	VRC FORM 241 U.S. NO EAR REGU	ATORY COL	History	ACCRECATE				
ľ	7-1999)		MOTREILMI	APPROVE Estimated	DEY .: NO. 315 burden per response	0-0013 EXPIRES: 07		
- 1	DEPORT OF PROPERTY			request: 10 achedule in	5 minutes. This not espection of the active	to comply with this mandalary a tiffication is required so that N ties to ensure that they are son for presented so the ties to ensure that they are son that they are son the ties to ensure that they are son the ties to ensure that they are son the ties to ensure the ties that the ties to ensure the ties the ties to ensure the ties the ties the ties the ties the ties that the ties		
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	NON-AGREEMENT STATES, AREAS	OF EXCL	USIVE	Washington	ni Branch (T-8 Eb)	U.S. Nuclear Regulatory Com		
	FEDERAL JURISDICTION, OR OFFSH	ORE WA	TEDE	NEOB-102	Desk Officer, Office 02, (3150-0013)	of Information and Regulatory		
	(Please read the instructions before complete	schedule inspection of the activities to ensure that they are conductored and with requirements for protection of the public heat calety. Send comments regarding, burden estimate to the Re Management Branch (T-8 Et), U.S. Nuclear Regulatory Commit Washington, DC 20555-001; or by Internet e-mail to bis grant and to the Desk Officer Office of Information and Regulatory A NEOB-10202, (3150-0013), Office of Management and By Washington, DC 20503. If a means used to impose an information activities of the process of						
1.	NAME OF LICENSEE (Person or firm proposing to conduct the activities dest	ing this for	1)	NRC may n respond to, t	not conduct or spon the information collect	isor, and a person is not required.		
						OF REPORT		
-	Krueger-Gilbert Health Physics	, Inc		INI		SION X CLARIFICATIO		
1	ADDRESS OF LICENSEE (Meiling address or other location where licensees	ney be located)		4. LICENSEE	CONTACT AND TITLE	A CENTIFICATIO		
1	3601 E. Joppa Road							
	Baltimare, Maryland 21234		•	wendy	Charlton	/Health Physic		
	narytand 21234			5. TELEPHON	E NUMBER	8. FACSIMILE NUMBER		
				A10-66	E 6447	(Include Area Code)		
	7. ACTIVITIES TO BE CONDUCTED	UNDER THE	GENERA	LICENSE	CIVEN IN 10 CED	410-665-2074		
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	WELL LOGGING X LEAKTESTING AN	IDIOK CALIBR	ATIONS	Τ	ELETHERAPY/IRI	RADIATOR SERVICE		
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	RADIOGRAPHY REGISTERED AS USER OF PA	CKAGING (CERTIF	CATES OF	COMPLIANCE N	UMBERS)			
6. C	UENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE	10.400						
		(State	AL PHYSICAL Land Numbe	L ADDRESS OF or other logalin	WORK LOCATION	eddress or directions as possible.)		
İ	Greater Southeast			•				
	Community Hospital	S	ame a	as 8	•			
	1310 Southern Avenue, S.E.				* .			
	Washington, DC 20032							
		10. CUE	NT TELEPHO	NE NUMBER	11. WORK LO	CATION TELEPHONE NUMBER		
		202	-574-	6684		~574-6684		
	12 DATES SCHEDULED 15	NUMBER OF	1.	14. ADD	15.	18. LOCATION		
FROM	/ / 10		1	7	DELETE	REFERENCE NUMBER		
	While I have	1	1 [. / /	ASSIGNED BY NRC		
	11701 11/4/01		11//	4/01	11/01/01	000120		
47 111	LIST ADDITIONAL WORK SITES ON SEPARATE SHEE	T(S) TO INCL	UDE ALL	INFORMATI	ON CONTAINED I	NITEMS 9-16 ABOVE.		
