NRC FORM 241 U.S. NUCLEAR REGU (7-1000)	LATORY COMMISSI	Estimated burd	OMB: NO. 3150-001 on per response to cor invites. This notifical	nply with this manufatory collection on is required so that NRC may	
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NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS			C 20565-0001, or by ik Officer, Office of Int (3150-0013), Office	internet e-mail to bis1@nrc.gov, formation and Regulatory Affairs, of Management and Budget,	
		Weshington, D collection does NRC may not	C 20503. If a mean not display a current conduct or aponsor,	is used to impose an information by valid OMB control number, the and a person is not required to	
(Please read the instructions before completing this form) 1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)		respond to, the	respond to, the information collection. 2. TYPE OF REPORT		
Elekta Instruments Inc.			INITIAL REVISION CLARIFICATION 4. LICENSEE CONTACT AND TITLE		
3. ADDRESS OF LICENSEE (Mailing address or other location where items are may be located) 3155 North Woods Paul Lucy NW		Mart	Martin Knotts, RSO		
Norchoss (a 20030		5. TELEPHONE (Include Area C	5. TELEPHONE NUMBER (Include Area Code) 7-70-3809725 7-70-4906338		
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	AND/OR CALIBRATION	PIA LAD IV	Tail blas	A (O	
PORTABLE GAUGES OTHER (Specify		Christi	ATT A CK NAVI	100	
RADIOGRAPHY -> REGISTERED AS USER OF	PACKAGING (CERTIFICATI	ES OF COMPLIANCE NU	MBERS)		
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE	9. ACTUAL PI (Street and	YSICAL ADDRESS OF WORK LOCATION lumber or other location. Give as complete an address or directions as possible.)			
St. Josephs Hospital 1000 North Cak alenue		Same			
Marsh field WI 54449		ELEPHONE NUMBER	11. WORK LOC	ATION TELEPHONE NUMBER	
THE COLUMN STATE OF THE STATE O	115- 2	701-1051	SOM	<u>~</u>	
12. DATES SCHEDULED	13. NUMBER OF WORK DAYS	14. ADD	16. DELETE	16. LOCATION REFERENCE NUMBER	
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