REPORT OF PROPOS NON-AGREEMENT STATES, FEDERAL JURISDICTION, O  (Please read the instructions be:  1. NAME OF LICENSEE (Person or firm proceeding to conduct Krueger-Gilbert Health 3. ADDRESS OF LICENSEE (Mailing address or other local)  3601 E. Joppa Road Baltimère, Maryland 21:  7. ACTIVITIES TO B  WELL LOGGING  WELL LOGGING	ED ACT AREAS R OFFS fore complete the activities of Physican where licenses	OF EXCLUS HORE WATE (eding this form)	ive industrial incomments in schedule in sociordance in sociordanc	burden per response to the minutes. This notification of the schikles with requirements of the schikles with requirements regard at Branch (T-5 Eg), to the comments regard at Branch (T-5 Eg), to the school of the	comply with this mandatory collingtion is required so that NRC institute is to ensure that they are conductor protection of the public health and burden estimate to the Revision and requision and Regulatory Commit of information and Regulatory Affice of Management and Buneans used to Impose an information, and a person is not required.  OF REPORT  CLARIFICATION  Health Physici  1. FACSIMLE NUMBER (Include Area Code)  4.10-665-2074	to t
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NRC FORM 241 U.S. NL EAR REGULATORY COMMIS	CIONI APPROVED BY A NO SEES SALE
(7-1999)	SION APPROVED BY S: 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 appropriated in
REPORT OF PROPOSED ACTIVITIES IN	eccordance with requirements for protection of the public health and safety. Send comments recording hurden assistate to the
NON-AGREEMENT STATES, AREAS OF EXCLUS	Management Branch (T-8 E6), U.S. Nuclear Regulatory Commission,
FEDERAL HIDISDICTION OF SECURITION	and to the Deak Officer, Office of Information and Regulatory Affairs,
FEDERAL JURISDICTION, OR OFFSHORE WATE	Washington, DC 20503. If a means used to impose an information
(Please read the instructions before completing this form)	APPROVED BY S: NO. 3150-0913  Extinated burden per response to comply with this mandatory collection required to 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 20565-0001, or by internet e-mail to bis1 @nrc.pow, and to the Deak Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0013), Office of Management and Budget, NEOB-10202, office of Management and Budget, NEOB-10202, offi
NAME OF LICENSEE (Person or firm proposing to conduct the ectivities described below)	2, TYPE OF REPORT
Krueger-Gilbert Health Physics, Inc	INITIAL REVISION X CLARIFICATION
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)	4. LICENSEE CONTACT AND TITLE
3601 E. Joppa Road	bonna Thim '/Health Physicist
Baltimore, Maryland 21234	
7. ACTIVITIES TO BE CONDUCTED UNDER THE GE	410-665-5447
	· · · · · · · · · · · · · · · · · · ·
WELL LOGGING X LEAK TESTING AND/OR CALIBRAT	ONS TELETHERAPY/IRRADIATOR SERVICE
PORTABLE GAUGES OTHER (Specify)	·
PORTABLE GAUGES OTHER (Specify)	
RADIOGRAPHY REGISTERED AS USER OF PAGKAGING (CERTIFICA)	es of compliance numbers)
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE 9. ACTUAL F	HYSICAL ADDRESS OF WORK LUCATION
(Street an	f Number or other location. Give as complete an address or directions as possible.)
Milford Memorial Hospital same	e as #8
21 W. Clark Avenue	- <del> " - "</del>
Milford, DE 19963	
to cuesar	ELEPHONE NUMBER 11. WORK LOCATION TELEPHONE NUMBER
anchule a	(Include Area Code)
	302-422-3311
12. DATES SCHEDULED 13. NUMBER OF WORK DAYS	14. 15. 16. LOCATION ADD DELETE REFERENCE NUMBER
FROM TO	/ / NUMBER TO BE
3/13/02 1 2/10/10 1	2/1/12 3 //12 ASSIGNED BY NRC
71000 0113/001	2/400 JIIIA 000/6/
LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUD	
17. LIST RADIDACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OF finclude description of type and quantity of radioactive meterial, seeled sources, or devices to be used.	TESTED
Cs-137 ICN MLD-01#309389, 250uCi (11/23	· ·
Cs-137 NAS MED 3550 #A7380, 182.5 uCi (	
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.	UCENSE NUMBER STATE EXPIRATION DATE
ABOVE. (Four copies of the specific scense must accompany the initial NRC Form 241.)	MD-05-101-01 MD 6/30/2003
19. CERTIFICATION (MUST BE COM	PLETED BY APPLICANT)
, THE UNDERSIGNED, HEREBY CERTIFY THAT:	
B. All information in this report is true and complete.	and the second and th
<li>b. I have read and understand the provision of the general license 10 CFR 150.20 required to comply with these provisions as to all byproduct, source, or special</li>	
offshore waters under the general license for which this report is filed with the	
c. I understand that activities, including storage, conducted in non-Agraement Stu	
in calendar year. With the exception of work conducted in off-shore waters, whi	ch 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 locati	ons and at the Licensee home office address for activities performed in
non-Agreement States or offshore waters.	