n. Cir	RT RADIDACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTA CRUSS SECTIONS OF TYPE AND QUARTY OF RESISCENCY INSTAILS SEALED SOURCE			,				
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				797)				
8. AG	REEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE UNDERSI THE SWHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE AS SP DVF (Four contest of the same, except for location of use as sp	ENED TO CONDU	T LIC	ENSE NUMBER	STATE	EXPIRATION DATE		
AB	The specific hearts must accompany the minth	NRC Form 241,)	M:	D-05-1	01-01 MD	6/30/2003		
THE	19. CERTIFICATION UNDERSIGNED, HEREBY CERTIFY THAT:	MUST BE CO	MPLETE	BY APPLIC	CANT)			
.115	All information in this report is true and complete.					•		
в. Ь.		40 mm	_					
J.	I have read and understand the provision of the general licent required to comply with these provisions as to all byproduct, offshore waters under the general license for which this repor-	se 10 CPR 160.2 Source, or spec	0 reprinted Lai Ducieer	on the Instru	ictions of this form;	and I understand that I am		
	• • • • • • • • • • • • • • • • • • • •	· >> IN A MINI TI	e v.a. nuc	iesi Keguisto	IV COMMISSION			
€.	Understand that activities, including storage consumed in a					are limited to a total of 180 day		
		minore meres s' se	inci ie eut	tiotized lot ill	a nunuusea bestoa a	time in the calandar year.		
d.	I understand that I may be inspected by NRC at the above lists non-Agreement States or offshore waters.	ed work alte loca	rtions and	at the License	ee home office addr	aus for activities performed in		
_	·		•			•		
	i understand that conduct of any activities not described above above or without NRC authorization, may subject me to enforce the property of	e, including col ement action. I	iduct of ac icluding of	tivities on da	tes or locations diff	erent from those described		
PATTE	ING OFFICER - RSO or Management Representative (Name and 1786) S	ICH/TURE	1111	vii or Cilinina	i periantes.	DATE /		
Su	zanne F. Krueger-Schmidt, Pres	Augan	<i>U7./</i>	ueal o	SUMUNT	Idection		
ΔRN	ING: Fries statements in this contillents made be subjected	- 2		enalies, N	RC regulations re	quire that submissions to		
atem	C be complete and accurate in all material respects. 18 tent or representation to any department or agency of the	J.S.C./Section	1001 mak	es It'a crimi	nal offense to ma	ke a willfully talse		
_		MATURE	as to any	, maner witi	in its jurisdiction	·		
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NRC FORM 241 U.S. NO (7-1999)	LEAR REGULA	TORY CO	MOISSIMM	Frimpled but	den der red	IO. 3160-00 ponse to o his nother	MS EXPIRES: 07/8 omply with this mandatory co allon is required so that NR to ensure that they are condu	Medio			
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FEDERAL JURISDICTION, C	•	NEOB-10202	ak Officer, (3150-0	Office of 1 013), Offi	information and Regulatory, co of Management and B	Affaira iudge					
(Please read the instructions be	:	NRC may not	conduct	or sponsor	, and a person is not requ	, w					
1. NAME OF LICENSEE (Person or firm proposing to condu		respone to, the	respond to the information collection. 2. TYPE OF REPORT								
Krueger-Gilbert Health	INITI	INITIAL REVISION X CLARIFICATION									
3. ADDRESS OF LICENSEE (Melling address or other local				4. LICENSEE CO	A. LICENSEE CONTACT AND TITLE						
3601 E. Joppa Road	:			Wendy	Charl	ton/E	lealth Physic:	ist			
Baltimöre, Maryland 21	234			5. TELEPHONE	NUMBER		8. FACSIMILE NUMBER				
,				410~665		,	(Include Ares Code) 410-665-2074				
7. ACTIVITIES TO	E CONDUCTED	UNDER T	HE GENER	كبري براها							
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RADIOGRAPHY => REGISTER	REDIAS USER OF PAG	CKAGING (CE	RTIFICATES O	F COMPLIANCE NL	JMBERS)						
8 CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP C	ODE	9. A	TUAL PHYS	CAL ADDRESS OF	WORK LOC	MORTA	ida a di				
Cardiology Accomintan		, ,	SPOST BING NUI	nder or other loc≡nor	n. G/Y8 83 5	ambiate eu ei	ddress or directions as possible.)				
