

NRC FORM 241 (7-1999)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 8150-0013 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 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.	
<b>REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS</b> (Please read the instructions before completing this form)				<b>EXPIRES: 07/31/2002</b>	
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)				2. TYPE OF REPORT — INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> <input checked="" type="checkbox"/> CLARIFICATION	
Krueger-Gilbert Health Physics, Inc					
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)				4. LICENSEE CONTACT AND TITLE	
3601 E. Joppa Road Baltimore, Maryland 21234				STEPHEN HENRY 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					
<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) →					
<input type="checkbox"/> RADIOGRAPHY → REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)					
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE				9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.)	
Classic Imaging 1140 Varnum Street, N.E. Suite 020 Washington, DC 20017				(same as #8)	
				10. CLIENT TELEPHONE NUMBER (Include Area Code)	11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)
				(202) 529-4624	(202) 529-4624
12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM 7/26/02 TO 7/26/02		1	7/26/02	7/1/02	NUMBER TO BE ASSIGNED BY NRC 000172
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
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)				SIGNATURE	DATE
Suzanne E. Krueger-Schmidt, Pres.				Suzanne E. Krueger-Schmidt	6/3/02
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 M. [Signature]	6/13/02	

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

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 [bri1@nrc.gov](mailto:bri1@nrc.gov), and to the Desk Officer, Office of Information and Regulatory Affairs, NEOS-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)	2. TYPE OF REPORT INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> CLARIFICATION <input checked="" type="checkbox"/>
Krueger-Gilbert Health Physics, Inc	
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)	4. LICENSEE CONTACT AND TITLE
3601 E. Joppa Road Baltimore, Maryland 21234	Stephen 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 (CERTIFICATE OF COMPLIANCE NUMBER)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE	9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.)
Greater Southeast Community Hospital 1310 Southern Avenue, S.E. Washington, DC 20032	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 7/15/02 TO 7/15/02	1	7/15/02	7/1/02	NUMBER TO BE ASSIGNED BY NRC 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) CB-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

## 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)	SIGNATURE	DATE
Suzanne F. Krueger-Schmidt, Pres.	<i>Suzanne F. Krueger-Schmidt</i>	6/7/02

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
		<i>John M. Smith</i>	6/11/02	

② 4/10/02

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: 07/31/2002

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 (7-2 ES), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to bja1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOS-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

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

3601 E. Joppa Road  
Baltimore, Maryland 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

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)  $\Rightarrow$  \_\_\_\_\_☐ RADIOGRAPHY  $\Rightarrow$  \_\_\_\_\_

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

FROM

7/17/02

TO

7/17/02

13. NUMBER OF  
WORK DAYS

1

14.  
ADD

7/17/02

15. DELETE

7/1/02

16. LOCATION  
REFERENCE NUMBERNUMBER TO BE  
ASSIGNED BY NRC

000162

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

MD-05-101-01

STATE

MD

EXPIRATION DATE

6/30/2003

## 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 E. Krueger-Schmidt, Pres.

SIGNATURE

Suzanne E. Krueger-Schmidt

DATE

6/7/02

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FOR NRC  
USE ONLY

REVIEWING OFFICIAL (Typed/Printed Name and Title)

