

(7-1997)

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-8 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20585-0001, or by internet e-mail to hjs1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NIOSH-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.

REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS

(Please read the instructions before completing this form)

1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)
Krueger-Gilbert Health Physics, Inc

2. TYPE OF REPORT
INITIAL [] REVISION [] CLARIFICATION [X]

3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)
3601 E. Joppa Road
Baltimore, Maryland 21234

4. LICENSEE CONTACT AND TITLE
Donation/Health Physicist

5. TELEPHONE NUMBER (Include Area Code) 410-665-5447
6. FACSIMILE NUMBER (Include Area Code) 410-665-2074

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

- [] WELL LOGGING [X] 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
Habib Bolurchi, M.D.
4503 Highway One
Rehoboth, D.E. 19971

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location; Give as complete an address or directions as possible.)
(same as #8)

10. CLIENT TELEPHONE NUMBER (Include Area Code) 302-645-7671
11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 302-645-7671

Table with 5 columns: 12. DATES SCHEDULED (FROM, TO), 13. NUMBER OF WORK DAYS, 14. ADD, 15. DELETE, 16. LOCATION REFERENCE NUMBER. Includes handwritten dates 12/10/02 and 12/1/02, and reference number 000250.

17. LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 8-16 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.)
Cs-137 ICN MLD-01#309389, 250uCi (11/23/87)
Cs-137 NAS MED 3550 #A7380, 182.5 uCi (11/1/97)

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 8 ABOVE. (Four copies of the specific license must accompany the initial NRC Form 241.)
LICENSE NUMBER: MD-05-101-01 STATE: MD EXPIRATION DATE: 6/30/2003

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) SIGNATURE DATE
Suzanne F. Krueger-Schmidt, Pres. Suzanne F. Krueger-Schmidt 11/26/02

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 ULLRICH Elizabeth Ullrich 11/29/02

Handwritten signature and date: SU 11/29/02

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 (7-5 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20585-0001, or by Internet e-mail to bje1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3180-0013), 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)
 Krueger-Gilbert Health Physics, Inc

2. TYPE OF REPORT
 INITIAL REVISION CLARIFICATION

3. ADDRESS OF LICENSEE (Mailing address or other location where licenses may be located)
 3601 E. Joppa Road
 Baltimore, Maryland 21234

4. LICENSEE CONTACT AND TITLE
 Donna Thim Health Physicist

5. TELEPHONE NUMBER (Include Area Code)
 410-665-5447

6. FACSIMILE NUMBER (Include Area Code)
 410-665-2074

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 160.20

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
 Milford Memorial Hospital
 21 W. Clark Avenue
 Milford, DE 19963

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.)
 same as #8

10. CLIENT TELEPHONE NUMBER (Include Area Code)
 302-422-3311

11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)
 302-422-3311

| 12. DATES SCHEDULED | 13. NUMBER OF WORK DAYS | 14. ADD | 15. DELETE | 16. LOCATION REFERENCE NUMBER |
|---------------------------|-------------------------|----------|------------|-------------------------------|
| FROM 12/11/02 TO 12/11/02 | 1 | 12/11/02 | 12/11/02 | 000167 |

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.)
 Cs-137 ICN MLD-01#309389, 250uCi (11/23/87)
 Cs-137 NAS MED 3550 #A7380, 182.5 uCi (11/1/97)

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: MD-05-101-01 STATE: MD EXPIRATION DATE: 6/30/2003

19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)

I, THE UNDERSIGNED, HEREBY CERTIFY THAT:

- All information in this report is true and complete.
- I have read and understand the provision of the general license 10 CFR 160.20 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.
- I understand that activities, including storage, conducted in non-Agreement States under general license 10 CFR 160.20 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.
- 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.
- 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)
 Suzanne E. Krueger-Schmidt, Pres.