Cardiology Associates, 2141 K Street, Northwe	P.C. st. Suite	e	same	as #8							
	206	~ .									
Washington, DC 20037		10.	CLIENT TELE	PHONE NUMBER 11. WORK LOCATION TELEPHONE NUMBER							
				-9356							
12. DATES SCHEDULED	1	3. NUMBER WORK DAY		14. ADD							
FROM / TO /	/	1		1/1	. /	/	NUMBER TO BE ASSIGNED BY NRC				
1/129/11 1/12	961			112901	///	10/	000/33				
LIST ADDITIONAL WORK SITES ON	EPARATE SHE	ET(S) TO I	NCLUDE A	LL INFORMAT	ION CON	TAINED II	NITEMS 8-16 ABOVE.				
 LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSS finalude description of type and quantity of radionotive in 				STED							
Cs-137 ICN MLD-01#3093											
Cs-137 NAS MED 3550 #A	7380, 182	2.5 uC	ii (11	/1/9/)							
18. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTH ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOC	ORIZES THE UNDER ATION OF USE, AS S	SIGNED TO CO	NDUCT TEM 9.	LICENSE NUMBE		STATE	EXPIRATION DATE				
ABOVE. (Four copies of the specific license musical	ERTIFICATION	BI-NAC POIN	241.)	MD-05-1		1 MD	6/30/2003				
I, THE UNDERSIGNED, HEREBY CERTIFY THAT:		moo1 21	- 001111 22		,0,,,						
All information in this report is true and co	; *	40 050	180.00	(t ship daym	and Lundatetand that Law				
 b. I have read and understand the provision required to comply with these provisions 	se to all byproduc	t, source, or	special nu	cipar material wh	ilch i poss	ess and us	e in non-Agreement States	OF			
offshore waters under the general license G. I understand that activities, including stor							are limited to a total of 180	days			
in calendar year. With the excaption of wo	rk conducted in al	M-shore wat	ers, which i	s authorized for	an uniimit	ed period o	of time in the calendar year.	•			
 d. i understand that I may be inspected by N non-Agreement States or offshore waters. 	: :						•				
e. I understand that conduct of any activities above or without NRC authorization, may	not described ab	ove, includi	ng conduct	of activities on o ing civil or crimin	dates or lo nai penalti	cations dif es.	ferent from those describes	đ			
CERTIFYING OFFICER - RSO or Management Representative		SIGNATURE	must.	Gruege	· All	nudt	DATE 10/256/01				
Suzanne F Krueger-Sch WARNING: False statements in this certificat	e may be subject	t to civil a	nd/or crlm	inal penalites.	NRC regi	ulations n	equire that submissions	to			
the NRC be complete and accurate in all mate statement or representation to any department	it or agency of t	he United	States es t	o any matter w	ithin its j	urisdictio	n.				
FOR NRC REVIEWING OFFICIAL (Typed/Printed NUSE ONLY	leme and Tibe)	SIGNATURE	my	Seato	DATE	26/01	TOTAL USAGE - DAYS TO DA	(E			
NRC FORM 241 (7-1996)		(2	(O)	2401			PRINTED ON RECYCLED P	APER			

NRC FORM 241	U.S. NU	CLÉAR REGUL	ATORY C	OMMISS	ION	APPROVED BY Estimated burds	OMB: NO.	3160-001 nse to co	mply with the	EXPIRES: 07/31/2002 his mandstory collection		
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REF	safety. Send c	ranch (T-6	gerding Eg, U.S.	burden es Nuclear R	itimate to the Records legulatory Commission.							
