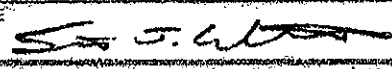
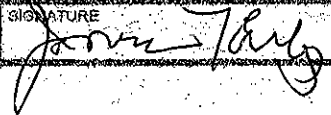


<b>NRC FORM 241</b> (7-1999)		<b>U.S. NUCLEAR REGULATORY COMMISSION</b>	
<b>REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS</b> <i>(Please read the instructions before completing this form)</i>			
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) <b>Industrial Safety Consulting Services (dba)</b>		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) <b>213 Chelsea Court Clarksville, TN 37043-4024 USA</b>		4. LICENSEE CONTACT AND TITLE <b>Scott J. Winters, RSO / Owner</b>	
		5. TELEPHONE NUMBER (Include Area Code) <b>(931) 358-0639</b>	6. FACSIMILE NUMBER (Include Area Code) <b>(931) 358-0649</b>
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"/> TELE THERAPY/IRRADIATOR SERVICE <input type="checkbox"/> PORTABLE GAUGES <input checked="" type="checkbox"/> OTHER (Specify) ⇒ <b>Fixed monitor inspections, general consultation, initial and refresher gauge, x-ray device, and fixed monitor training.</b> <input type="checkbox"/> RADIOGRAPHY ⇒ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)			
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE <b>Nucor Steel Corporation Crawfordsville Mill RR# 2, Box 311 Crawfordsville, IN 47933-9450 USA Mr. Jeff Jordan, RSO</b>		9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.) <b>Crawfordsville Mill 4537 South Nucor Road Crawfordsville, IN 47933-7969 USA</b>	
		10. CLIENT TELEPHONE NUMBER (Include Area Code) <b>(765) 361-2212</b>	11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) <b>(931) 358-0639 [ISCS work/mobile]</b>
12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD
FROM	TO	4	15. DELETE
9/3/02	9/6/02		16. LOCATION REFERENCE NUMBER
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>All sealed sources will be maintained under clients NRC License # 13-25975-01. Americium-241: 1.0 Ci. (Thermo-Radiometrie); Cobalt-60: 36 mCi (Berthold); Cesium-137: 50 Ci. (IMS)</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>R-63018-H09</b>	STATE <b>TN</b>
		EXPIRATION DATE <b>August 31, 2009</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>Scott J. Winters, RSO</b>		SIGNATURE 	DATE <b>7/26/02</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	REV <b>Janice H. Kirby Licensing Assistant</b>	SIGNATURE 	DATE <b>7/26/02</b>
		TOTAL USAGE - DAYS TO DATE	



# Industrial Safety Consulting Services

Radiological Safety and Engineering Group

213 Chelsea Court - Clarksville, TN 37043-4024



## FACSIMILE COVER PAGE

To: Janice H. Kirby	From: Scott J. Winters
Fax #: 14045624955	Fax #: 931-358-0649
Company: NRC - Region III	Tel #: 931-358-0639
Subject: Reciprocal Recognition	
Sent: 7/26/2002 at 1:29:42 PM	Pages: 3 (including cover)

### MESSAGE:

Ms. Janice H. Kirby  
US NRC - Region III

Ms. Kirby:

Suprise, actual pr-eplanned consulting work (ha,ha)! I've attached two request for recirpocity, one to perform a radiation safety officer class in August, and the other to provide regular consulation and general training services in September.

Please review and advise accordingly. Thank you in advance, and also for your recent support.

Scott

cc: Rex Bowser, State of Indiana

Note: The information contained in this message may be privileged and confidential and protected from disclosure. If the reader of this message is not the intended recipient, or an employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify ISCS and destroy all attached documents.

'Only by Referral'