SIGNATURE: *Suzanne E. Krueger-Schmidt* DATE: 11/26/02

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)
 ELIZABETH ULLRICH

SIGNATURE: *E. Ullrich* DATE: 11/29/02

TOTAL USAGE - DAYS TO DATE

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

@ 11/29/02

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 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0021, or by internal e-mail to bjs1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOF-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)
Krueger-Gilbert Health Physics, Inc

2. TYPE OF REPORT
 INITIAL REVISION CLARIFICATION

3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)
**3601 E. Joppa Road
 Baltimore, Maryland 21234**

4. LICENSEE CONTACT AND TITLE
Donna Thim /Health Physicist

5. TELEPHONE NUMBER (Include Area Code) **410-665-5447**

6. FACSIMILE NUMBER (Include Area Code) **410-665-2074**

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

WELL LOGGING LEAK TESTING AND/OR CALIBRATIONS TELETHERAPY/RADIATOR SERVICE

PORTABLE GAUGES OTHER (Specify) → _____

RADIOGRAPHY → REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE
**Bayhealth Medical Center
 Kent General Hospital
 640 South State Street
 Dover, Delaware 19901**

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.)
same as #8

10. CLIENT TELEPHONE NUMBER (Include Area Code) **302-674-4700**

11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) **302-674-4700**

| 12. DATES SCHEDULED | 13. NUMBER OF WORK DAYS | 14. ADD | 15. DELETE | 16. LOCATION REFERENCE NUMBER |
|---|-------------------------|-----------------|-----------------|-------------------------------|
| FROM 12/12/02 TO 12/12/02 | 1 | 12/12/02 | 12/01/02 | 000164 |

17. LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 8-16 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.)
Cs-137 ICN MLD-01#309389, 250uCi (11/23/87)
Cs-137 NAS MED 3550 #A7380, 182.5 uCi (11/1/97)

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 |
| MD-05-101-01 | MD | 6/30/2003 |

18. 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) **Suzanne F. Krueger-Schmidt, Pres.** SIGNATURE *Suzanne F. Krueger-Schmidt* DATE **11/26/02**

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) ELIZABETH VURICH | SIGNATURE <i>E. Vurich</i> | DATE 11/29/02 | TOTAL USAGE - DAYS TO DATE |
|------------------|---|----------------------------|----------------------|----------------------------|

2 11/29/02

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. 3160-0013 EXPIRES: 07/31/2002
 Estimated burden per response to comply with this mandatory collection request: 16 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-8 EB), 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)
 Krueger-Gilbert Health Physics, Inc

2. TYPE OF REPORT
 INITIAL REVISION CLARIFICATION

3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)
 3601 E. Joppa Road
 Baltimore, Maryland 21234

4. LICENSEE CONTACT AND TITLE
 Donna Thim /Health Physicist

5. TELEPHONE NUMBER (include Area Code)
 410-665-5447

6. FACSIMILE NUMBER (include Area Code)
 410-665-2074

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

WELL LOGGING LEAK TESTING AND/OR CALIBRATIONS THERAPY/RADIATOR SERVICE

PORTABLE GAUGES OTHER (Specify) → _____

RADIOGRAPHY → REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE
 Bayhealth Medical Center
 Kent General Cancer Center
 793 S. Queen Street
 Dover, Delaware 19904

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.)
 same as #8

10. CLIENT TELEPHONE NUMBER (include Area Code)
 (302) 674-4401

11. WORK LOCATION TELEPHONE NUMBER (include Area Code)
 (302) 674-4401

| 12. DATES SCHEDULED | | 13. NUMBER OF WORK DAYS | 14. ADD | 15. DELETE | 16. LOCATION REFERENCE NUMBER |
|---------------------|----------|-------------------------|----------|------------|-------------------------------|
| FROM | TO | | | | NUMBER TO BE ASSIGNED BY NRC |
| 12/13/02 | 12/13/02 | 1 | 12/13/02 | 12/1/02 | 000165 |

17. LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 8-16 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)
 Cs-137 ICN MLD-01#309389, 250uCi (11/23/87)
 Cs-137 NAS MED 3550 #A7380, 182.5 uCi (11/1/97)

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 8 ABOVE. (Four copies of the specific license must accompany the Initial NRC Form 241.)

| LICENSE NUMBER | STATE | EXPIRATION DATE |
|----------------|-------|-----------------|
| MD-05-101-01 | MD | 6/30/2003 |