	EEMENT STATES				VE	Washington, Des	C 20555-00 k Officer, O	101, or by	Internet a formation	email to ble1@nro.gov, and Regulatory Affairs.		
	JURISDICTION, C				RS	NEOB-10202, Washington, D	(3150-001 C 20503.	3). Offic	e of Mana na used to	agement and budget, Impose an information VB control number the		
(Please	read the instructions be	ofore complet	NRC may not respond to, the	not display conduct or information	sponsor, collection.	and a per	EXPIRES: 07/31/2002 ite mandatory collection ulred so that NRC may at they are conducted in the public health and timate to the Records regulatory Commission, and Regulatory Affairs, agement and Budget, impose an information MB control number, the reon is not required to					
	E (Person or firm proposing to condi	:	Z. LIFE OF REPORT									
	-Gilbert Health		INITIAL REVISION CLARIFICATION									
3. ADDRESS OF LICE	ENSEE (Mailing address or other loca	tion where licenses !	may be focaled	d)		4. LICENSEE CONTACT AND TITLE						
3601 E.	Joppa Road	:				Wendy Charlton/Health Physicist						
Baltime	re, Maryland 21	234			Ì	5. TELEPHONE NUMBER (Include Area Code) (Include Area Code)						
						410-665			410-665-2074			
	7. ACTIVITIES TO	BE CONDUCTE	D UNDER	THE GE			-	CFR 15	0,20			
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8. CLIENT NAME, AU	DRESS, CITY/COUNTY, STATE, ZIP (cope	9	. ACTUAL F	PHYSICA	IL ADDRESS OF V	VORK LOCAT	ION	idense er dir	ctions ar powerble i		
Heart Ce	enter of Southe	rn Maryl	1	(Street an	na Numb	er or other location	. GIVE AS COM	ipiyee an ed	iui bar dikê	ecuons as possible.)		
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Washingt	on, DC 20037		1		San	ne as #8	В					
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		· · · · · · · · · · · · · · · · · · ·	42 201465	202-	<u> 785-</u>	<u>-4966</u>	15			5-4966 16. LOCATION		
	12. DATES SCHEDULED	<u>:</u>	13, NUMB WORK D	AYS		ADD	DELE		REF	ERENCE NUMBER		
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11/24/	01 1/19/	0/	EET(C) T	11101111	DE 41	INFORMATI	ON CONT	NINED I	ITEMS	A-18 ABOVE		
17. LIST RADIOACTIV	DITIONAL WORK SITES ON VE MATERIAL, WHICH WILL BE POS	SESSED, USED, IN	STALLED, SE	RVICED, O	R TEST		ON CONT	-used IV	- 11 (1410)			
(Include description	on of type and quantity of radioactive	material, soaled so	urcas, or devi	ices to be u	used.)							
Cs-137	ICN MLD-01#3093	389, 250	uCi (1	17/23	1117	1/071						
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18 AGREEMENT STA	TE SPECIFIC LICENSE WHICH AUT H ARE THE SAME, EXCEPT FOR LO	HORIZES THE UNDI	ERSIGNED TO	CONDUCT	. 1	LICENSE NUMBE		STATE	EXPIRATION			
ABOVE. (Four c	opies of the specific license must	accompany ine ir	IMBI NRU FO	ım 241.j		MD-05-1		MD	0/3	0/2003		
I. THE UNDERSIGN	19. IED, HEREBY CERTIFY THAT:	CERTIFICATIO	DN (MUST	BE COM	virLE]	ED BY APPU	CANI)		•			
a. Alt inform	etion in this report is true and :											
. I hour was	d and understand the provision ocomply with these provisions	of the general i	icense 10 Cl	FR 160.20	reprin	ted on the instreat	uctions of t	his form;	and I und e in non-A	erstand that I am greement States or		
offshore v	vaters under the general licens	a for which this r	eport is file	d with the	e U.S. N	luciest Regulat	ory Commis	ision.				
