

NRC FORM 241  
(7-1999)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0012 EXPIRES: 07/31/2002  
Estimated burden per response to comply with this mandatory collection  
required: 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 20585-0001, or by internet e-mail to [b1@nrc.gov](mailto:b1@nrc.gov),  
and to the Desk Officer, Office of Information and Regulatory Affairs,  
NEOH-10202, (3150-0013), Office of Management and Budget,  
Washington, DC 20503. If a means used to impose an information  
collection does not display a currently valid OMB control number, the  
NRC may not conduct or sponsor, and a person is not required to  
respond to, the information collection.

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

(Please read the instructions before completing this form)

1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)  
**Integral PET Associates, LLC**

2. TYPE OF REPORT  
 INITIAL  REVISION  CLARIFICATION

3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)  
**Paoli Executive Green II  
43 Leopard Road, Suite 200  
Paoli, PA 19301**

4. LICENSEE CONTACT AND TITLE  
**Wendy Rowan  
Vice President of Operations**

5. TELEPHONE NUMBER (Include Area Code) **(610) 993-1640 x203**  
6. FACSIMILE NUMBER (Include Area Code) **(610) 993-1651**

### 7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20

- WELL LOGGING
- LEAK TESTING AND/OR CALIBRATIONS
- TELETHERAPY/RADIATOR SERVICE
- PORTABLE GAUGES
- OTHER (Specify) ⇒ **Mobile PET Services (Sealed sources for equipment QC only)**
- RADIOGRAPHY ⇒ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE  
**Satellite Office: Abington Memorial Hospital  
2701 Blair Mill Road  
Willow Grove, PA 19090  
Main Office: Abington Memorial Hospital  
1208 Old York Road  
Abington, PA 19001**

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and number or other location. Give as complete an address or directions as possible.)  
**RV trailer located directly behind  
Abington Memorial Hospital  
2701 Blair Mill Road  
Willow Grove, PA 19090**

10. CLIENT TELEPHONE NUMBER (Include Area Code) **(215) 481-2000**  
11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) **(215) 481-2827**

12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM	TO				
	<b>8-20-02</b>	<b>1</b>	<b>1</b>		<b>452</b>

### 17. LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.

- (include description of type and quantity of radioactive material, sealed sources, or devices to be used)
- 1) Cs-137 vial Isotope Products Cat. No. SRV-137-250U (Dose Calibrator QC)
  - 2) Cs-137 rod Isotope Products Cat. No. SF-0211 (Well Counter QC)
  - 3) Co-57 vial Isotope Products Cat. No. SRV-057-SM (Dose Calibrator QC)
  - 4) Cs-137 Model HEG-0096 ADAC/Isotope Products (PET Transmission Source)
  - 5) Na-22 Model GF-0227 ADAC/Isotope Prod. (Camera QC)

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: **5058** STATE: **NY** EXPIRATION DATE: **2-29-2012**

### 19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)

I, THE UNDERSIGNED, HEREBY CERTIFY THAT:

- a. All information in this report is true and complete.
- b. I have read and understand the provision of the general license 10 CFR 150.20 reprinted on the instructions of this form; and I understand that I am required to comply with these provisions as to all byproduct, source, or special nuclear material which I possess and use in non-Agreement States or offshore waters under the general license for which this report is filed with the U.S. Nuclear Regulatory Commission.
- c. I understand that activities, including storage, conducted in non-Agreement States under general license 10 CFR 150.20 are limited to a total of 180 days in calendar year. With the exception of work conducted in off-shore waters, which is authorized for an unlimited period of time in the calendar year.
- d. I understand that I may be inspected by NRC at the above listed work site locations and at the Licensee home office address for activities performed in non-Agreement States or offshore waters.
- e. I understand that conduct of any activities not described above, including conduct of activities on dates or locations different from those described above or without NRC authorization, may subject me to enforcement action, including civil or criminal penalties.

CERTIFYING OFFICER - RSO or Management Representative (Name and Title) SIGNATURE DATE  
**Wendy Rowan, Vice President of Operations** **Wendy A. Rowan** **8-16-02**

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  
**Judith A. Joubert, RSO** **Judith A. Joubert** **8/19/02** **53**

50 8/19/02



Integral Nuclear Associates, LLC

August 16, 2002

Sheryl Villar  
Regional Administrator  
Division of Nuclear Material Safety  
ATTN: Reciprocity Request  
Nuclear Materials Safety Branch  
U.S. Nuclear Regulatory Commission, Region I  
475 Allendale Road  
King of Prussia, PA 19406-1415

VIA FACSIMILE 610-337-5269

**Re: Clarification to Reciprocity Request Under New York License Number 5058**

Dear Ms. Villar,

We wish to clarify our reciprocity with the Nuclear Regulatory Commission under New York State Department of Health Radioactive Materials License Number 5058. Please see the attached Form 241.

Our mobile PET facility will be used at 2701 Blair Mill Road, Willow Grove, PA 19090 on Tuesday, August 20, 2002. We have already established this site previously and currently have filed for every Wednesday until the end of the year. We would like to add this one day of use. The use of F-18 and the other sealed sources are covered under our Pennsylvania mobile PET license PA-0900, which we have already submitted.

Once the reciprocity request has been processed, could you please fax a copy to my attention at facsimile number (301) 682-5930 and an additional copy to Wendy Rowan at facsimile number (610) 993-1651.

If you have any further questions or need any additional information, please do not hesitate to notify me at (610) 993-1640, Ext. 208.

Sincerely,



Janice Nguyen  
Health Physicist

Attachment