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) SIGNATURE DATE

Suzanne F. Krueger-Schmidt, Pres. Suzanne F. Krueger-Schmidt 11/26/02

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 ULLRICH Elizabeth Ullrich 11/29/02

| | | | | | | | |
|---|----------|---|----------------|--|--------------------------------------|---|-----------------------------------|
| NRC FORM 241 (7-1999) | | U.S. NUCLEAR REGULATORY COMMISSION | | APPROVED BY OMB: NO. 3150-0013 <small>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 estimates to the Records Management Branch (T-6 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to b11@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NE08-10202, (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.</small> | | EXPIRES: 07/31/2002 | |
| <h2 style="text-align: center;">REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS</h2> <p style="text-align: center;"><i>(Please read the instructions before completing this form)</i></p> | | | | | | | |
| 1. NAME OF LICENSEE <small>(Person or firm proposing to conduct the activities described below)</small> Krueger-Gilbert Health Physics, Inc | | | | 2. TYPE OF REPORT <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input checked="" type="checkbox"/> CLARIFICATION | | | |
| 3. ADDRESS OF LICENSEE <small>(Mailing address or other location where licensee may be located)</small> 3601 E. Joppa Road Baltimore, Maryland 21234 | | | | 4. LICENSEE CONTACT AND TITLE MATT CURTS Health Physicist | | 5. TELEPHONE NUMBER <small>(Include Area Code)</small> 410-665-5447 | |
| | | | | 6. FACSIMILE NUMBER <small>(Include Area Code)</small> 410-665-2074 | | | |
| 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"/> TELETHERAPY/IRRADIATOR SERVICE | | | |
| <input type="checkbox"/> PORTABLE GAUGES | | <input type="checkbox"/> OTHER (Specify) → _____ | | | | | |
| <input type="checkbox"/> RADIOGRAPHY → | | REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS) _____ | | | | | |
| 8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE Delaware Diagnostic Service, Inc. Community Imaging Center 1941 Limestone Road, Suite 214 Wilmington, Delaware 19808 | | | | 9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION <small>(Street and number or other location. Give as complete an address or directions as possible.)</small> same as #8 | | | |
| | | 10. CLIENT TELEPHONE NUMBER <small>(Include Area Code)</small> 302-892-6200 | | 11. WORK LOCATION TELEPHONE NUMBER <small>(Include Area Code)</small> 302-892-6200 | | | |
| 12. DATES SCHEDULED | | 13. NUMBER OF WORK DAYS | 14. ADD | 15. DELETE | 16. LOCATION REFERENCE NUMBER | | |
| FROM | TO | | | | NUMBER TO BE ASSIGNED BY NRC | | |
| 12/16/02 | 12/16/02 | 1 | 12/16/02 | 12/19/02 | 000168 | | |
| LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 8-16 ABOVE. | | | | | | | |
| 17. LIST RADIOACTIVE MATERIAL WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED <small>(Include description of type and quantity of radioactive material, sealed sources, or devices to be used.)</small> Cs-137 ICN MLD-01#309389, 250uCi (11/23/87) Cs-137 NAS MED 3550 #A7380, 182.5 uCi (11/1/97) | | | | | | | |
| 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 8 ABOVE. <small>(Four copies of the specific license must accompany the Initial NRC Form 241.)</small> | | | | LICENSE NUMBER MD-05-101-01 | STATE MD | EXPIRATION DATE 6/30/2003 | |
| 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) Suzanne E. Krueger-Schmidt, Pres. | | | | SIGNATURE <i>Suzanne E. Krueger-Schmidt</i> | | DATE 11/29/02 | |
| 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) ELIZABETH ULLRICH | | SIGNATURE <i>E. Ullrich</i> | | DATE 11/29/02 | TOTAL USAGE - DAYS TO DATE |

11/29/02

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. 3160-0013
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-8 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20545-0001, 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)
Krueger-Gilbert Health Physics, Inc
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)
**3601 E. Joppa Road
Baltimore, Maryland 21234**

