

NRC FORM 241 (7-1999)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY: 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 estimates to the Records Management Branch (T-5 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.

# 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  
**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
11/14/01	11/14/01	1	11/14/01	11/14/01	000120

## 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: **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 10/26/01**

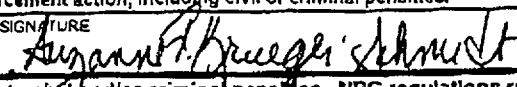

WARNING: False statements in this certificate may be subject to civil and/or criminal penalties. NRC regulations require that submissions to the NRC be complete and accurate in all material respects. 18 U.S.C. Section 1001 makes it a criminal offense to make a willfully false statement or representation 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 Mc... 10/26/01 59**

30 10/26/01

<b>NRC FORM 241</b> (7-1999)		<b>U.S. NUCLEAR REGULATORY COMMISSION</b>		<b>APPROVED BY</b> 3: NO. 3150-0013 <b>EXPIRES:</b> 07/31/2002 <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-6 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to br1@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.</small>	
<b>REPORT OF PROPOSED ACTIVITIES IN          NON-AGREEMENT STATES, AREAS OF EXCLUSIVE          FEDERAL JURISDICTION, OR OFFSHORE WATERS</b> <i>(Please read the instructions before completing this form)</i>					
<b>1. NAME OF LICENSEE</b> <i>(Person or firm proposing to conduct the activities described below)</i> Krueger-Gilbert Health Physics, Inc		<b>2. TYPE OF REPORT</b> INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> CLARIFICATION <input checked="" type="checkbox"/>			
<b>3. ADDRESS OF LICENSEE</b> <i>(Mailing address or other location where licensee may be located)</i> 3601 E. Joppa Road Baltimore, Maryland 21234		<b>4. LICENSEE CONTACT AND TITLE</b> Wendy Charlton/Health Physicist		<b>5. TELEPHONE NUMBER</b> <i>(Include Area Code)</i> 410-665-5447	
				<b>6. FACSIMILE NUMBER</b> <i>(Include Area Code)</i> 410-665-2074	
<b>7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20</b>					
<input type="checkbox"/> WELL LOGGING <input checked="" type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS <input type="checkbox"/> TELETHERAPY/IRRADIATOR SERVICE <input type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) → _____ <input type="checkbox"/> RADIOGRAPHY      →      REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)					
<b>8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE</b> Cardiology Associates, P.C. 2141 K Street, Northwest, Suite 206 Washington, DC 20037			<b>9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION</b> <i>(Street and Number or other location. Give as complete an address or directions as possible.)</i> same as #8		
			<b>10. CLIENT TELEPHONE NUMBER</b> <i>(Include Area Code)</i> 202-822-9356		<b>11. WORK LOCATION TELEPHONE NUMBER</b> <i>(Include Area Code)</i> 202-822-9356
<b>12. DATES SCHEDULED</b> FROM <u>11/29/01</u> TO <u>11/29/01</u>		<b>13. NUMBER OF WORK DAYS</b> <u>1</u>	<b>14. ADD</b> <u>11/29/01</u>	<b>15. DELETE</b> <u>11/1/01</u>	<b>16. LOCATION REFERENCE NUMBER</b> NUMBER TO BE ASSIGNED BY NRC <u>000135</u>
<b>LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 8-16 ABOVE.</b>					
<b>17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED</b> <i>(include description of type and quantity of radioactive material, sealed sources, or devices to be used.)</i> Cs-137 ICN MLD-01#309389, 250uCi (11/23/87) Cs-137 NAS MED 3550 #A7380, 182.5 uCi (11/1/97)					
<b>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.</b> <i>(Four copies of the specific license must accompany the initial NRC Form 241.)</i>			<b>LICENSE NUMBER</b> MD-05-101-01	<b>STATE</b> MD	<b>EXPIRATION DATE</b> 6/30/2003
<b>18. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)</b>					
<b>I, THE UNDERSIGNED, HEREBY CERTIFY THAT:</b>					
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.					
<b>CERTIFYING OFFICER - RSO or Management Representative (Name and Title)</b> Suzanne F. Krueger-Schmidt, Pres.			<b>SIGNATURE</b> <i>Suzanne F. Krueger-Schmidt</i>		<b>DATE</b> <u>10/26/01</u>
<b>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.</b>					
<b>FOR NRC USE ONLY</b>	<b>REVIEWING OFFICIAL (Typed/Printed Name and Title)</b> <i>John M. [Signature]</i>	<b>SIGNATURE</b> <i>John M. [Signature]</i>	<b>DATE</b> <u>10/26/01</u>	<b>TOTAL USAGE - DAYS TO DATE</b> <u>59</u>	

