

NRC FORM 241 (7-1999)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY: NO. 3160-0013 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 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20585-0001, or by internet e-mail to bje1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOS-10202, (3160-0013), 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)			2. TYPE OF REPORT		
Krueger-Gilbert Health Physics, Inc			INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> CLARIFICATION <input checked="" type="checkbox"/>		
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)			4. LICENSEE CONTACT AND TITLE		
3601 E. Joppa Road Baltimore, Maryland 21234			Wendy Charlton/Health Physicist		
5. TELEPHONE NUMBER (Include Area Code)			6. FACSIMILE NUMBER (Include Area Code)		
410-665-5447			410-665-2074		
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"/> THERAPY/IRRADIATOR SERVICE <input type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> _____ <input type="checkbox"/> RADIOGRAPHY <input type="checkbox"/> REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS) _____					
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE			9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.)		
Greater Southeast Community Hospital 1310 Southern Avenue, S.E. Washington, DC 20032			same as 8		
10. CLIENT TELEPHONE NUMBER (Include Area Code)		11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)			
202-574-6684		202-574-6684			
12. DATES SCHEDULED		13. NUMBER OF WORK DAYS		14. ADD	
FROM 3/21/02 TO 3/24/02		1		3/21/02	
				3/1/02	
				NUMBER TO BE ASSIGNED BY NRC 000161	
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 9 ABOVE. (Four copies of the specific license must accompany the initial NRC Form 241.)			LICENSE NUMBER		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 - RSO or Management Representative (Name and Title)			SIGNATURE		DATE
Suzanne F. Krueger-Schmidt, Pres.			Suzanne F. Krueger-Schmidt		3/8/02
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)		TOTAL USAGE - DAYS TO DATE	
		John M. [Signature]		115	

NRC FORM 241
(7-1999)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0012

EXPIRES: 07/31/2002

**REPORT OF PROPOSED ACTIVITIES IN
NON-AGREEMENT STATES, AREAS OF EXCLUSIVE
FEDERAL JURISDICTION, OR OFFSHORE WATERS***(Please read the instructions before completing this form)*

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-6 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to brc1@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.

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

MAKER DASHVAR/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

Nanticoke Memorial Hospital
801 Middleford Road
Seaford, DE 19973

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)

302-629-6615

11. WORK LOCATION TELEPHONE NUMBER
(Include Area Code)

302-629-6615

12. DATES SCHEDULED

FROM

3/12/02

TO

3/12/02

13. NUMBER OF
WORK DAYS

1

14. ADD

3/12/02

15. DELETE

3/1/02

16. LOCATION
REFERENCE NUMBERNUMBER TO BE
ASSIGNED BY NRC

000169

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

3/4/02

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

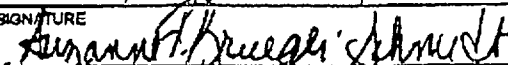
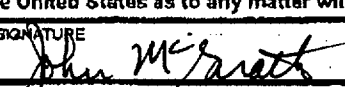
TOTAL USAGE - DAYS TO DATE

John McEach

3/5/02

115

NRC FORM 241 (7-1999)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY: 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 accordance with requirements for protection of the public health and safety. Send comments regarding burden estimate to the Records Management Branch (T-8 E8), U.S. Nuclear Regulatory Commission, Washington, DC 20556-0001, 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.		EXPIRES: 07/31/2002	
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)				2. TYPE OF REPORT INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> CLARIFICATION <input checked="" type="checkbox"/>			
Krueger-Gilbert Health Physics, Inc							
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)				4. LICENSEE CONTACT AND TITLE			
3601 E. Joppa Road Baltimore, Maryland 21234				Donna Thim Health Physicist			
				5. TELEPHONE NUMBER (Include Area Code)	6. FACSIMILE NUMBER (Include Area Code)		
				410-665-5447	410-665-2074		
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"/> TELETHERAPY/RADIATOR SERVICE							
<input type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> RADIOGRAPHY <input type="checkbox"/> REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)							
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE				9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.)			
Milford Memorial Hospital 21 W. Clark Avenue Milford, DE 19963				same as #8			
				10. CLIENT TELEPHONE NUMBER (Include Area Code)	11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)		
				302-422-3311	302-422-3311		
12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER		
FROM	TO				NUMBER TO BE ASSIGNED BY NRC		
3/13/02	3/13/02	1	3/13/02	3/1/02	000167		
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	STATE		
				MD-05-101-01	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 P. Krueger-Schmidt, Pres.				Suzanne P. Krueger-Schmidt	3/4/02		
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 M. Smith	3/5/02	115		