2. TYPE OF REPORT
INITIAL REVISION CLARIFICATION
4. LICENSEE CONTACT AND TITLE
Wendy Charlton/Health Physicist
5. TELEPHONE NUMBER (Include Area Code)
410-665-5447
6. FACSIMILE NUMBER (Include Area Code)
410-665-2074

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 160.20
 WELL LOGGING
 PORTABLE GAUGES
 RADIOGRAPHY
 LEAK TESTING AND/OR CALIBRATIONS
 OTHER (Specify) →
 TELETHERAPY/IRRADIATOR SERVICE
REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE
**Genisphere/Polyprobe
4170 City Avenue
Philadelphia, PA 19131-1604**

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.)
same as #8
10. CLIENT TELEPHONE NUMBER (Include Area Code)
215-871-6451
11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)
215-871-6451

| 12. DATES SCHEDULED | | 13. NUMBER OF WORK DAYS | 14. ADD | 15. DELETE | 16. LOCATION REFERENCE NUMBER |
|---------------------|----------------|-------------------------|----------------|----------------|-------------------------------|
| FROM | TO | | | | NUMBER TO BE ASSIGNED BY NRC |
| 12/6/02 | 12/6/02 | 1 | 12/6/02 | 12/6/02 | 000190 |

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.)
**Cs-137 ICN MLD-01#309389, 250uCi (11/23/87)
Cs-137 NAS MED 3550 #A7380, 182.5 uCi (11/1/97)**

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: **MD-05-101-01** STATE: **MD** EXPIRATION DATE: **6/30/2003**

18. 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 160.20 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 160.20 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
Suzanne F. Krueger-Schmidt, Pres. *Suzanne F. Krueger-Schmidt* **11/26/02**
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 ULLICH *E Ullich* **11/29/02** **4/29/04**
NRC FORM 241 (7-1999) PRINTED ON RECYCLED PAPER

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 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20553-0001, or by Internet e-mail to bja1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOF-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.

REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS

(Please read the instructions before completing this form)

| | | | |
|---|--|---|--|
| 1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) Krueger-Gilbert Health Physics, Inc | | 2. TYPE OF REPORT INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> CLARIFICATION <input checked="" type="checkbox"/> | |
| 3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) 3601 E. Joppa Road Baltimore, Maryland 21234 | | 4. LICENSEE CONTACT AND TITLE Wendy Charlton/Health Physicist | |
| | | 5. TELEPHONE NUMBER (include Area Code) 410-665-5447 | 6. FACSIMILE NUMBER (include Area Code) 410-665-2074 |

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

WELL LOGGING LEAK TESTING AND/OR CALIBRATIONS THERAPY/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 Genishpere/Polyprobe 2801 Sterling Drive Hatfield, PA 19440 | | 9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.) same as #8 | |
| 10. CLIENT TELEPHONE NUMBER (include Area Code) 215- 996-3006 | | 11. WORK LOCATION TELEPHONE NUMBER (include Area Code) 215- 996-3006 | |

| 12. DATES SCHEDULED | | 13. NUMBER OF WORK DAYS | 14. ADD | 15. DELETE | 16. LOCATION REFERENCE NUMBER |
|---------------------|----------------|-------------------------|----------------|----------------|-------------------------------|
| FROM | TO | | | | NUMBER TO BE ASSIGNED BY NRC |
| 12/6/02 | 12/6/02 | 1 | 12/6/02 | 12/1/02 | 000191 |

17. LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 8-16 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.)

Cs-137 ICN MLD-01#309389, 250uCi (11/23/87)
Cs-137 NAS MED 3550 #A7380, 182.5 uCi (11/1/97)

| | | | |
|---|---------------------------------------|--------------------|-------------------------------------|
| 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 MD-05-101-01 | STATE MD | EXPIRATION DATE 6/30/2003 |
|---|---------------------------------------|--------------------|-------------------------------------|

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's 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) Suzanne E. Krueger-Schmidt, Pres. | SIGNATURE <i>Suzanne E. Krueger-Schmidt</i> | DATE 11/26/02 |
|--|--|-------------------------|

