

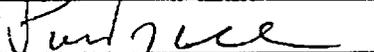
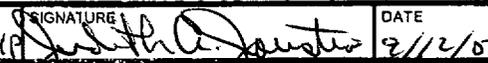
**CIS-US, Inc.****TELEFAX TRANSMITTAL COVER****DATE: 12-SEP-02****FAXED TO #: 610.337.5269****THIS IS PAGE 01 OF 06****ATT: Sheryl Villar, Reciprocity Request****U.S. Nuclear Regulatory Commission, Region I****475 Allendale Road****King of Prussia, PA 19406**

We transmit hereunder [ 2 ] NRC Form 241 CLARIFICATION REPORT(S) at least 3 days prior to scheduled activities. Also, the renewal Amendment 07 of MA Materials License No. 20-9734.

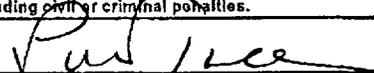
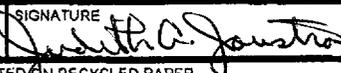
Clean copies of the Form 241 CLARIFICATION REPORT(S) and [4] copies of the amended license will be FedEx'd P-1 to your attention this date.

Thank you for assisting us in obtaining irradiator field service reciprocity in USNRC jurisdictions. Please contact me immediately if CIS-US needs to do anything different or further in this matter.

Paul M. Tyree  
Radiation Safety Officer  
X3020, ptyree@cisusinc.com

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-6 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to bjs1@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)					
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) <b>CIS-US, Inc.</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>10 DeAngelo Drive Bedford, Massachusetts 01730</b>			4. LICENSEE CONTACT AND TITLE  <b>Paul M. Tyree, Radiation Safety Officer</b>		
			5. TELEPHONE NUMBER (Include Area Code) <b>781.275.7120 x3020</b>	6. FACSIMILE NUMBER (Include Area Code) <b>781.275.9151</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 checked="" type="checkbox"/> TELETHERAPY/IRRADIATOR SERVICE <input type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) _____ <input type="checkbox"/> RADIOGRAPHY <input type="checkbox"/> REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS) _____					
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE  <b>Central Jersey Blood Center 494 Sycamore Avenue Shrewsbury, New Jersey 07702 Contact: Nanette Brown</b>			9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.)  <b>Central Jersey Blood Center 494 Sycamore Avenue Shrewsbury, New Jersey 07702</b>		
			10. CLIENT TELEPHONE NUMBER (Include Area Code) <b>732.842.5750</b>	11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) <b>732.842.5750 x248</b>	
12. DATES SCHEDULED FROM TO		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER  NUMBER TO BE ASSIGNED BY NRC <b>001002</b>
FROM <b>9/17/2002 PM</b>		TO <b>9/17/2002 PM</b>	<b>0.5</b>	<b>0</b>	<b>-0.5</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>Scheduled annual PM service of Model IBL 437C Irradiator Ser. No. <u>94-435</u>  <u>3</u> x Model CSL-15 Cs-137 sources, nte 1870 Ci ea. on <u>Feb-94</u></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>20-9734</b>	STATE <b>MA</b>	EXPIRATION DATE <b>30-Sep-07</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>Paul M. Tyree, Corporate RSO</b>			SIGNATURE 		DATE <b>12-Sep-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>Smith A. South</b>		SIGNATURE 		DATE <b>9/12/02</b>
			TOTAL USAGE -- DAYS TO DATE <b>1</b>		

@ 9/12/02

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-6 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bjs1@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)						
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) <b>CIS-US, Inc.</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>10 DeAngelo Drive Bedford, Massachusetts 01730</b>		4. LICENSEE CONTACT AND TITLE  <b>Paul M. Tyree, Radiation Safety Officer</b>				
		5. TELEPHONE NUMBER (Include Area Code) <b>781.275.7120 x3020</b>	6. FACSIMILE NUMBER (Include Area Code) <b>781.275.9151</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 checked="" type="checkbox"/> TELETHERAPY/IRRADIATOR SERVICE <input type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) _____ <input type="checkbox"/> RADIOGRAPHY <input type="checkbox"/> REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS) _____						
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE  <b>Cooper Hospital/University Medical Center One Cooper Plaza Camden, New Jersey 08103 Contact: Theresa Urquhart</b>		9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.)  <b>Cooper Hospital/University Medical Center One Cooper Plaza Camden, New Jersey 08103</b>				
		10. CLIENT TELEPHONE NUMBER (Include Area Code) <b>856.342.2452</b>	11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) <b>856.342.2452</b>			
12. DATES SCHEDULED FROM TO <b>9/17/2002 AM    9/17/2002 AM</b>		13. NUMBER OF WORK DAYS <b>0.5</b>	14. ADD <b>0</b>	15. DELETE <b>-0.5</b>	16. LOCATION REFERENCE NUMBER NUMBER TO BE ASSIGNED BY NRC <b>001003</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>Scheduled annual PM service of Model IBL 437C Irradiator Ser. No. <u>90-322</u>  <u>3</u> x Model CSL-15 Cs-137 sources, nte 1870 Ci ea. on <u>Jul-91</u></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>20-9734</b>	STATE <b>MA</b>	EXPIRATION DATE <b>30-Sep-07</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>Paul M. Tyree, Corporate RSO</b>			SIGNATURE 	DATE <b>12-Sep-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>Judith A. Sorenson</b>	SIGNATURE 	DATE <b>9/12/02</b>	TOTAL USAGE -- DAYS TO DATE <b>2</b>		

