NRC FORM 241 (7-1999)	u.s. Nuclear Regu	LATORY COMMISSI	ON APPROVED BY Estimated burd request: 15 mi	OMB: NO. 3150-0 on per response to inuies. This notific	ecomply with this mandatory collection settled is required so that NRC may	
REPORT OF PROPOSED ACTIVITIES IN				out the sounder th requirements for comments regardin tranch (T-6 E8). U	protection of the public health and g burden estimate to the Records S. Nuclear Regulatory Commission.	
NON-AGREEMENT STATES, AREAS OF EXCLUSIVE				C 20555-0001, or k Officer, Office of (3150-0013), Off	by internet e-mail to bis 1@nro.gov, information and Regulatory Affaire, fice of Management and Budget,	
FEDERAL JURISDICTION, OR OFFSHORE WATERS  (Please read the instructions before completing this form)				C 20503. If a me not display a curn conduct or aponac	eans used to impose an information ently valid CiViB control number, the or, and a person is not required to	
NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)			respond to, the	APPROVED BY OMB: NO. 3150-0013  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 ecoordance with requirements for protection of the public health and safety. Send comments regarding burden estimate to the Records Management Branch (T-6 E8), U.S. Nuclear Regulatory Commission, Washington, DC 20558-0001, or by internet e-mail to bis1@nrc.gov, and to the Deck Officer of information and Regulatory Affairs, NEOB-10202, (3150-0013), Office of Management and Budget, Washington, DC 20503. It is means used to impose an information collection does not display a currently valid CMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.  2. TYPE OF REPORT		
Elekta Instruments, Inc.				INITIAL REVISION CLARIFICATION		
3. ADDRESS OF LICENSEE (Malling address of other location where licensee may be located)  3155 North Woods Parking NW			Marky	MINN CHOHS		
Morchuss GO		•	5. TELEPHONE (Include Area 6	<del>V-9725</del>	6. FACSIMILE NUMBER (Include Ares Code) 770-448-6338	
	7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20  WELL LOGGING FAK TESTING AND/OR CALIBRATIONS TELETHERAPY/IRRADIATOR SERVICE					
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PORTABLE GAUGE	43	<i>'</i>	rentive!	AN CHALLON	ina in	
RADIOGRAPHY	REGISTERED AS USER OF					
6. CLIENT NAME, ADDRESS, CITYAC WOULD STATE W	WWS TY	9. ACTUAL P (Sired and	HYSICAL ADDRESS OF \ I Number or other location	NORK LOCATION s, Give as complete an	eddrese or directions as possible.)	
they are Hospita	NQ.					
4160 John R	Street, Suite 93	10. CLIENT 1	ELEPHONE NUMBER	11. WORK L	OCATION TELEPHONE NUMBER	
Detroit MI 40201		213-1	745-2007	50	m Cado)	
Detroit VI					4- 1-00-000	
	SCHEDULED	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER	
FROM 14 /62	10 /14 /0Z	l day	ADD	DELETE	REFERENCE NUMBER  NUMBER TO BE ASSIGNED BY NRC  800 /25	
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