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) ELIZABETH ULLICH | SIGNATURE <i>Elizabeth Ullich</i> | DATE 11/29/02 | TOTAL USAGE - DAYS TO DATE |
|------------------|--|--------------------------------------|-------------------------|----------------------------|

U.S. NUCLEAR REGULATORY COMMISSION

REPORT OF PROPOSED ACTIVITIES IN AGREEMENT STATES, AREAS OF EXCLUSIVE JURISDICTION, OR OFFSHORE WATERS

(Please read the Instructions before completing this form)

APPROVED BY OMB: NO. 3150-0013 EXPIRES: 07/21/2002 Estimated burden per response to comply with this mandatory collection request is 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 (7-6 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bja1@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) Krueger-Gilbert Health Physics, Inc | | 2. TYPE OF REPORT INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> CLARIFICATION <input checked="" type="checkbox"/> | |
| 3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) 3601 E. Joppa Road Baltimore, Maryland 21234 | | 4. LICENSEE CONTACT AND TITLE Wendy Charlton/Health Physicist | |
| 5. TELEPHONE NUMBER (Include Area Code) 410-665-5447 | | 6. FACSIMILE NUMBER (Include Area Code) 410-665-2074 | |
| 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"/> TELETHERAPY/IRRADIATOR SERVICE <input type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) _____ <input type="checkbox"/> RADIOGRAPHY REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS) _____ | | | |
| 8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE Riddle Memorial Hospital 1068 W. Baltimore Pike Media, PA 19063 | | 9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.) same as 8 | |
| 10. CLIENT TELEPHONE NUMBER (Include Area Code) 610-566-9400 | | 11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 610-566-9400 | |
| 12. DATES SCHEDULED FROM 12/5/02 TO 12/5/02 | | 13. NUMBER OF WORK DAYS 1 | 14. ADD 12/5/02 |
| | | 15. DELETE 12/1/02 | 16. LOCATION REFERENCE NUMBER 000193 |
| 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.) Cs-137 ICN MLD-01#309389, 250uCi (11/23/87) Cs-137 NAS MED 3550 #A7380, 182.5 uCi (11/1/97) | | | |
| 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 8 ABOVE. (Four copies of the specific license must accompany the Initial NRC Form 241.) | | LICENSE NUMBER MD-05-101-01 | STATE MD |
| | | EXPIRATION DATE 6/30/2003 | |
| 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) Suzanne F. Krueger-Schmidt, Pres. | | SIGNATURE <i>Suzanne F. Krueger-Schmidt</i> | DATE 11/26/02 |
| 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) ELIZABETH ULLRICH | SIGNATURE <i>E. Ullrich</i> | DATE 11/29/02 |
| NRC FORM 241 (7-1006) | | TOTAL USAGE - DAYS TO DATE PRINTED ON RECYCLED PAPER | |

30 11/29/02

NRC FORM 241
(7-1999)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3180-0013 EXPIRES: 11/30/04
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 E8), U.S. Nuclear Regulatory Commission, Washington, DC 20545-0001, 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.

REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS

(Please read the instructions before completing this form)

| | | | |
|---|--|---|--|
| 1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) Krueger-Gilbert Health Physics, Inc | | 2. TYPE OF REPORT INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> CLARIFICATION <input checked="" type="checkbox"/> | |
| 3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) 3601 E. Joppa Road Baltimore, Maryland 21234 | | 4. LICENSEE CONTACT AND TITLE MATT LUCAS / Health Physicist | |
| 5. TELEPHONE NUMBER (Include Area Code) 410-665-5447 | | 6. FACSIMILE NUMBER (Include Area Code) 410-665-2074 | |

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

WELL LOGGING LEAK TESTING AND/OR CALIBRATIONS TELETHERAPY/RADIATOR SERVICE

PORTABLE GAUGES OTHER (Specify) \Rightarrow _____

RADIOGRAPHY \Rightarrow _____ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

| | | | |
|--|--|---|--|
| 8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE The Cardiovascular Group, PC 130 Park Street, S.E., Suite 100 Vienna, Virginia 22180 | | 9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.) same as 8 | |
| 10. CLIENT TELEPHONE NUMBER (Include Area Code) 703-281-1265 | | 11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 703-281-1265 | |

| 12. DATES SCHEDULED | | 13. NUMBER OF WORK DAYS | 14. ADD | 15. DELETE | 16. LOCATION REFERENCE NUMBER |
|---------------------|--------------------|-------------------------|----------------|----------------|-------------------------------|
| FROM 12/9/02 | TO 12/11/02 | 1 | 12/1/02 | 12/1/02 | 000186 |

LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 8-16 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.)

