

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 ONE OF THE STATES **STATE OFFICIAL**
This form is to be completed by the licensee or applicant in cooperation with the state official. The licensee or applicant is responsible for providing the state official with a copy of this form and the information requested. The state official is responsible for providing the licensee or applicant with a copy of this form and the information requested. The state official is responsible for providing the licensee or applicant with a copy of this form and the information requested.

1. **NAME OF LICENSEE** (Name of the person or company to whom the license is issued)
Integral PET Associates, LLC

2. **TYPE OF REPORT**
 INITIAL REVISION CLARIFICATION

3. **ADDRESS OF LICENSEE** (Street address of other location where license may be issued)
*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 x 203*
6. **FACSIMILE NUMBER** (Include Area Code) *(610) 993-1651*

7. **ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 190.20**
 WELL LOGGING LEAK TESTING AND/OR CALIBRATIONS TELETHERAPY/RADIATOR SERVICE
 PORTABLE GAUGES OTHER (Specify) *Mobile PET Service (Sealed Sources for Equipment QC only)*
 RADIOGRAPHY *REGISTERED AS USER OF PACKAGING CERTIFICATE OF COMPLIANCE NUMBER*

8. **CUSTOMER NAME, ADDRESS, CITY, COUNTY, STATE, ZIP CODE**
*Phoenixville Hospital
140 Nutt Road
P.O. Box 809
Phoenixville, PA 19460-0809*

9. **ACTUAL PHYSICAL ADDRESS OF WORK LOCATION** (Street and Number of other location. Give an example or address or direction or location.)
*RV located behind
Phoenixville Hospital
140 Nutt Road
Phoenixville, PA 19460-0809*

10. **CUSTOMER TELEPHONE NUMBER** (Include Area Code) *(610) 983-1125*
11. **WORK LOCATION TELEPHONE NUMBER** (Include Area Code)

12. DATES SCHEDULED	13. NUMBER OF WORK DAYS	14. AFD	15. CILETS	16. LOCATION IDENTIFICATION NUMBER
FROM: <i>9-5-02 4-12-02 9-19-02 9-26-02</i>	TO: <i>9-5-02 9-12-02 9-19-02 9-26-02</i>	<i>4</i>	<i>4</i>	<i>0</i>

17. **LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, OFFICED, OR TESTED**
*1) Cs-137 vial Isotope Products Cat. No. SRV-137-250 U (Dose Calibrator QC)
2) Cs-137 rod Isotope Products Cat. No. S6F-0211 (Well Counter QC)
3) Co-57 vial Isotope Products Cat. No. SRV-057-5M (Dose Calibrator QC)
4) Cs-137 Model HES-0096
ADAC/Isotope Products
(PET Transmission Source)
5) Na-22 Model GF-0227
ADAC/Isotope Prod. (Camera QC)*

18. **APPROVED STATE OFFICIAL** (Name of the official who has approved the licensee to conduct activities under the general license for the state in which the activities are to be conducted.)
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 provisions of the general license 10 CFR 190.20 included on the instructions of this form; and I understand that I am required to comply with those provisions as to all independent, source, or special source 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 190.20 are limited to a total of 180 days in calendar year. With the exception of work conducted in offshore 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 days or locations different from those described above or activities NRC authorizes, may subject me to enforcement action, including civil or criminal penalties.

STATE OFFICIAL (Name of the official who has approved the licensee to conduct activities under the general license for the state in which the activities are to be conducted.)
Wendy Rowan, Vice President of Operations *Wendy A. Rowan* **DATE** *8-29-02*

FOR NRC USE ONLY **APPROVED BY** (Name of the official who has approved the licensee to conduct activities under the general license for the state in which the activities are to be conducted.)
Steven R. Courtmanche *Steven R. Courtmanche* **DATE** *8/29/02* **TOTAL LICENSE - DAYS TO DATE** *58*

FOR NRC USE ONLY **APPROVED BY** (Name of the official who has approved the licensee to conduct activities under the general license for the state in which the activities are to be conducted.)
Health Physicist *mal 8/29/02* **TOTAL P. 05**



Integral Nuclear Associates, LLC

August 29, 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 NRC Form 241.

Our mobile PET facility will be used at Phoenixville Hospital, 140 Nutt Road, Phoenixville, PA 19460 on the following four dates: September 5, 2002, September 12, 2002, September 19, 2002, and September 26, 2002. 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.

Thank you for your attention in this matter. If you have any further questions or need any additional information, please do not hesitate to notify me at (800) 394-2620, Ext. 208.

Sincerely,



Janice Nguyen
Health Physicist

Attachment