(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)*
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
Donnathon/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/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

12. DATES SCHEDULED FROM	TO	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER (NUMBER TO BE ASSIGNED BY NRC)
12/10/02	12/10/02	1	12/10/02	12/1/02	000250

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.)*
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

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

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FOR NRC USE ONLY	REVIEWING OFFICIAL *(Typed/Printed Name and Title)*	SIGNATURE	DATE	TOTAL USAGE – DAYS TO DATE
	ELIZABETH ULRICH		11/29/02	

NRC FORM 241 (7-1999)

SV 11/29/02

PRINTED ON RECYCLED PAPER

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)*
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/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 FROM	TO	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
12/11/02	12/11/02	1	12/1/02	12/1/02	NUMBER TO BE ASSIGNED BY NRC 000167

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.)*
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

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

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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	

PRINTED ON RECYCLED PAPER

NRC FORM 241 (7-1999)

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

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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/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
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 FROM	TO	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
12/12/02	12/12/02	1	12/12/02	12/01/02	NUMBER TO BE ASSIGNED BY NRC 000164

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

19. CERTIFICATION *(MUST BE COMPLETED BY APPLICANT)*

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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

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FOR NRC USE ONLY	REVIEWING OFFICIAL *(Typed/Printed Name and Title)*	SIGNATURE	DATE	TOTAL USAGE – DAYS TO DATE
	ELIZABETH ULRICH		11/29/02	

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

11/29/02

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: 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-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.

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

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

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

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FOR NRC USE ONLY	REVIEWING OFFICIAL *(Typed/Printed Name and Title)*	SIGNATURE	DATE	TOTAL USAGE – DAYS TO DATE
	ELIZABETH ULLRICH		11/29/02	

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

12/4/29/02

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

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1. NAME OF LICENSEE *(Person or firm proposing to conduct the activities described below)*
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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 Gilbert 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/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
Delaware Diagnostic Service, Inc.
Community Imaging Center
1941 Limestone Road, Suite 214
Wilmington, Delaware 19808

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)*
302-892-6200

11. WORK LOCATION TELEPHONE NUMBER *(Include Area Code)*
302-892-6200

12. DATES SCHEDULED FROM	TO	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER (NUMBER TO BE ASSIGNED BY NRC)
12/16/02	12/16/02	1	12/16/02	12/9/02	000168

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

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

19. CERTIFICATION *(MUST BE COMPLETED BY APPLICANT)*

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CERTIFYING OFFICER - RSO or Management Representative *(Name and Title)*	SIGNATURE	DATE
Suzanne E. Krueger-Schmidt, Pres.	Suzanne E. Krueger-Schmidt	11/26/02

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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	

11/29/02

PRINTED ON RECYCLED PAPER

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
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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
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 ☐ 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
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

LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 8-15 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

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	E Ullrich	11/29/02	

NRC FORM 241 (7-1999) 11/29/02

PRINTED ON RECYCLED PAPER

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)*
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
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 ☐ 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
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 FROM	TO	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
12/6/02	12/6/02	1	12/6/02	12/6/02	NUMBER TO BE ASSIGNED BY NRC: C00191

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

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

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FOR NRC USE ONLY	REVIEWING OFFICIAL *(Typed/Printed Name and Title)*	SIGNATURE	DATE	TOTAL USAGE – DAYS TO DATE
	ELIZABETH ULLRICH		11/29/02	

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

11/29/02

U.S. NUCLEAR REGULATORY COMMISSION

RT OF PROPOSED ACTIVITIES IN MENT STATES, AREAS OF EXCLUSIVE AL 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 blr1@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
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 ☐ 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
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	TO	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER (NUMBER TO BE ASSIGNED BY NRC)
12/5/02	12/5/02	1	12/5/02	12/1/02	000193

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

19. CERTIFICATION *(MUST BE COMPLETED BY APPLICANT)*

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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

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FOR NRC USE ONLY	REVIEWING OFFICIAL *(Typed/Printed Name and Title)*	SIGNATURE	DATE	TOTAL USAGE – DAYS TO DATE
	ELIZABETH ULLRICH	E Ullrich	11/29/02	

NRC FORM 241 (7-1999)

11/29/02

PRINTED ON RECYCLED PAPER

NRC FORM 241 (7-1999) U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0013 EXPIRES: 07/31/2002
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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

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/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
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 FROM	TO	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
12/9/02	12/11/02	1	12/4/02	12/1/02	NUMBER TO BE ASSIGNED BY NRC: 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	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

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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

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
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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 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
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 FROM	TO	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER NUMBER TO BE ASSIGNED BY NRC
12/9/02	12/9/02	1	12/9/02	12/1/02	000182

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.)*
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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)*

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CERTIFYING OFFICER - RSO or Management Representative *(Name and Title)*	SIGNATURE	DATE
Suzanne F. Krueger-Schmidt, Pres.	Suzanne F. Krueger-Schmidt	11/26/02

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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	

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