c. understa m calenda	nd that activities, including sto If year, With the exception of w	rage, conducted ork conducted in	In non-Agr off-shore v	eement S vaters, wi	itates u hich Is	nder general lic authorized for :	ense 10 CF an unlimited	R 150.20 i period c	are limited of time in t	i to a total of 180 days he calendar year.		
d. i understa	ind that I may be inspected by iment States or offshore water	NRC at the above	listed work	c site loca	ations a	ind at the Licen	see home o	ffice add	ress for ac	ctivities performed in		
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	R - RSO or Management Representation	e (Name and Tilie)	SIGNATU	RE	11	// .	l a	UN F	DATE	buller		
Suzanne	F. Krueger-Sch	midt.Pr		nau		Julgh		W W	aquire the	at submissions to		
the NRC he come	e statements in this certifica piete and accurate in all ma resentation to any departm	orial respects.	18 U.S.C	29C110U	10011	nakes ir a crif	niugi Olieli	12C IO UK	uve a mon	fully faise		
FOR NRC	EVIEWING OFFICIAL (Typed/Printed		SIGNATU		nº.	Mit	DATE,	1/01		AGE - DAYS TO DATE		
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٠.	NRC FORM 241 U.S. NU AR (7-1999)	regulatory con	MOISSIMM	APPROVED BY Estimated burden request: 15 minu	NO. 3150- response to res. This notif	-0013 EXPIRES: 07/31; comply with this mandatory collection is required so that NRC			
	REPORT OF PROPOSED A	TIVITIES IN		schedule inspection	on of the activities requirements for	se to ensure that they are conductor protection of the public health			
	NON-AGREEMENT STATES, ARE	Management Brail Washington, DC	nments regardi nch (T-8 E6), U 20555-0001, o	ng burden estimate to the Rec I.S. Nuclear Regulatory Commis r by internet e-mail to bist form					
	FEDERAL JURISDICTION, OR OF	and to the Deak (NEOB-10202, (3	Officer, Office a 3150-0013), Of	of information and Regulatory Aff ffice of Management and Buc					
j	(Please read the instructions before co	APPROVED BY NO. 3150-0013 Estimated burden response to comply with this mandatory coile request: 15 minutes. This notification is required so that NRC schedule inspection of the activities to ensure that hey are conduct accordance with requirements for protection of the public health safety. Send comments regarding burden estimate to the Roco Management Branch (1-8 E6), U.S. Nuclear Regulatory Commiss Washington, DC 20555-0014, or by internet e-mail to biet @nno. und to the Deak Officer. Office of information end Regulatory Aff NEOB-10202, (3150-0013), Office of Management and Bud Washington, DC 20503. If a means used to impose an informa- cellection does not display a currently valid OMB control number, NRC may not conduct or aponsor, and a person is not require respond to, the information collection.							
	1. NAME OF LICENSEE (Person or firm proposing to conduct the activity	respond to the information collection. 2. TYPE OF REPORT							
ı	Krueger-Gilbert Health Phys	-		INITIAL	REVIS	7.7			
	3. ADDRESS OF LICENSEE (Mailing address or other location where lin	ensee may be localed)		4. LICENSEE CONTA		SION CLARIFICATION			
I	3601 B 70 B3								
١	3601 E. Joppa Road Baltimëre, Maryland 21234		`	Donna T					
ı	Education of the factor of the			C. TELEPHONE NUM (Include Area Code	BER)	6. FACSIMILE NUMBER (Include Anna Code)			
ŀ				410-665-5	5447	410-665-2074			
I	7. ACTIVITIES TO BE COND			L LICENSE GIVE	N IN 10 CFR	150,20			
ı	WELL LOGGING X LEAK TEST	NG AND/OR CALIB	RATIONS	TELE	THERAPYARR	ADIATOR SERVICE			
ı	PORTABLE GAUGES OTHER (Sp	ecify) ⇒							
	RADIOGRAPHY - REGISTERED AS USE	R OF PACKAGING (CERT	TFICATES OF	COMPLIANCE NUMBE	RS)				
ŀ	8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE	P. ACT	VAL PHYSICA	L ADDRESS OF WOR	KLOCATION				
ı	Veterane Affect - water	(20-	oet and Numbe	er or other localion. Gh	's Ba complete un :	eddress or directions as possible.)			