NRC FORM 241 (7-1999)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3150-0013 EXPIRES: 07/31/2002 <small>Estimated burden per response to comply with this mandatory collection request: 18 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 20588-0001, 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>	
REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS <i>(Please read the instructions before completing this form)</i>					
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) Krueger-Gilbert Health Physics, Inc			2. TYPE OF REPORT INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> <input checked="" type="checkbox"/> 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 /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 <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"/> REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS) <input type="checkbox"/> RADIOGRAPHY <input type="checkbox"/>					
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE Bayhealth Medical Center Kent General Hospital 640 South State Street Dover, Delaware 19901			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) 302-674-4700		11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 302-674-4700
12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM 3/14/02	TO 3/14/02	1	3/14/02	3/1/02	NUMBER TO BE ASSIGNED BY NRC 000164
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 <small>(Include description of type and quantity of radioactive material, sealed sources, or devices to be used.)</small> 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) Suzanne F. Krueger-Schmidt, Pres.			SIGNATURE 		DATE 3/4/02
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) John McSwath	SIGNATURE 	DATE 3/5/02	TOTAL USAGE - DAYS TO DATE 115

NRC FORM 241 (7-1999)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY O. 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-8 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20585-0001, 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.	
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1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)			2. TYPE OF REPORT INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> CLARIFICATION <input checked="" type="checkbox"/>		
Krueger-Gilbert Health Physics, Inc			4. LICENSEE CONTACT AND TITLE Wendy Charlton/Health Physicist		
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)			5. TELEPHONE NUMBER (Include Area Code)		6. FACSIMILE NUMBER (Include Area Code)
3601 E. Joppa Road Baltimore, Maryland 21234			410-665-5447		410-665-2074
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"/> TELETHERAPY/IRRADIATOR SERVICE					
<input type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> RADIOGRAPHY <input type="checkbox"/> REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)					
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE			9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.)		
Genishpere/Polyprobe 2801 Sterling Drive Hatfield, PA 19440			same as #8		
10. CLIENT TELEPHONE NUMBER (Include Area Code)			11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)		
215- 996-3006			215- 996-3006		
12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM	TO				NUMBER TO BE ASSIGNED BY NRC
3/4/02	3/6/02	1	3/6/02	3/1/02	000191
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 9 ABOVE. (Four copies of the specific license must accompany the Initial NRC Form 241.)			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.					
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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		3/4/02
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 M. Grotz	3/5/02	115

NRC FORM 241 (7-1999)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY: B: 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 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internal 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.</small>	
REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS <i>(Please read the instructions before completing this form)</i>					
1. NAME OF LICENSEE <small>(Person or firm proposing to conduct the activities described below)</small> Krueger-Gilbert Health Physics, Inc			2. TYPE OF REPORT INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> <input checked="" type="checkbox"/> CLARIFICATION		
3. ADDRESS OF LICENSEE <small>(Mailing address or other location where licensee may be located)</small> 3601 E. Joppa Road Baltimore, Maryland 21234			4. LICENSEE CONTACT AND TITLE Wendy Charlton		
			5. TELEPHONE NUMBER <small>(Include Area Code)</small> 410-665-5447		6. FACSIMILE NUMBER <small>(Include Area Code)</small> 410-665-2074
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"/> TELETHERAPY/IRRADIATOR SERVICE <input type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> <input type="checkbox"/> RADIOGRAPHY <input type="checkbox"/> REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)					
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE American Red Cross Blood Serv. Musser Blood Center 700 Spring Garden Street Philadelphia, PA 19123-3594			9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION <small>(Street and Number or other location. Give as complete an address or directions as possible.)</small> same as #8		
			10. CLIENT TELEPHONE NUMBER <small>(Include Area Code)</small>		11. WORK LOCATION TELEPHONE NUMBER <small>(Include Area Code)</small>
12. DATES SCHEDULED FROM 3/6/02 TO 3/6/02		13. NUMBER OF WORK DAYS 1	14. ADD 3/6/02	15. DELETE 3/1/02	16. LOCATION REFERENCE NUMBER NUMBER TO BE ASSIGNED BY NRC 000188
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 <small>(Include description of type and quantity of radioactive material, sealed sources, or devices to be used.)</small> 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) Suzanne E. Krueger-Schmidt, Pres.			SIGNATURE <i>Suzanne E. Krueger-Schmidt</i>		DATE 3/6/02
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) John McRath	SIGNATURE <i>John McRath</i>	DATE 3/5/02	TOTAL USAGE - DAYS TO DATE 115

