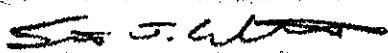
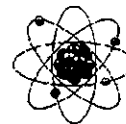


NRC FORM 241 (7-1999)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3150-0013 EXPIRES: 07/31/2002 Estimated burden per response to comply with this mandatory collection request: 15 minutes. This notification is required so that NRC may schedule inspection of the activities to ensure that 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 (T-6 EA), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to hje1@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>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 checked="" 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>General consultation, initial and refresher gauge, x-ray device, and fixed monitor training, Gauge repair / replacement.</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 FROM <b>October 2<sup>nd</sup>, 11<sup>th</sup></b> TO <b>and 14<sup>th</sup>, 2002</b>		13. NUMBER OF WORK DAYS <b>3</b>	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER NUMBER TO BE ASSIGNED BY NRC <b>000387</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>All sealed sources will be maintained under clients NRC License # 13-25975-01.                  Americium-241: 1.0 Ci. (Thermo-Radiometric); 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>9/26/02</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		SIGNATURE <b>Janice H. Kirby</b> Licensing Assistant	DATE <b>9/26/02</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 II	Tel #: 931-358-0639
Subject: Reciprocal Request for jobs scheduled for October 2002 in Indiana	
Sent: 9/26/2002 at 12:26:04 AM	Pages: 2 (including cover)

**MESSAGE:**

Ms. Kirby - NRC Region II:

I just received an email this evening requesting that I provide initial and refresher training for nuclear gauge and x-ray device users at the Nucor Steel Mill in Crawfordsville, Indiana.

As always, I will also notify the state of Indiana regarding the X-ray related training activities (via carbon-copy of this request).

It is possible that PM scheduling of a nuclear gauge may be scheduled during one of my visits if the manufacturer isn't secured, if service is deemed necessary.

Thanks again in advance,

Scott Winters

swinters@clarksville.com

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'