_\_
- REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS) \_\_\_\_\_

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE  
**Columbia Hospital for Women  
Medical Center  
2425 L Street, NW  
Washington, DC 20037**

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.)  
**same as 8**  
10. CLIENT TELEPHONE NUMBER (Include Area Code) **202-293-6614**  
11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) **202-293-6614**

12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER	
FROM	TO				NUMBER TO BE ASSIGNED BY NRC	
	9/24/01	9/26/01	1	9/26/01	9/1/01	00018

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.)  
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Cs-137 NAS MED 3550 #A7380, 182.5 uCi (11/1/97)**

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	MD-05-101-01	MD	6/30/2003

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CERTIFYING OFFICER - RSO or Management Representative (Name and Title)	SIGNATURE	DATE
Suzanne F. Krueger-Schmidt, Pres.	<i>Suzanne F. Krueger-Schmidt</i>	8/23/01

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FOR NRC USE ONLY	REVIEWING OFFICIAL (Typed/Printed Name and Title)	SIGNATURE	DATE	TOTAL USAGE - DAYS TO DATE
		<i>John McGrath</i>	8/28/01	51

8/28/01

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 bjs1@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.

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

(Please read the instructions before completing this form)

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

2. TYPE OF REPORT  
INITIAL  REVISION  CLARIFICATION

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

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

5. TELEPHONE NUMBER (include Area Code) **410-665-5447**  
6. FACSIMILE NUMBER (include Area Code) **410-665-2074**

### 7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 180.20

- WELL LOGGING
- LEAK TESTING AND/OR CALIBRATIONS
- TELETHERAPY/IRRADIATOR SERVICE
- PORTABLE GAUGES
- OTHER (Specify) => \_\_\_\_\_
- RADIOGRAPHY => REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE  
**Greater Southeast  
Community Hospital  
1310 Southern Avenue, S.E.  
Washington, DC 20032**

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

10. CLIENT TELEPHONE NUMBER (include Area Code) **202-574-6684**  
11. WORK LOCATION TELEPHONE NUMBER (include Area Code) **202-574-6684**

12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM	TO				NUMBER TO BE ASSIGNED BY NRC
9/27/01	9/27/01	1	9/27/01	9/1/01	000120

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

18. AGREEMENT STATE SPECIFIC LICENSE 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: **MD-05-101-01** STATE: **MD** EXPIRATION DATE: **6/30/2003**

### 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 180.20 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 180.20 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) SIGNATURE DATE  
**Suzanne F. Krueger-Schmidt, Pres.** *Suzanne F. Krueger-Schmidt* **8/23/01**

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

FOR NRC USE ONLY REVIEWING OFFICIAL (Typed/Printed Name and Title) SIGNATURE DATE TOTAL USAGE - DAYS TO DATE  
**John McSwath** *John McSwath* **8/28/01** **51**

③ 8/28/01

**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 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bjs1@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)  
**Krueger-Gilbert Health Physics, Inc**

2. TYPE OF REPORT  
 INITIAL  REVISION   CLARIFICATION

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

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

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

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

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

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

PORTABLE GAUGES  OTHER (Specify) => \_\_\_\_\_

RADIOGRAPHY => \_\_\_\_\_

REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS) \_\_\_\_\_

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE  
**American Medical Laboratories, Inc.  
 14225 Newbrook Drive  
 P.O. Box 10841  
 Chantilly, VA 20153-0841**

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

10. CLIENT TELEPHONE NUMBER (Include Area Code) **703-802-7120**

11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) **703-802-7120**

12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER	
FROM	TO				NUMBER TO BE ASSIGNED BY NRC	
	9/20/01	9/20/01	1	9/20/01	9/01/01	000121

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

18. AGREEMENT STATE SPECIFIC LICENSE 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 **MD-05-101-01** STATE **MD** EXPIRATION DATE **6/30/2003**

19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)

I, THE UNDERSIGNED, HEREBY CERTIFY THAT:

