

NRC FORM 241 (7-1899)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3160-0013 <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-8 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to b1s1@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>		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 <i>(Person or firm proposing to conduct the activities described below)</i> Krueger-Gilbert Health Physics, Inc		2. TYPE OF REPORT INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> CLARIFICATION <input checked="" type="checkbox"/>		4. LICENSEE CONTACT AND TITLE Wendy Charlton		5. TELEPHONE NUMBER <i>(Include Area Code)</i> 410-665-5447	
3. ADDRESS OF LICENSEE <i>(Mailing address or other location where licensee may be located)</i> 3601 E. Joppa Road Baltimore, Maryland 21234		6. FACSIMILE NUMBER <i>(Include Area Code)</i> 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) \Rightarrow _____ <input type="checkbox"/> RADIOGRAPHY \Rightarrow REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS) _____			
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE Veterans Affairs Medical Center 1601 Kirkwood Highway Wilmington, DE 19805		9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION <i>(Street and Number or other location. Give as complete an address or directions as possible.)</i> same as #8		10. CLIENT TELEPHONE NUMBER <i>(Include Area Code)</i> 302-633-5315		11. WORK LOCATION TELEPHONE NUMBER <i>(Include Area Code)</i> 302-633-5315	
12. DATES SCHEDULED FROM <u>5/1/02</u> TO <u>5/1/02</u>		13. NUMBER OF WORK DAYS <u>1</u>		14. ADD. COMMENTS <u>1</u>		15. LOCATION REFERENCE NUMBER NUMBER TO BE ASSIGNED BY NRC <u>000170</u>	
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 <i>(Include description of type and quantity of radioactive material, sealed sources, or devices to be used.)</i> 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. <i>(Four copies of the specific license must accompany the initial NRC Form 241.)</i>				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 <i>Suzanne F. Krueger-Schmidt</i>		DATE 4/22/02	
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 McTeach		SIGNATURE <i>John McTeach</i>		DATE 4/24/02	
						TOTAL USAGE - DAYS TO DATE	

② 4/24/02

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 OMB: NO. 3150-0013 EXPIRES: 07/31/2007
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-5 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0004, 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.

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
**Heart Center of Southern Maryland
2440 M Street, N.W., Suite 314
Washington, DC 20037**

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)
202-785-4966

11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)
202-785-4966

12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM	TO				NUMBER TO BE ASSIGNED BY NRC
5/2/02	5/13/02	1	5/13/02	5/1/02	000181

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, _____ 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 - RBD or Management Representative (Name and Title) SIGNATURE DATE

Suzanne F. Krueger-Schmidt, Pres. *Suzanne F. Krueger-Schmidt* **4/22/02**

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 McKeith *John McKeith* **4/24/02** _____

③ 4/24/02

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 OMB: NO. 3180-0013 **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 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.

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
 Cardiology Associates, P.C.
 2141 K Street, Northwest, Suite 206
 Washington, DC 20037

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)
 202-822-9356

11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)
 202-822-9356

12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM	TO				NUMBER TO BE ASSIGNED BY NRC
5/13/02	5/13/02	1	5/13/02	5/1/02	000171

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	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
 4/22/02

FOR NRC USE ONLY

REVIEWING OFFICIAL (Typed/Printed Name and Title)
 John M. Smith

SIGNATURE
 John M. Smith

DATE
 4/21/02

TOTAL USAGE - DAYS TO DATE

NRC FORM 241 (7-1999)

② 4/24/02

PRINTED ON RECYCLED PAPER

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 OMB: NO. 3150-0019 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 (7-8 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bet@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-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.

