NRC FORM 241 (7-1999) U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: 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-6 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet 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.

# 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)*: Elekta Instruments Inc.

2. TYPE OF REPORT: ☐ INITIAL ☐ REVISION ☒ CLARIFICATION

3. ADDRESS OF LICENSEE *(Mailing address or other location where licensee may be located)*: 3155 Northwoods Parkway NW, Norcross Ga 30030

4. LICENSEE CONTACT AND TITLE: Martin Knotts, RSO

5. TELEPHONE NUMBER *(Include Area Code)*: 770-300-9725

6. FACSIMILE NUMBER *(Include Area Code)*: 770-448-6338

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) ⇒ Service call - Replace helmet sensors

☐ RADIOGRAPHY ⇒ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE: Yale New Haven Health Ambulatory Service Corp. Radiosurgery Suite at Temple Medical Center, 40 Temple Street, New Haven CT 06510

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION *(Street and Number or other location. Give as complete an address or directions as possible.)*: Same

10. CLIENT TELEPHONE NUMBER *(Include Area Code)*: 203-688-2953

11. WORK LOCATION TELEPHONE NUMBER *(Include Area Code)*: Same

| 12. DATES SCHEDULED FROM | TO | 13. NUMBER OF WORK DAYS | 14. ADD | 15. DELETE | 16. LOCATION REFERENCE NUMBER |
|---|---|---|---|---|---|
| 3/14/02 | 3/14/02 | 1 | | | NUMBER TO BE ASSIGNED BY NRC: 000122 |

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.)*: Cobalt 60

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 |
|---|---|---|
| 1531-15 | Ga | 06/30/2004 |

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 |
|---|---|---|
| Martin Knotts, RSO | M Knotts /cae | 3/12/02 |

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 | REVIEWER (Name and Title) | SIGNATURE | DATE | TOTAL USAGE - DAYS TO DATE |
|---|---|---|---|---|
| | Janice H. Kirby, Licensing Assistant | Janice H Kirby | 3/11/02 | |