SIGNATURE

John M. Kratoch

DATE

6/13/02

TOTAL USAGE - DAYS TO DATE

NRC FORM 241 (7-1999)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3150-0013 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 ES), U.S. Nuclear Regulatory Commission, Washington, DC 20545-0001, or by Internet e-mail to b61@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.		EXPIRES: 6/30/2002	
<b>REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS</b> <i>(Please read the instructions before completing this form)</i>				<b>2. TYPE OF REPORT</b> INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> <input checked="" type="checkbox"/> CLARIFICATION			
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) <b>Krueger-Gilbert Health Physics, Inc</b>				4. LICENSEE CONTACT AND TITLE <b>Wendy Charlton/Health Physicist</b>			
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) <b>3601 E. Joppa Road Baltimore, Maryland 21234</b>				5. TELEPHONE NUMBER (Include Area Code) <b>410-665-5447</b>		6. FACSIMILE NUMBER (Include Area Code) <b>410-665-2074</b>	
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) <input type="checkbox"/> REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS) <input type="checkbox"/> RADIOGRAPHY <input type="checkbox"/>							
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE <b>Cardiac Diagnostic Imaging Center 3001 West Chapel Avenue, Suite 102 Cherry Hill, NJ 08002</b>				9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.) <b>same as 8</b>			
10. CLIENT TELEPHONE NUMBER (Include Area Code) <b>609-482-8900</b>				11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) <b>609-482-8900</b>			
12. DATES SCHEDULED		13. NUMBER OF WORK DAYS		14. ADD		15. DELETE	
FROM <b>7/17/02</b> TO <b>7/17/02</b>		<b>1</b>		<b>7/17/02</b>		<b>7/1/02</b>	
16. LOCATION REFERENCE NUMBER <b>000163</b>							
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.) <b>Cs-137 ICN MLD-01#309389, 250uCi (11/23/87) Cs-137 NAS MED 3550 #A7380, 182.5 uCi (11/1/97)</b>							
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 <b>MD-05-101-01</b>		STATE <b>MD</b>	
				EXPIRATION DATE <b>6/30/2003</b>			
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) <b>Suzanne F. Krueger-Schmidt, Pres.</b>				SIGNATURE <i>Suzanne F. Krueger-Schmidt</i>		DATE <b>6/7/02</b>	
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) <b>John M. Smith</b>		SIGNATURE <i>John M. Smith</i>		DATE <b>6/13/02</b>	
						TOTAL USAGE - DAYS TO DATE <b>6/10/02</b>	

NRC FORM 241 (7-1999)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3150-0013 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 bje1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOS-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.		EXPIRES: 07/31/2002	
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Krueger-Gilbert Health Physics, Inc				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							
<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) <input type="checkbox"/> REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)							
<input type="checkbox"/> RADIOGRAPHY <input type="checkbox"/>							
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE				9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.)			
Cardiac Diagnostic Services of Virginia 3289 Woodburn Road, Suite 50 Annandale, VA 22003				Same as 8			
				10. CLIENT TELEPHONE NUMBER (Include Area Code)		11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)	
				(703) 641-0244		(703) 641-0244	
12. DATES SCHEDULED		13. NUMBER OF WORK DAYS		14. ADD		15. DELETE	
FROM 7/15/02 TO 7/15/02		1		7/15/02		7/1/02	
						16. LOCATION REFERENCE NUMBER NUMBER TO BE ASSIGNED BY NRC 000160	
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	
				MD-05-101-01		MD	
				EXPIRATION DATE		6/30/2003	
19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)							
I, THE UNDERSIGNED, HEREBY CERTIFY THAT:							
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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.							
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CERTIFYING OFFICER - RSO or Management Representative (Name and Title)				SIGNATURE		DATE	
Suzanne F. Krueger-Schmidt, Pres.				Suzanne F. Krueger-Schmidt		6/7/02	
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	
				John M. [Signature]		6/13/02	
						TOTAL USAGE - DAYS TO DATE	

NRC FORM 241 (7-1999)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3150-0013 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 E8), 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, NEOS-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.		EXPIRES: 6/31/2002	
<b>REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS</b> (Please read the instructions before completing this form)							
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) <b>Krueger-Gilbert Health Physics, Inc</b>				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) <b>3601 E. Joppa Road Baltimore, Maryland 21234</b>				4. LICENSEE CONTACT AND TITLE <b>Wendy Charlton/Health Physicist</b>			
				5. TELEPHONE NUMBER (Include Area Code) <b>410-665-5447</b>		6. FACSIMILE NUMBER (Include Area Code) <b>410-665-2074</b>	
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) <input type="checkbox"/> REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS) <input type="checkbox"/> RADIOGRAPHY <input type="checkbox"/>							
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE <b>Northern Virginia Endocrinologists 3020 Hamaker Court, Suite 502 Fairfax, VA 22031</b>				9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.) <b>Same as 8</b>			
				10. CLIENT TELEPHONE NUMBER (Include Area Code) <b>(703) 849-8440</b>		11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) <b>(703) 849-8440</b>	
12. DATES SCHEDULED		13. NUMBER OF WORK DAYS		14. ADD		15. DELETE	
FROM <b>7/15/02</b> TO <b>7/15/02</b>		<b>1</b>		<b>7/15/02</b>		<b>7/1/02</b>	
						16. LOCATION REFERENCE NUMBER <b>000183</b>	
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.) <b>Cs-137 ICN MLD-01#309389, 250uCi (11/23/87) Cs-137 NAS MED 3550 #A7380, 182.5 uCi (11/1/97)</b>							
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 <b>MD-05-101-01</b>		STATE <b>MD</b>	
				EXPIRATION DATE <b>6/30/2003</b>			
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) <b>Suzanne F. Krueger-Schmidt, Pres.</b>				SIGNATURE <i>Suzanne F. Krueger-Schmidt</i>		DATE <b>6/7/02</b>	
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) <b>John McQuarrie</b>		SIGNATURE <i>John McQuarrie</i>		DATE <b>6/13/02</b>	
						TOTAL USAGE - DAYS TO DATE	

