CIS-US, Inc.

RECIPROCITY FAX TRANSMITTAL

DATE: 26-Nov-02

FAXED TO #: 610.337.5269 THIS IS PAGE 01 OF 03

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.

Clean copies of these Form 241 REPORT(S) will be FedEx'd P-1 to your attention this date.

Thank you for assisting us to obtain irradiator field service reciprocity in USNRC jurisdictions. Please contact me immediately if CIS-US needs to do anything further at this time.

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

NRC FORM 241 (7-1999) 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 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 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.

1. NAME OF LICENSEE *(Person or firm proposing to conduct the activities described below)*
CIS-US, Inc.

2. TYPE OF REPORT
☐ INITIAL ☐ REVISION ■ CLARIFICATION

3. ADDRESS OF LICENSEE *(Mailing address or other location where licensee may be located)*
10 DeAngelo Drive
Bedford, Massachusetts 01730

4. LICENSEE CONTACT AND TITLE
Paul M. Tyree, Radiation Safety Officer

5. TELEPHONE NUMBER *(Include Area Code)*
781.275.7120 x3020

6. FACSIMILE NUMBER *(Include Area Code)*
781.275.5191

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

☐ WELL LOGGING ☐ LEAK TESTING AND/OR CALIBRATIONS ■ TELETHERAPY/IRRADIATOR SERVICE

☐ PORTABLE GAUGES ☐ OTHER (Specify) [ ]

☐ RADIOGRAPHY [ ] REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE
New Jersey Blood Services
167 New Street
New Brunswick, New Jersey 08901
Contact: Valery Echols-Ayers

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION *(Street and Number or other location. Give as complete an address or directions as possible.)*
New Jersey Blood Services
167 New Street
New Brunswick, New Jersey 08901

10. CLIENT TELEPHONE NUMBER *(Include Area Code)*
732.227.7078

11. WORK LOCATION TELEPHONE NUMBER *(Include Area Code)*
732.227.7078

12. DATES SCHEDULED FROM	TO	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
12/4/2002 AM	12/4/2002 AM	1	0	0	NUMBER TO BE ASSIGNED BY NRC: 001008

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.)*
Scheduled annual PM service of Model IBL 437C Irradiator Ser. No. 93-413
3 x Model CSL-15 Cs-137 sources, nte 1870 Ci ea. on Oct-93

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	STATE	EXPIRATION DATE
	20-9734	MA	30-Sep-07

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 those 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
Paul M. Tyree, Corporate RSO	Paul Tyree	26-Nov-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
	ELIZABETH ULRICH	E Ulrich	11/29/02	

NRC FORM 241 (7-1999) PRINTED ON RECYCLED PAPER

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@ 11/26/02

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☐ PORTABLE GAUGES ☐ OTHER (Specify) ☐
☐ RADIOGRAPHY ☐ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE
Naval Medical Center
260 John Paul Jones Circle, Bldg. 2
Portsmouth, Virginia 23708-2197
Contact: Cmdr Scherrer

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION *(Street and Number or other location. Give as complete an address or directions as possible.)*
Naval Medical Center
260 John Paul Jones Circle, Bldg. 2
Portsmouth, Virginia 23708-2197

10. CLIENT TELEPHONE NUMBER *(Include Area Code)* 757.953.1703

11. WORK LOCATION TELEPHONE NUMBER *(Include Area Code)* 757.953.1703

12. DATES SCHEDULED FROM	TO	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER (NUMBER TO BE ASSIGNED BY NRC)
12/2/2002 AM	12/2/2002 AM	1	0	0	001013

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, sources, or devices to be used.)*
Scheduled annual PM service of Model IBL 437C Irradiator Ser. No. 98-588
2 x Model CSL-15 Cs-137 sources, nte 1870 Ci ea. on May-98

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Paul M. Tyree, Corporate RSO	[signature]	26-Nov-02

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	ELIZABETH ULLRICH	[signature]	11/25/02	

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