<ul> <li>a. I understand that conduct of any activities not described above, including cond above or without NRC authorization, may subject me to enforcement action, inc</li> </ul>	
CERTIFYING OFFICER - RSO or Management Representative (Name and Title) SIGNATURE	DATE
Suzanne P. Krueger-Schmidt, Pres. Auhann	7. Mulay Number 3/4/62
NARNING: False statements in this certificate may be subject to civil and/or ci	
he NRC be complete and accurate in all material respects. 18 U.S.C./Section 1	001 makes IVa criminal offense to make a willfully false
statement or representation to any department or agency of the United States	
FOR NRC REVIEWING OFFICIAL (Typed Printed Name and Tribo) SIGNATURE  JSE ONLY  WWW. MY	DATE TOTAL USAGE - DAYS TO DATE
1 W 101 1 V	TV LL IZICIAI III
RC FORM 241 (7-1999)	PRINTED ON RECYCLED PAPER

NRC FORM 241 U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY 5-48: NO. 3150-0 Estimated burden per response to	013 EXPIRES: 07/31/200
	Estimated burgen per response to request: 16 minutes. This nutific schedule inspection of the activities	etion is required so that NRC m
REPORT OF PROPOSED ACTIVITIES IN	solety. Send comments regarding	protection of the public health are purchased as burden estimate to the Record
NON-AGREEMENT STATES, AREAS OF EXCLUSIVE	Management Branch (T-6 E6), U. Washington, DC 20888-0001, or	S. Nuclear Regulatory Commission by Internet e-mail to bis 2010.00
FEDERAL JURISDICTION, OR OFFSHORE WATERS	NEOB-10202, (3150-0013), Office of Weshington, DC 20503. If a mo	Information and Regulatory Affair ice of Management and Budge same used to impose an information
(Please read the Instructions before completing this form)	schedule inspection of the activities accordence with requirements for safety. Send comments reported Management Branch (T-5 E5), U. Washington, DC 20585-0001, or and to the Desk Officer, Office of NEOB-10202, (3150-0013). Off Washington, DC 20503. If a micollection does not deplay a curre NRC may not conduct or sponsorospond to, the information collection	ently valid OMB control number, the or, and a person is not required to
NAME OF LICENSEE (Person or firm proposing to conduct the ectivities described below)	2. TYPE C	F REPORT
Krueger-Gilbert Health Physics, Inc	INITIAL REVISI	ON X CLARIFICATION
3. ADDRESS OF LICENSEE (Melling address or other location where illensee may be located)	4. LICENSEE CONTACT AND TITLE	
3601 E. Joppa Road	Donna Thim	/Health Physic:
Baltimore, Maryland 21234	5. TELEPHONE NUMBER	8. FACSIMILE NUMBER
	(Include Area Code)	(Inchide Area Code)
7. ACTIVITIES TO BE CONDUCTED UNDER THE GENER	410-665-5447 AL LICENSE GIVEN IN 10 CER 1	410-665-2074
WELL LOGGING X LEAK TESTING AND/OR CALIBRATIONS		
PORTABLE GAUGES OTHER (Specify)		·
DEGISTEDED AS LIBED OF BACKACING ACCURATES A	COMPLIANCE NUMBER	
RADIOGRAPHY	COMPCONCE NUMBERS)	
CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE     S, ACTUAL PHYSIC     (Street and Num	AL ADDRESS OF WORK LOCATION ber or other location. Give an complete an a	oddress or directions as posaible.)
Bayhealth Medical Center		
Kent General Hospital same a	s #8	
640 South State Street		
Dover, Delaware 19901 10 CLIENT TELEP	HONE NUMBER 11, WORK LOC	CATION TELEPHONE NUMBER
302-674		674-4700
12 DATES SCHEDULED 13. NUMBER OF	14. 15.	15. LOCATION
WORK DAYS	ADD DELETE	REFERENCE NUMBER
FROM / , TO / /		NUMBER TO BE
FROM / , TO / /		<del>- }</del>
FROM 3/14/02 10 3/14/02 1 3/1	14/02 3/1/02	NUMBER TO BE ASSIGNED BY NRC COOTLY
FROM  3/14/02  LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE AL  17. UST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, BERVICED, OR TEST	4/02 3/1/02	NUMBER TO BE ASSIGNED BY NRC COOTLY
FROM  3/14/02  LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE AL  17. UST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, BERVICED, OR TEST (Include description of type and quentity of radioactive meterial, seemed sources, or devices to be used)	4/02 3/1/02 LINFORMATION CONTAINED IN	NUMBER TO BE ASSIGNED BY NRC COOTLY
FROM  3/14/02  LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE AL  17. UST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TEST (Include description of type and quentity of radioactive meterial, seeled sources, or devices to be used)  CS-137 ICN MLD-01#309389, 250uCi (11/23/87)	14/02 3/1/02 LINFORMATION CONTAINED IN	NUMBER TO BE ASSIGNED BY NRC COOTLY
FROM  3/14/02  LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE AL  17. UST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, BERVICED, OR TEST (Include description of type and quentity of radioactive meterial, seemed sources, or devices to be used)	14/02 3/1/02 LINFORMATION CONTAINED IN	NUMBER TO BE ASSIGNED BY NRC COOLG NITEMS 9-16 ABOVE.