② 6/10/02

<b>NRC FORM 241</b> (7-1999)		<b>U.S. NUCLEAR REGULATORY COMMISSION</b>		<b>APPROVED BY OMB: NO. 3150-0013</b> 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 Internet e-mail to bja1@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.	
<b>REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS</b> (Please read the instructions before completing this form)				<b>EXPIRES: 07/31/2002</b>	
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) <b>Krueger-Gilbert Health Physics, Inc</b>		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) <b>3601 E. Joppa Road Baltimore, Maryland 21234</b>		4. LICENSEE CONTACT AND TITLE <b>Wendy Charlton/Health Physicist</b>			
		5. TELEPHONE NUMBER (Include Area Code) <b>410-665-5447</b>		6. FACSIMILE NUMBER (Include Area Code) <b>410-665-2074</b>	
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 <b>The Cardiovascular Group, PC 8303 Arlington Blvd Building B, Suite 120 Fairfax, VA 22031</b>			9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.) <b>same as #8</b>		
			10. CLIENT TELEPHONE NUMBER (Include Area Code) <b>703-573-3494</b>		11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) <b>703-573-3494</b>
12. DATES SCHEDULED FROM <b>7/23/02</b> TO <b>7/23/02</b>		13. NUMBER OF WORK DAYS <b>1</b>	14. ADD <b>7/23/02</b>	15. DELETE <b>7/1/02</b>	16. LOCATION REFERENCE NUMBER <b>000187</b>
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.) <b>Cs-137 ICN MLD-01#309389, 250uCi (11/23/87) Cs-137 NAS MED 3550 #A7380, 182.5 uCi (11/1/97)</b>					
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 <b>MD-05-101-01</b>	STATE <b>MD</b>	EXPIRATION DATE <b>6/30/2003</b>
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) <b>Suzanne E. Krueger-Schmidt, Pres.</b>			SIGNATURE <i>Suzanne E. Krueger-Schmidt</i>		DATE <b>6/7/02</b>
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) <b>John M. Gratta</b>		SIGNATURE <i>John M. Gratta</i>	DATE <b>6/13/02</b>
				TOTAL USAGE - DAYS TO DATE <b>5 6/10/02</b>	



<b>NRC FORM 241</b> (7-1999)		<b>U.S. NUCLEAR REGULATORY COMMISSION</b>		<b>APPROVED BY OMB: NO. 3150-0013</b> 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 <a href="mailto:bja@nrc.gov">bja@nrc.gov</a> , and to the Desk Officer, Office of Information and Regulatory Affairs, NEOS-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.		<b>EXPIRES: 07/31/2002</b>	
<b>REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS</b> <i>(Please read the instructions before completing this form)</i>							
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)				2. TYPE OF REPORT			
<del>Krueger, Gilbert Health Physics, Inc.</del>				<input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input checked="" type="checkbox"/> CLARIFICATION			
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee fully be located)				4. LICENSEE CONTACT AND TITLE			
3601 E. Joppa Road Baltimore, MD 21234				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							
<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) - ➔							
<input type="checkbox"/> RADIOGRAPHY ➔ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)							
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE				9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.)			
Mount Vernon Cardiology 6355 Walker Lane, #406 Alexandria, VA 22310				same as 8			
				10. CLIENT TELEPHONE NUMBER (Include Area Code)		11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)	
				703-313-0943		703-313-0943	
12. DATES SCHEDULED		13. NUMBER OF WORK DAYS		14. ADD		15. LOCATION REFERENCE NUMBER	
FROM TO						NUMBER TO BE ASSIGNED BY NRC	
7/23/02 7/23/02		1		7/23/02 7/1/02		000159	
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		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.							
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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.							
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CERTIFYING OFFICER - RSO or Management Representative (Name and Title)				SIGNATURE		DATE	
Suzanne F. Krueger-Schmidt, P.Eng				<i>Suzanne F. Krueger-Schmidt</i>		6/7/02	
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	
				<i>John McFarlane</i>		6/13/02	
						TOTAL USAGE - DAYS TO DATE	

⑤ 6/10/02