Cs-137 ICN MLD-01#309389, 250uCi (11/23/87)
Cs-137 NAS MED 3550 #A7380, 182.5 uCi (11/1/97)

| | | | |
|--|---------------------------------------|--------------------|-------------------------------------|
| 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 8 ABOVE. (Four copies of the specific license must accompany the initial NRC Form 241.) | LICENSE NUMBER MD-05-101-01 | STATE MD | EXPIRATION DATE 6/30/2003 |
|--|---------------------------------------|--------------------|-------------------------------------|

19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)

I, THE UNDERSIGNED, HEREBY CERTIFY THAT:

- All information in this report is true and complete.
- 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.
- 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.
- 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.
- 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) Suzanne F. Krueger-Schmidt, Pres. | SIGNATURE <i>Suzanne F. Krueger-Schmidt</i> | DATE 11/26/02 |
|--|--|-------------------------|

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) ELIZABETH OLLRICH | SIGNATURE <i>E Ollrich</i> | DATE 11/29/02 | TOTAL USAGE - DAYS TO DATE |
|------------------|---|-------------------------------|-------------------------|----------------------------|

11/29/02

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 estimates to the Records Management Branch (T-6 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20585-0001, or by Internet e-mail to brs1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NE08-10202, (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)
 Krueger-Gilbert Health Physics, Inc

2. TYPE OF REPORT
 INITIAL REVISION CLARIFICATION

3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)
 3601 E. Joppa Road
 Baltimore, Maryland 21234

4. LICENSEE CONTACT AND TITLE
 MATT LUCAS /Health Physicist

5. TELEPHONE NUMBER (Include Area Code)
 410-665-5447

6. FACSIMILE NUMBER (Include Area Code)
 410-665-2074

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 160.20
 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
 American Medical Laboratories, Inc.
 14225 Newbrook Drive
 P.O. Box 10841
 Chantilly, VA 20153-0841

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.)
 same as 8

10. CLIENT TELEPHONE NUMBER (Include Area Code)
 703-802-7120

11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)
 703-802-7120

| 12. DATES SCHEDULED | 13. NUMBER OF WORK DAYS | 14. ADD | 15. DELETE | 16. LOCATION REFERENCE NUMBER |
|---------------------------|-------------------------|---------|------------|-------------------------------|
| FROM: 12/9/02 TO: 12/9/02 | 1 | 12/9/02 | 12/10/02 | COOL 2 |

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.)
 Cs-137 ICN MLD-01#309389, 250uCi (11/23/87)
 Cs-137 NAS MED 3550 #A7380, 182.5 uCi (11/1/97)

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: MD-05-101-01 STATE: MD EXPIRATION DATE: 6/30/2003

18. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)

I, THE UNDERSIGNED, HEREBY CERTIFY THAT:

- All information in this report is true and complete.
- I have read and understand the provision of the general license 10 CFR 160.20 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.
- I understand that activities, including storage, conducted in non-Agreement States under general license 10 CFR 160.20 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.
- 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.
- 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)
 Suzanne F. Krueger-Schmidt, Pres. SIGNATURE: *Suzanne F. Krueger-Schmidt* DATE: 11/26/02

FOR NRC USE ONLY
REVIEWING OFFICIAL (Typed/Printed Name and Title)
 ELIZABETH ULRICH SIGNATURE: *Elizabeth Ulrich* DATE: 11/29/02

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.

TOTAL USAGE - DAYS TO DATE

PRINTED ON RECYCLED PAPER