Krueger-Gilbert Health Physics, Inc.
3601 EAST JOPPA ROAD
BALTIMORE, MARYLAND 21234
(410) 665-KGHP (5447) FAX (410) 665-2074

FAX COVER LETTER

To: Sheryl Villar **From:** Susie Setter

Fax: 610-337-5269 **Date:** 4/5/02

Phone: **Pages:** 2

Re: **CC:**

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

- **Comments:**

Sheryl,
We have a change in schedule. These were approved for the 19th but now we are going on the 18th. Just wanted you to know.

NRC FORM 241 (7-1998) 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 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.

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 information may be mailed)
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 (CERTIFICATE 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 description. 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 FROM	TO	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
4/18/02	4/18/02	1	4/18/02	4/19/02	NUMBER TO BE ASSIGNED BY NRC: C08187

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	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 those 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's 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
	[redacted]	[redacted]	3/25/02	115

(SJ 3/25/02 John McGuatha 4/3/02 @ 4/5/02

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[redacted]

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

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

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☐ PORTABLE GAUGES ☐ OTHER (Specify) ⇒

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

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

Mount Vernon Cardiology
6355 Walker Lane, #405
Alexandria, VA 22310

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other description. 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

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4/18/02	4/18/02	1	4/18/02	4/19/02	NUMBER TO BE ASSIGNED BY NRC: 000159

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

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3/25/02 John M. Goll 4/5/02 4/5/02

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