l	Veterans Affairs Medical Ce 1601 Kirkwood Highway		53mo :	- 4D					
	Wilmington, DE 19805		same a	15 #0	•				
l						<u> </u>			
		j dn	IENT TELEPHI	de) (Include Aree Code)					
H		13. NUMBER O		3-5315		633-5315			
F	12. DATES SCHEDULED	WORK DAYS		ADD	15. DELETE	18. LOCATION REFERENCE NUMBER			
ľ			1	////	1.1	NUMBER TO BE ASSIGNED BY NRC			
L	11/401 11/14/01	/ /	11/	14/1 11	0//0/	000137			
17	LIST ADDITIONAL WORK SITES ON SEPARAT 7. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USE	SHEET(S) TO INC	LUDE ALL	INFORMATION	CONTAINED II	N ITEMS 8-16 ABOVE.			
	increase securition of type and quantity of radioactive institutely seek	rd sources, or devices to	De Name()	·		•			
	Cs-137 ICN MLD-01#309389, 2					•			
	Cs-137 NAS MED 3550 #A7380,	182.5 uCi	. (11/1	1/97)		•			
18	AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF US	UNDERSIGNED TO CONC E. AS SPECIFIED IN THE	טעבד ע	CENSE NUMBER	STATE	EXPIRATION DATE			
_	ABOVE. (FOUR copies of the apocitic license must accompany)	ne initial NRC Form 24	7.) N	1D-05-101-		6/30/2003			
ı, T	THE UNDERSIGNED, HEREBY CERTIFY THAT:	TION (MUST BE C	OMPLETE	D BY APPLICAN	יי (ד	•			
	a. All information in this report is true and complete.		•	•		•			
	b. I have read and understand the provision of the gene required to comply with these provisions as to all by	NOGUEL KOULCO DE EN	acial mucias	r material which is		and I understand that I am			
	offshore waters under the general license for which to b. I understand that activities, including storage, condu	its report is filed with	the U.S. Nu	clear Regulatory Co	ommission.				
	in calefular year, with the exception of work conducts	in on-shore waters	, which is su	thorized for an uni	limited period o	f time in the calendar year.			
	 d. I understand that I may be inspected by NRC at the at non-Agreement States or offshore waters. 	ove listed work site i	ocations an	d at the Licensee h	ome office addi	ress for activities performed in			
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CE	e. I understand that conduct of any activities not description above or without NRC suthorization, may subject me	to enforcement action	conduct of a	activities on dates of civil or criminal per	or locations diff nalties.	erent from those described			
	ERTIFYING OFFICER - RSO or Management Representative (Name and Ti	o enforcement action SIGNATURE	n, Including	ctvII or criminal per	or locations diffinations.	DATE			
W,	ERTIFYING OFFICER - RSO or Management Representative (Name and Till Suzanne F. Krueger-Schmidt.) ARNING: False statements in this certificate may be	signification action signification	i, including	rugy (Must	10 /24/01			
	ERTIFYING OFFICER - RSO or Management Representative (Name and Ti	to enforcement action (e) SIGNATURE (C) SIGN	or criminal	civil or criminal per	Mult	DATE 6 24 0 quire that submissions to			
st	ENTIFYING OFFICER - RSO or Management Representative (Name and Tile SUZATIVE F. Krueger-Schmidt.) ARNING: False statements in this certificate may be: NRC be complete and accurate in all material respectatement or representation to any department or agent OR NRC REVIEWING OFFICIAL (Typed/Printed Name and Title)	to enforcement action SIGNATURE Pres AMM SUbject to civil and/ ts. 18 U.S.C. Section y of the United Star	or criminal	civil or criminal per	Mult	DATE 6 24 0 quire that submissions to			
State F(U)	ENTIFYING OFFICER - RSO or Management Representative (Name and Till Suzanne F. Krueger-Schmidt.) ARNING: False statements in this certificate may be a NRC be complete and accurate in all material respectatement or representation to any department or agent	to enforcement action SIGNATURE PRES AMMA Subject to cipil and/ ts. 18 U.S.C.Section The United States	or criminal	civil or criminal per	Mult	OATE /O /2 4/0/ equire that submissions to like a willfully false			

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		PEROPT ()					request: 16 schedule ins	minute	of the activity	fication is as to ensur	raquired so the	al NRC n			
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	EEDE	NON-AGREEMENT STATES, AREAS OF EXCLUSIVE							Washington, DC 2055-0001, or by internet e-mail to bis 1 @nre.							