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

12. DATES SCHEDULED FROM 5/1/02 TO 5/1/02		13. NUMBER OF WORK DAYS	14. ADD	15. ADJUST	16. LOCATION REFERENCE NUMBER NUMBER TO BE ASSIGNED BY NRC 000161
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17. 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
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18. 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 4/22/02
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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) John McLeath	SIGNATURE <i>John McLeath</i>	DATE 4/24/02	TOTAL USAGE - DAYS TO DATE
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<p>NRC FORM 241 <small>(7-1999)</small></p> <p style="text-align: center;">U.S. NUCLEAR REGULATORY COMMISSION</p> <p style="text-align: center;">REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS</p> <p style="text-align: center;"><i>(Please read the instructions before completing this form)</i></p>		<p>APPROVED BY OMB: NO. 3150-0013 EXPIRES: 07/31/2002</p> <p><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-8 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20556-0001, 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.</small></p>	
<p>1. NAME OF LICENSEE <small>(Person or firm proposing to conduct the activities described below)</small></p> <p>Krueger-Gilbert Health Physics, Inc</p>		<p>2. TYPE OF REPORT</p> <p>INITIAL <input type="checkbox"/> REVISION <input checked="" type="checkbox"/> CLARIFICATION</p>	
<p>3. ADDRESS OF LICENSEE <small>(Mailing address or other location where licensee may be located)</small></p> <p>3601 E. Joppa Road Baltimore, Maryland 21234</p>		<p>4. LICENSEE CONTACT AND TITLE</p> <p>Fred Rustad/Health Physicist</p>	
		<p>5. TELEPHONE NUMBER <small>(Include Area Code)</small></p> <p>410-665-5447</p>	<p>6. FACSIMILE NUMBER <small>(Include Area Code)</small></p> <p>410-665-2074</p>
<p>7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 160.20</p> <p> <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"/> RADIOGRAPHY ⇒ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS) </p>			
<p>8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE</p> <p>Hanover General Hospital 300 Highland Avenue Hanover, PA 17331</p>		<p>9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION <small>(Street and Number or other location. Give as complete an address or directions as possible.)</small></p> <p>(same as #8)</p>	
		<p>10. CLIENT TELEPHONE NUMBER <small>(Include Area Code)</small></p> <p>(717) 637-3711</p>	<p>11. WORK LOCATION TELEPHONE NUMBER <small>(Include Area Code)</small></p> <p>(717) 637-3711</p>
<p>12. DATES SCHEDULED</p> <p>FROM <u>5/8/02</u> TO <u>5/8/02</u></p>		<p>13. NUMBER OF WORK DAYS</p> <p>1</p>	<p>14. ADD</p> <p><u>5/8/02</u></p>
		<p>15. DELETE</p> <p><u>5/1/02</u></p>	<p>16. LOCATION REFERENCE NUMBER</p> <p>NUMBER TO BE ASSIGNED BY NRC <u>000192</u></p>
<p>LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 8-16 ABOVE.</p>			
<p>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></p> <p>Cs-137 ICN MLD-01#309389, 250uCi (11/23/87) Cs-137 NAS MED 3550 #A7380, 182.5 uCi (11/1/97)</p>			
<p>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.)</p>		<p>LICENSE NUMBER</p> <p>MD-05-101-01</p>	<p>STATE</p> <p>MD</p>
		<p>EXPIRATION DATE</p> <p>6/30/2003</p>	
<p>19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)</p> <p>I, THE UNDERSIGNED, HEREBY CERTIFY THAT:</p> <p>a. All information in this report is true and complete.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>			
<p>CERTIFYING OFFICER - RSO or Management Representative (Name and Title)</p> <p>Suzanne P. Krueger-Schmidt, Pres.</p>		<p>SIGNATURE</p> <p><i>Suzanne P. Krueger-Schmidt</i></p>	<p>DATE</p> <p>4/22/02</p>
<p>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.</p>			
<p>FOR NRC USE ONLY</p>	<p>REVIEWING OFFICIAL (Typed/Printed Name and Title)</p> <p>John McKeith</p>	<p>SIGNATURE</p> <p><i>John McKeith</i></p>	<p>DATE</p> <p>4/24/02</p>
		<p>TOTAL USAGE - DAYS TO DATE</p>	

② 4/24/02

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.

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

(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 [X]

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
Malek Daneshvar / 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 [X] 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
Sacred Heart Hospital
421 Chew Street
Allentown, PA 18102
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)
(610) 776-4500
11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)
(610) 776-4500

Table with 5 columns: 12. DATES SCHEDULED (FROM 5/20/02 TO 5/20/02), 13. NUMBER OF WORK DAYS (1), 14. ADD (5/20/02), 15. DELETE (5/1/02), 16. LOCATION REFERENCE NUMBER (000194)

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

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)
Suzanne F. Krueger-Schmidt, Pres.
SIGNATURE: Suzanne F. Krueger-Schmidt
DATE: 4/22/02

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: John M. ...
DATE: 4/24/02
TOTAL USAGE - DAYS TO DATE

@ 4/24/02

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

(Please read the instructions before completing this form)

Continued activity per licensee 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 hst1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOF-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 <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 Stephen P. Henry /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 Department of Veterans Affairs Medical Center Martinsburg, West Virginia 25401		8. 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) 304-263-0811		11. WORK LOCATION TELEPHONE NUMBER (include Area Code) 304-263-0811	

12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM 5/15/02	TO 5/15/02	1	5/15/02	5/15/02	000195

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 6 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:

- 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 <i>Suzanne F. Krueger-Schmidt</i>	DATE 4/22/02
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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) John McPate	SIGNATURE <i>John McPate</i>	DATE 4/24/02	TOTAL USAGE - DAYS TO DATE
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② 4/24/02