② 9/12/02

MRCP-MAT-1

Page 1 of 3 pages



THE COMMONWEALTH OF MASSACHUSETTS  
 DEPARTMENT OF PUBLIC HEALTH  
 RADIATION CONTROL PROGRAM  
 MATERIALS LICENSE

Pursuant to Massachusetts General Laws Chapter 111, Sections 3, 5M, 5N, 5O and 5P and Massachusetts Regulations for the Control of Radiation, Section 120.100, Licensing of Radioactive Material, and in reliance on statements and representation heretofore made by the licensee, a license is hereby issued authorizing the licensee to receive, acquire, possess, and transfer radioactive materials designated below; to use such material for the purpose(s) and at the place(s) designated below; to deliver or transfer such material to persons authorized to receive it in accordance with the regulations 105 CMR 120.000. This license shall be deemed to contain the conditions specified in 105 CMR 120.000 and is subjected to all applicable rules, regulations of the Department of Public Health, Commonwealth of Massachusetts, now or hereafter in effect and to any conditions specified below.

Licensee		3. License Number: 20-9734 is renewed in its entirety, in accordance with letter dated July 29, 2002, to read as follows:  Amendment No: <u>07</u>
1. CIS-US, Incorporated	2. 10 DeAngelo Drive Bedford, Massachusetts 01730	4. Expiration Date: September 30, 2007
		5. Docket No: 99-0120
6. Radioactive Material		7. Chemical / Physical Form
A. Cesium 137	A. Sealed sources (CSL-15)	A. Not to exceed 1870 curies per source and 11220 curies total.

9. Authorized use:
- A. For possession incident to installation, maintenance and repair of ORIS/CBI Model IBL-437C irradiators. This authorization does not include installation, replacement or disposal of the sealed sources; and disassembly, breach, or modification of the source shield.

CONDITIONS

- 10. Licensed material may be used only at temporary job sites of the licensee anywhere in the Commonwealth of Massachusetts except areas under exclusive Federal jurisdiction. This condition does not prohibit use in states under the jurisdiction of the U.S. Nuclear Regulatory Commission or Agreement States under reciprocity procedures which may be established by the NRC or those states.

MRCP-MAT-1

Page 2 of 3 pages

COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH RADIATION CONTROL PROGRAM	LICENSE NUMBER: 20-9734
MATERIALS LICENSE SUPPLEMENTARY SHEET	DOCKET NUMBER: 99-0120 AMENDMENT NUMBER: 07

11. This license is subject to an annual fee as determined by the Executive Office for Administration and Finance.
12. The Radiation Safety Officer for the activities authorized by this license is Paul Tyree.
13. Licensed material listed in Item 6 above is only authorized for use by, or under the supervision and in the physical presence of, Richard L. McGrane, Michael M. Thomson, or Ronald G. McCoy.
14. Sealed sources or detector cells containing licensed material shall not be opened or sources removed from source holders or detector cells by the licensee.
15.
  - A. Sealed sources shall be tested for leakage and/or contamination at intervals not to exceed 6 months or at such other intervals as are specified by the certificate of registration referred to in 105 CMR 120.128(N).
  - B. In the absence of a certificate from a transferor indicating that a test has been made within six months prior to the transfer, a sealed source received from another person shall not be put into use until tested.
  - C. Sealed sources need not be leak tested if they are in storage and not being used. However, when they are removed from storage for use or transferred to another person, and have not been tested within the required leak test interval, they shall be tested before use or transfer. No sealed source shall be stored for a period of more than 10 years without being tested for leakage and/or contamination.
  - D. The leak test shall be capable of detecting the presence of 185 becquerel (0.005 microcurie) of radioactive material on the test sample. Records of leak test results shall be kept in units of microcuries and shall be maintained for inspection by the Agency. If the test reveals the presence of 185 becquerel (0.005 microcurie) or more of removable contamination, a report shall be filed with the Agency and the source shall be removed from service and decontaminated, repaired, or disposed of in accordance with Commission regulations. The report shall be filed within 5 days of the date the leak test result is known with the Massachusetts Department Of Public Health, ATTN: Director, Radiation Control Program, 174 Portland Street, Boston, Massachusetts, 02114. The report shall specify the source involved, the test results, and corrective action taken.

MRCP-MAT-1

Page 3 of 3 pages

COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH RADIATION CONTROL PROGRAM	LICENSE NUMBER: 20-9734
MATERIALS LICENSE SUPPLEMENTARY SHEET	DOCKET NUMBER: 99-0120
	AMENDMENT NUMBER: 07

- E. The licensee is authorized to collect leak test samples for analysis by the CIS-US, Incorporated. Alternatively, tests for leakage and/or contamination may be performed by persons specifically licensed by the Agency, the NRC or an Agreement State to perform such services.
- 16. The licensee shall only transport radioactive material or deliver radioactive material to a carrier for transport in accordance with the provisions of 49 CFR Parts 170 through 189, 10 CFR Part 71, and 105 CMR 120.770 "Transportation of Radioactive Material."
- 17. Except as specifically provided otherwise by this license, the licensee shall conduct its program in accordance with statements, representations and procedures contained in the documents, including any enclosures, listed below. The Massachusetts Regulations for the Control of Radiation (105 CMR 120.000) shall govern, unless statements, representations and procedures in the licensee's application and correspondence are more restrictive than the regulations.
  - A. Letter dated July 29, 2002
  - B. Application dated July 29, 2002

FOR THE COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF PUBLIC HEALTH  
RADIATION CONTROL PROGRAM

Date 08/05/02

By Robert Walker  
for Robert M. Hallisey, Director

