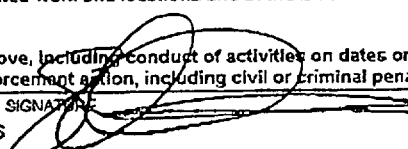
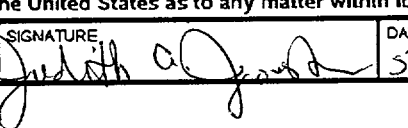


NRC FORM 241 (7-1989)		U.S. NUCLEAR REGULATORY COMMISSION	
REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS <i>(Please read the instructions before completing this form)</i>			
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) Neutron Products, Inc.		2. TYPE OF REPORT <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input checked="" type="checkbox"/> CLARIFICATION	
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) 22301 Mt. Ephraim Road P.O. Box 68 Dickerson, Maryland 20842		4. LICENSEE CONTACT AND TITLE Edmond J. DeRosa/Mngr. Tele. Operations	
		5. TELEPHONE NUMBER (Include Area Code) 301/349-5001	6. FACSIMILE NUMBER (Include Area Code) 301/349-5007
7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20			
<input type="checkbox"/> WELL LOGGING <input 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 Northport VA Medical Center Biomedical Engineering Department 79 Middleville Road Northport, NY 11768-2290		9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.) 79 Middleville Road Northport, NY 11768-2290	
		10. CLIENT TELEPHONE NUMBER (Include Area Code) 631/261-4400	11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 631/261-4400
12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD
FROM June 3, 2002	TO June 3, 2002	1 (one)	06-03-02
		15. DELETE	16. LOCATION REFERENCE NUMBER
		05-29-02	000720
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.) To perform PM service on a Picker C-9 teletherapy unit containing 3,520 curies as of May 1, 2002.			
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 31 025 03	STATE MD
		EXPIRATION DATE Timely Renewal	
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) Edmond J. DeRosa/Mngr. Tele. Operations		SIGNATURE 	DATE May 31, 2002
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. Souster	SIGNATURE 	DATE 5/30/02
		TOTAL USAGE -- DAYS TO DATE 4	PRINTED ON RECYCLED PAPER