NRC FORM 241 (7-1999)	U.S. NUCLEAR REGI	ULATORY COMMISSION	APPROVED B Estimated burd request: 15 m	Y OMB: NO. 3150-00 ion per response to or inutes. This notifice	13 EXPIRES: 07/31/20 Emply with this mandatory collectition is required so that NRC m
REPORT OF PROPOSED ACTIVITIES IN			accordance w safety. Send	ection of the activities the requirements for permission of the second o	to ensure that they are conducted protection of the public health a burden estimate to the Recor
NON-AGREEMENT STATES, AREAS OF EXCLUSIVE			Washington, I and to the Dec	Stanon (1-6 E6), U.S DC 20555-0001, or b sk Officer, Office of I	. Nuclear Regulatory Commission of Internet e-mail to bis 1@nro.go Information and Regulatory Affair
FEDERAL JURISDICTION, OR OFFSHORE WATERS			Washington, E collection does	, (3150-0013), Offic DC 20503. If a med s not display a currer	oe of Management and Budge ans used to impose an informati ally valid OMB control number, t
(Please read the instructions before completing this form)  1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)			APPROVED BY OMB: NO. \$150-0013 EXPIRES: 0734,72002 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 bis1@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.		
Elekta Instruments Inc			2. TYPE OF REPORT INITIAL REVISION CLARIFICATION		
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) 355 Northwoods Par Luby NW			4. LICENSEE CONTACT AND TITLE MICHN KNI HS , REGISTIN SARLY OFFR		
Norches (va 36071			5. TELEPHONE (Include Area (	NUMBER Code)	6. FACSIMILE NUMBER (Include Area Code) 7-70-448-(6336
7.	ACTIVITIES TO BE CONDUCT	ED UNDER THE GENER	AL LICENSE G	IVEN IN 10 CFR 15	
WELL LOGGING	LEAK TESTING	AND/OR CALIBRATIONS	TE	LETHERAPY/IRRA	DIATOR SERVICE
PORTABLE GAUGE	S OTHER (Specify	» ⇒ Ugarado	of lokse	all Cammer Y	mik Units
RADIOGRAPHY	REGISTERED AS USER OF	PACKAGING (CERTIFICATES OF	F COMPLIANCE NU	MBERS)	
8. CLIENT NAME, ADDRESS, CITY/C			CAL ADDRESS OF V		dress or directions as possible.)
550 North U	hy Modical Centu niversity Blvd.		Same		
Indianapolis, 11	1				
11 Mariapons (1)	11 VIW WZ	10. CLIENT TELEP (Include Area C	HONE NUMBER	11. WORK LOC (Include Area	ATION TELEPHONE NUMBER Code)
		/ DW		•	
	SCHEDULED	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
12. DATES S	SCHEDULED TO +DO				
FROM 400 LIST ADDITIONAL W	TO HOOM SEPARATE S	WORK DAYS  HOA  HEET(S) TO INCLUDE A	ADD	DELETE	REFERENCE NUMBER NUMBER TO BE ASSIGNED BY NRC
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