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LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE AL  17. UST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, BERVICED, OR TEST (Include description of type and quentity of radioactive meterial, seeind 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/  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 & ABOVE. (Four copies of the specific license must accompany the Initial NRC Form 241.)	14/02 3/1/02 LINFORMATION CONTAINED IN ED 11/97) UCENSE NUMBER STATE MD-05-101-01 MD	NUMBER TO BE ASSIGNED BY NRC COOLG NITEMS 9-16 ABOVE.
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8. CLIE	NT NAME, ADDRESS, CITY/COUNTY S	STATE ZIP CODE		9. ACTUAL PHYSIC (Street and Num.	AL ADDRESS OF W	ORK LOCATION Give as complete en a	address or directions as possible.)
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1. NAME OF LICENSEE (Person or firm p	proposing to conduct the activities de	escribed below)		2. TYPE	OF REPORT
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S. ADDRESS OF LICENSEE (Melling add	tress of other location where Acense	e may be localed)	4. LICENSEE	CONTACT AND TITLE	
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B. CLIENT NAME, ADDRESS, CITY/COUN	TY, STATE, ZIP CODE	In ACTUAL	PHYSICAL ADDRESS OF	EWORK LOCATION	
		(Street a	nd Number of Other locati	ion. Give as complete an	address or directions as possible.)
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·	:	10 CLIENT	TELEPHONE NUMBER	11. WORK LO	CCATION TELEPHONE NUMBER
		610	Ares Code) -566-9400	1	566-9400
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3. ADDRESS OF LICENSEE (Mailing address or other location where licenses of	mey be located)	4. LICENSEE CONTACT	AND TITLE	
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REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIV FEDERAL JURISDICTION, OR OFFSHORE WATERS (Please read the instructions before completing this form)	Estimated bursier request; 15 mini schedule inspecti accordance with safety. Send con Management Bra Wachington, DC and to the Deak NEOB-10202. (Washington, DC	mments regarding for ments regarding inch (T-6 EB), U.: 20555-0001, or Officer, Office of 3150-0013). Officer of 20503. If a me	DOTS  EXPIRES: 07/31/2/ comply with this mandatury collect catton is required so that NRC in a to ensure that they are conducted protection of the public health as burden estimate to the Record.  Note as Regulatory Commission by internet e-mail to bis1@nro. of information and Regulatory Affailes of Management and Budge lans used to impose an informationant valid CMB control number. If and a person is not required in.
NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)		2. TYPE O	F REPORT
Krueger-Gilbert Health Physics, Inc	INITIAL	REVISI	ON X CLARIFICATION
3. ADDRESS OF LICENSEE (Mailing address or other location where liganess may be located)  3601 E. Joppa Road  Baltimére, Maryland 21234	Wendy C	harlton/	Health Physicis
	(Incluies Area Code	•) [	(Imilutie Area Code)
7. ACTIVITIES TO BE CONDUCTED UNDER THE GENE	410-665-	D44/	410-665-2074
WELL LOGGING X LEAK TESTING AND/OR CALIBRATION			ADIATOR SERVICE
PORTABLE GAUGES OTHER (Specify)			
RADIOGRAPHY REGISTERED AS USER OF PACKAGING (CERTIFICATES	OF COMPLIANCE NUMBER	ERE)	
B. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE	SICAL ADDRESS OF WOR	OK LOCATION	
The Cardiovangular Comments	umber or other location. Gi Same as 8	ve as complete en al	édiass or directions en possible)
(fociuda Area	EPHONE NUMBER I Code) 81-1265	(Include Area	ATION TELEPHONE NUMBER COde) 81-1265
12. DATES SCHEDULED 13. NUMBER OF WORK DAYS	14, ADD	15.	16. LOCATION
12. DATES SCHEDULED 13. NUMBER OF WORK DAYS	14, ADD	15. DELETE	REFERENCE NUMBER
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