3/5/02

NRC FORM 241 (7-1999)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY: MB: NO. 2150-0013 <small>Estimated burden per response to comply with this mandatory collection request: 16 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 b1e1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEQB-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>		EXPIRES: 07/31/2002	
REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS <i>(Please read the instructions before completing this form)</i>							
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)				2. TYPE OF REPORT INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> CLARIFICATION <input checked="" type="checkbox"/>			
Krueger-Gilbert Health Physics, Inc							
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)				4. LICENSEE CONTACT AND TITLE			
3601 E. Joppa Road Baltimore, Maryland 21234				Wendy Charlton/Health Physicist			
				6. TELEPHONE NUMBER (Include Area Code)		6. FACSIMILE NUMBER (Include Area Code)	
				410-665-5447		410-665-2074	
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"/> TELETHERAPY/IRRADIATOR SERVICE							
<input type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)							
<input type="checkbox"/> RADIOGRAPHY <input type="checkbox"/>							
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE				9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.)			
Riddle Memorial Hospital 1068 W. Baltimore Pike Media, PA 19063				same as 8			
				10. CLIENT TELEPHONE NUMBER (Include Area Code)		11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)	
				610-566-9400		610-566-9400	
12. DATES SCHEDULED		13. NUMBER OF WORK DAYS		14. ADD		15. DELETE	
FROM TO							
3/7/02 3/7/02		1		3/7/02		3/31/02	
						NUMBER TO BE ASSIGNED BY NRC	
						000193	
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		STATE	
				MD-05-101-01		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		3/4/02	
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	
				John McFarlane		3/5/02	
						TOTAL USAGE - DAYS TO DATE	
						115	

50 3/5/02

NRC FORM 241 (7-1999)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY: NO. 3160-0013 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 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 20585-0001, or by internet e-mail to bje1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOF-10202, (3160-0013), Office of Management and Budget, Washington, DC 20503. If a message 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.		EXPIRES: 07/31/2002	
REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS <i>(Please read the instructions before completing this form)</i>							
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)				2. TYPE OF REPORT INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> CLARIFICATION <input checked="" type="checkbox"/>			
Krueger-Gilbert Health Physics, Inc				4. LICENSEE CONTACT AND TITLE Wendy Charlton/Health Physicist			
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)				5. TELEPHONE NUMBER (Include Area Code)		8. FACSIMILE NUMBER (Include Area Code)	
3601 E. Joppa Road Baltimore, Maryland 21234				410-665-5447		410-665-2074	
7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 160.20							
<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"/> <input type="checkbox"/> RADIOGRAPHY REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)							
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE				9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.)			
American Medical Laboratories, Inc. 14225 Newbrook Drive P.O. Box 10841 Chantilly, VA 20153-0841				same as 8			
				10. CLIENT TELEPHONE NUMBER (Include Area Code)		11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)	
				703-802-7120		703-802-7120	
12. DATES SCHEDULED		13. NUMBER OF WORK DAYS		14. ADD		15. DELETE	
FROM TO							
3/22/02 3/22/02		1		3/22/02		3/4/02	
16. LOCATION REFERENCE NUMBER NUMBER TO BE ASSIGNED BY NRC 000182							
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		STATE	
				MD-05-101-01		MD	
						EXPIRATION DATE 6/30/2003	
18. 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 160.20 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 160.20 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		3/4/02	
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	
				John McSweth		3/5/02	
				3/5/02		TOTAL USAGE - DAYS TO DATE 115	

NRC FORM 241 (7-1999)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY: NO. 3150-0013 EXPIRES: 07/31/2002	
REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS (Please read the instructions before completing this form)				<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 internal 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.</small>	
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)		2. TYPE OF REPORT INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> CLARIFICATION <input checked="" type="checkbox"/>			
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)		4. LICENSEE CONTACT AND TITLE			
3601 E. Joppa Road Baltimore, Maryland 21234		Wendy Charlton/Health Physicist			
		5. TELEPHONE NUMBER (Include Area Code)		6. FACSIMILE NUMBER (Include Area Code)	
		410-665-5447		410-665-2074	
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"/> TELETHERAPY/IRRADIATOR SERVICE					
<input type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> RADIOGRAPHY <input type="checkbox"/> REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)					
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE				9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.)	
The Cardiovascular Group, PC 130 Park Street, S.E, Suite 100 Vienna, Virginia 22180				same as 8	
10. CLIENT TELEPHONE NUMBER (Include Area Code)				11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)	
703-281-1265				703-281-1265	
12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM	TO				
3/22/02	3/22/02	1	3/22/02	3/1/02	000/86
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 8 ABOVE. (Four copies of the specific license must accompany the initial NRC Form 241.)			19. LICENSE NUMBER	20. STATE	21. 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 - RSO or Management Representative (Name and Title)			SIGNATURE	DATE	
Suzanne E. Krueger-Schmidt, Pres.			Suzanne E. Krueger-Schmidt	3/4/02	
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 McFarrell	3/5/02	115

SO 3/5/02