

NRC FORM 241
(7-1999)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY: 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 20555-0001, or by internet e-mail to b1e1@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)

Krueger-Gilbert Health Physics, Inc.

3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)

3601 E. Joppa Road
Baltimore, MD 21234

2. TYPE OF REPORT

INITIAL REVISION CLARIFICATION

4. LICENSEE CONTACT AND TITLE

Wendy Charlton/Health Physicist

5. TELEPHONE NUMBER (Include Area Code)

410-665-5447

8. 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) ⇒ _____
- RADIOGRAPHY ⇒ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE

Mount Vernon Cardiology
6355 Walker Lane, #406
Alexandria, VA 22310

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)

703-313-0943

11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)

703-313-0943

12. DATES SCHEDULED

FROM 4/19/02 TO 4/19/02

13. NUMBER OF WORK DAYS

14. ADD

4/19/02 4/1/02

15. DELETE

16. LOCATION REFERENCE NUMBER

NUMBER TO BE ASSIGNED BY NRC
000159

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 this initial NRC Form 241.)

LICENSE NUMBER

MD-05-101-01

STATE

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 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

Suzanne F. Krueger-Schmidt

DATE

3/20/02

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)

Judith A. Justus

SIGNATURE

Judith A. Justus

DATE

3/25/02

TOTAL USAGE - DAYS TO DATE

115

② 3/25/02

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

REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS

(Please read the instructions before completing this form)

APPROVED OMB: NO. 3150-0015 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 (7-6 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, NE08-10202, (3155-0013), 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
 Wendy Charlton/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 THERAPY/IRRADIATOR SERVICE
 PORTABLE GAUGES OTHER (Specify) ⇒ _____
 RADIOGRAPHY ⇒ _____ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS) _____

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE
 Cardiac Diagnostic Services of Virginia
 3289 Woodburn Road, Suite 50
 Annandale, VA 22003

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)
 (703) 641-0244

11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)
 (703) 641-0244

12. DATES SCHEDULED	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM 4/29/02 TO 4/29/02	1	4/29/02	4/1/02	000160

NUMBER TO BE ASSIGNED BY NRC

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.)

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:

- All information in this report is true and complete.
- 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.
- 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.
- 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.
- 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
 Suzanne F. Krueger-Schmidt

DATE
 3/20/02

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
	Scott A. Soustra	Scott A. Soustra	3/25/02	115

50 3/25/02

NRC FORM 241 (7-1999) PRINTED ON RECYCLED PAPER

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 hst1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NCEB-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)
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
Wendy Charlton/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) ⇒ _____
- RADIOGRAPHY ⇒ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE
Northern Virginia Endocrinologists
3020 Hamaker Court, Suite 502
Fairfax, VA 22031

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) (703) 849-8440
11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) (703) 849-8440

12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM 4/29/02	TO 4/29/02	1	4/29/02	4/10/02	NUMBER TO BE ASSIGNED BY NRC 000183

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.
- 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 3/20/02

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FOR NRC USE ONLY REVIEWING OFFICIAL (Typed/Printed Name and Title) SIGNATURE DATE TOTAL USAGE - DAYS TO DATE
Judith A. Smith, RSO Judith A. Smith 3/25/02 115

3/25/02

NRC FORM 241 (7-1999) **U.S. NUCLEAR REGULATORY COMMISSION** **APPROVED BY OMB: 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)

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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"/> CLARIFICATION <input checked="" type="checkbox"/>	
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 Wendy Charlton/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) → _____

RADIOGRAPHY → _____ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE The Cardiovascular Group, PC 8303 Arlington Blvd Building B, Suite 120 Fairfax, VA 22031		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) 703-573-3494	11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 703-573-3494

12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM 4/19/02	TO 4/19/02	1	4/19/02	4/1/02	NUMBER TO BE ASSIGNED BY NRC 000107

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 MD-05-101-01	STATE MD	EXPIRATION DATE 6/30/2003
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19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)

I, THE UNDERSIGNED, HEREBY CERTIFY THAT:

- All information in this report is true and complete.
- 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.
- 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.
- 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.
- 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 <i>Suzanne F. Krueger-Schmidt</i>	DATE 3/20/02
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FOR NRC USE ONLY	REVIEWING OFFICIAL (Typed/Printed Name and Title) <i>[Signature]</i>	SIGNATURE <i>[Signature]</i>	DATE 3/25/02	TOTAL USAGE - DAYS TO DATE 115
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NRC FORM 241 (7-1999) **PRINTED ON RECYCLED PAPER**