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

CERTIFYING OFFICER - RSO or Management Representative (Name and Title) **Suzanne F. Krueger-Schmidt, Pres.** SIGNATURE *Suzanne F. Krueger-Schmidt* DATE **8/23/01**

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

FOR NRC USE ONLY

REVIEWING OFFICIAL (Typed/Printed Name and Title) **John McEach** SIGNATURE *John McEach* DATE **8/28/01** TOTAL USAGE - DAYS TO DATE **51**

8/28/01

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 Internet e-mail to bja1@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)
Krueger-Gilbert Health Physics, Inc
2. TYPE OF REPORT
INITIAL [ ] REVISION [ ] CLARIFICATION [X]
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)
3601 E. Joppa Road
Baltimore, Maryland 21234
4. LICENSEE CONTACT AND TITLE
Wendy Charlton/Health Physicist
5. TELEPHONE NUMBER (Include Area Code)
410-665-5447
6. FACSIMILE NUMBER (Include Area Code)
410-665-2074

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20
[ ] WELL LOGGING [X] LEAK TESTING AND/OR CALIBRATIONS [ ] TELETHERAPY/RADIATOR SERVICE
[ ] PORTABLE GAUGES [ ] OTHER (Specify) =>
[ ] RADIOGRAPHY => REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE
Riddle Memorial Hospital
1068 W. Baltimore Pike
Media, PA 19063
9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.)
same as 8
10. CLIENT TELEPHONE NUMBER (Include Area Code)
610-566-9400
11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)
610-566-9400

12. DATES SCHEDULED FROM 9/6/01 TO 9/6/01
13. NUMBER OF WORK DAYS 1
14. ADD 9/6/01
15. DELETE 9/6/01
16. LOCATION REFERENCE NUMBER 000125

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

18. AGREEMENT STATE SPECIFIC LICENSE 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 MD-05-101-01 STATE MD EXPIRATION DATE 6/30/2003

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) SIGNATURE DATE
Suzanne F. Krueger-Schmidt, Pres. Suzanne F. Krueger-Schmidt 8/23/01

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FOR NRC USE ONLY REVIEWING OFFICIAL (Typed/Printed Name and Title) SIGNATURE DATE TOTAL USAGE - DAYS TO DATE
John M. Roth 8/28/01 51

Handwritten signature and date: John M. Roth 8/28/01



**NRC FORM 241 (7-1998)** **U.S. NUCLEAR REGULATORY COMMISSION** **APPROVED BY OMB: NO. 3150-0013** **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)  
 Krueger-Gilbert Health Physics, Inc

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

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

**4. LICENSEE CONTACT AND TITLE**  
 Wendy Charlton

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

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

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

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

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

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

**8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE**  
 American Red Cross Blood Serv.  
 Musser Blood Center  
 700 Spring Garden Street  
 Philadelphia, PA 19123-3594

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

**10. CLIENT TELEPHONE NUMBER** (Include Area Code)

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

12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM	TO				NUMBER TO BE ASSIGNED BY NRC
9/21/01	9/21/01	1	9/21/01	9/1/01	000126

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

**18. AGREEMENT STATE SPECIFIC LICENSE 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	STATE	EXPIRATION DATE
MD-05-101-01	MD	6/30/2003

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

I, THE UNDERSIGNED, HEREBY CERTIFY THAT:

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

**CERTIFYING OFFICER - RSO or Management Representative (Name and Title)** **SIGNATURE** **DATE**  
 Suzanne F. Krueger-Schmidt, Pres. *Suzanne F. Krueger-Schmidt* 8/23/01

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FOR NRC USE ONLY	REVIEWING OFFICIAL (Typed/Printed Name and Title)	SIGNATURE	DATE	TOTAL USAGE - DAYS TO DATE
		<i>John Mc...</i>	8/23/01	51

NRC FORM 241 (7-1998) **PRINTED ON RECYCLED PAPER**

8/28/01