*10/26/01*

<b>NRC FORM 241</b> <small>(7-1999)</small>		<b>U.S. NUCLEAR REGULATORY COMMISSION</b>		APPROVED BY OMB: NO. 3150-0013      EXPIRES: 07/31/2002 <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-6 E6), 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, 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.</small>	
<b>REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS</b> (Please read the instructions before completing this form)					
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 checked="" type="checkbox"/> CLARIFICATION			
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>Wendy Charlton/Health Physicist</b>		5. TELEPHONE NUMBER (Include Area Code) <b>410-665-5447</b>	
		6. FACSIMILE NUMBER (Include Area Code) <b>410-665-2074</b>			
7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20					
<input type="checkbox"/> WELL LOGGING		<input checked="" type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS		<input type="checkbox"/> TELE THERAPY/IRRADIATOR SERVICE	
<input type="checkbox"/> PORTABLE GAUGES		<input type="checkbox"/> OTHER (Specify) → _____			
<input type="checkbox"/> RADIOGRAPHY →		REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)			
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE <b>Heart Center of Southern Maryland 2440 M Street, N.W., Suite 314 Washington, DC 20037</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>202-785-4966</b>		11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) <b>202-785-4966</b>	
12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM	TO	1	11/29/01	11/29/01	NUMBER TO BE ASSIGNED BY NRC <b>000014</b>
<b>11/29/01</b>		<b>11/29/01</b>			
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.) <b>Cs-137 ICN MLD-01#309389, 250uCi (11/23/87) Cs-137 NAS MED 3550 #A7380, 182.5 uCi (11/1/97)</b>					
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 <b>MD-05-101-01</b>	STATE <b>MD</b>	EXPIRATION DATE <b>6/30/2003</b>
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 		DATE <b>10/24/01</b>
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 <b>10/24/01</b>	TOTAL USAGE - DAYS TO DATE <b>59</b>

⑤ 10/24/01

NRC FORM 241  
(7-1999)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY NO. 3150-0013 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  
Donna Thim  
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  
Veterans Affairs Medical Center  
1601 Kirkwood Highway  
Wilmington, DE 19805

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)  
302-633-5315  
11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)  
302-633-5315

12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM	TO				NUMBER TO BE ASSIGNED BY NRC
11/14/01	11/14/01	1	11/14/01	11/15/01	000137

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

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  - 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.
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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>	10/24/01

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FOR NRC USE ONLY	REVIEWING OFFICIAL (Typed/Printed Name and Title)	SIGNATURE	DATE	TOTAL USAGE - DAYS TO DATE
		<i>John M. ...</i>	10/26/01	59

*SW* 10/26/01

NRC FORM 241 (7-1999)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY: 1B: NO. 3150-0013 EXPIRES: 07/31/2002  
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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  
Malek Daneshvar/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

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- 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

Sacred Heart Hospital  
421 Chew Street  
Allentown, PA 18102

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) 776-4500

11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)  
(610) 776-4500

12. DATES SCHEDULED

13. NUMBER OF WORK DAYS

14. ADD

15. DELETE

16. LOCATION REFERENCE NUMBER

FROM

TO

11/13/01

11/13/01

1

11/13/01

11/13/01

NUMBER TO BE ASSIGNED BY NRC

000132

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)

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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:

- 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 - RBO or Management Representative (Name and Title)

SIGNATURE

DATE

Suzanne F. Krueger-Schmidt, Pres.

*Suzanne F. Krueger-Schmidt*

10/26/01

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 McArthur*

10/26/01

59

*10/26*

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED MB: 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, 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

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  
**Malek Daneshvar /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)  $\Rightarrow$  \_\_\_\_\_
- RADIOGRAPHY  $\Rightarrow$  REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE  
**Department of Veterans Affairs  
Medical Center  
Martinsburg, West Virginia  
25401**

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) **304-263-0811**  
11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) **304-263-0811**

12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM <b>11/21/01</b>	TO <b>11/21/01</b>	<b>1</b>	<b>11/21/01</b>	<b>11/07/01</b>	NUMBER TO BE ASSIGNED BY NRC <b>000131</b>

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 <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>10/24/01</b>
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WARNING: False statements in this certificate may be subject to civil and/or criminal penalties. NRC regulations require that submissions to the NRC be complete and accurate in all material respects. 18 U.S.C. Section 1001 makes it a criminal offense to make a willfully false statement or representation to any department or agency of the United States as to any matter within its jurisdiction.

FOR NRC USE ONLY	REVIEWING OFFICIAL (Typed/Printed Name and Title) <b>John McEath</b>	SIGNATURE <i>John McEath</i>	DATE <b>10/26/01</b>	TOTAL USAGE - DAYS TO DATE <b>57</b>
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*2* 10/26/01