(50) 3/25/02

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

REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS

(Please read the instructions before completing this form)

APPROVED BY: NO. 3150-0013 **EXPIRES:** 07/31/2002

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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
 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

WELL LOGGING LEAK TESTING AND/OR CALIBRATIONS TELE THERAPY/IRRADIATOR SERVICE

PORTABLE GAUGES OTHER (Specify) → _____

RADIOGRAPHY → REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE
 Greater Southeast
 Community Hospital
 1310 Southern Avenue, S.E.
 Washington, DC 20032

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) **11. WORK LOCATION TELEPHONE NUMBER** (include Area Code)
 202-574-6684 202-574-6684

12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM	TO				NUMBER TO BE ASSIGNED BY NRC
4/11/02	4/11/02	1	4/11/02	4/11/02	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 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.
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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 - RSO or Management Representative (Name and Title) **SIGNATURE** **DATE**

Suzanne F. Krueger-Schmidt, Pres. *Suzanne F. Krueger-Schmidt* 3/20/02

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FOR NRC USE ONLY **REVIEWING OFFICIAL (Typed/Printed Name and Title)** **SIGNATURE** **DATE** **TOTAL USAGE - DAYS TO DATE**

Judith A. Joubert *Judith A. Joubert* 3/25/02 115

3/25/02

NRC FORM 241
(7-1999)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED LICENSE 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 estimates to the Records Management Branch (7-6 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to br1@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) Krueger-Gilbert Health Physics, Inc		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) 3601 E. Joppa Road Baltimore, Maryland 21234		4. LICENSEE CONTACT AND TITLE Wendy Charlton/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 160.20

WELL LOGGING LEAK TESTING AND/OR CALIBRATIONS TELETHERAPY/IRRADIATOR SERVICE

PORTABLE GAUGES OTHER (Specify) → _____

RADIOGRAPHY → REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS) _____

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE South Jersey Heart Group 539 Egg Harbor Road Sewell, NJ 08080		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) 609-589-1753		11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 609-589-1753	

12. DATES SCHEDULED	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM 4/17/02 TO 4/17/02	1	4/17/02	4/17/02	NUMBER TO BE ASSIGNED BY NRC 000162

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
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19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)

I, THE UNDERSIGNED, HEREBY CERTIFY THAT:

- All information in this report is true and complete.
- 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.
- 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.
- 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.
- 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* **3/20/02**

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 Scott A. Smith <i>Scott A. Smith</i> 3/20/02	TOTAL USAGE - DAYS TO DATE 115
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30 3/25/02

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 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bje1@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)
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
Wendy Charlton/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)
 RADIOGRAPHY
REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE
**Cardiac Diagnostic Imaging Center
3001 West Chapel Avenue, Suite 102
Cherry Hill, NJ 08002**

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) **609-482-8900**
11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) **609-482-8900**

12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM	TO				NUMBER TO BE ASSIGNED BY NRC
4/17/02	4/17/02	1	4/17/02	4/1/02	000163

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.)
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* **3/20/02**

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
Smith, A. Jonathan *Smith, A. Jonathan* **3/20/02** **115**

3/25/02

NRC FORM 241
(7-1999)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY: 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 20535-0001, 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)
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
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 160.20

- WELL LOGGING
- LEAK TESTING AND/OR CALIBRATIONS
- TELETHERAPY/IRRADIATOR SERVICE
- PORTABLE GAUGES
- OTHER (Specify) → _____
- RADIOGRAPHY → REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE
Cardiovascular Associates of
Chambersburg
601 Norland Avenue
Chambersburg, PA 17201

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) 717-264-3900
11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 717-264-3900

12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM 4/4/02	TO 4/4/02	1	4/4/02	4/10/02	NUMBER TO BE ASSIGNED BY NRC 000189

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 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) Suzanne F. Krueger-Schmidt, Pres.	SIGNATURE <i>Suzanne F. Krueger-Schmidt</i>	DATE 3/20/02
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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) Judith A. Justice Sr. HR	SIGNATURE <i>Judith A. Justice Sr.</i>	DATE 3/25/02	TOTAL USAGE - DAYS TO DATE 115
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@ 3/25/02