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-	(P	(Please read the instructions before completing this form)								APPROVED B 18: NO. 3150-0013 Estimated bur. ar response to comply with this mandatory collection request: 15 minutes. This notification is required so that NRC is schedule inspection of the activities to ensure that they are conducted accordance with requirements for proteodien of the public health safety. Send comments regarding burden estimate to the Recordinate Branch (T-6 E6). U.S. Nuclear Regulatory Commiss Washington, DC 2055-0001, or by internet e-mail to bis1 @nrc.cend to the Deak Officer. Office of Information and Regulatory Affice NEOB-10202. (3150-0013). Office of Management and Budg Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, NRC may not conduct or aponaor, and a person is not required respond to, the information collection.						
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MB: NO. 3150-0013

Extimated business response to comply with this mandatory collection request; 15 minutes. This notification is required so that NRC may achedule 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 settimate to the Records Management Branch (T-6 E5), U.S. Nuclear Regulatory Commission, Washington, DC 20556-0001, or by internet e-mail to bist game.gov, and to the Desk Officer, Office of information and Regulatory Affairs, NEOB-10202, (3150-0013), Office of Management and Budget, Washington, DC 20503. It 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. MB: NO. 3150-0013 APPROVED EXPIRES: 07/31/2002 REPORT OF PROPOSED ACTIVITIES IN N-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) 2. TYPE OF REPORT Krueger-Gilbert Health Physics, Inc INITIAL REVISION CLARIFICATION 3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) 4. LICENSEE CONTACT AND TITLE 3601 E. Joppa Road Malek Daneshvar /Health Baltimere, Maryland 21234 Physicist FACSMILE NUMBER (Include Area Code) TELEPHONE NUMBER 410-665-5447 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) REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS) RADIOGRAPHY 8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE 9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number of other location, Give as complete Department of Veterans Affairs same as #8 Medical Center Martinsburg; West Virginia 25401 10. CLIENT TELEPHONE NUMBER (Include Area Code) WORK LOCATION TELEPHONE NUMBER 304-263-0811 304-263-0811 13. NUMBER OF 12. DATES SCHEDULED 16. LOCATION REFERENCE NUMBER WORK DAYS ADD DELETE FROM TO NUMBER TO BE ASSIGNED BY NRC OO013, 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, seeled 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 eccompany the initial NRC Form 241.) LICENSE NUMBER STATE 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 filled 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. 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. 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 penaltics. CERTIFYING OFFICER - RSO of Management Representative (Name and Tille) SIGNATURE Augann Krueger-Schmidt Pres WARNING: False statements in this certificate may be subject to civil and/or criminal penames. 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 wilffully false statement or representation to any department or agency of the United States as to any matter within its jurisdiction. REVIEWING OFFICIAL (Typed/Printed Name and Title) FOR NRC DATE TOTAL USAGE - DAYS TO DATE

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