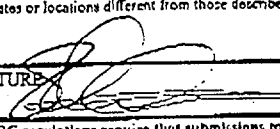
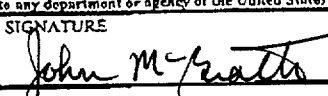


NRC FORM 241 U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3150-0018 EXPIRES: 07/31/2002 Estimate burden per response to comply with this mandatory collection request: 15 minutes. This notification is required so that NRC may schedule inspection of the activities to ensure that they are conducted 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 and 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) Neutron Products Inc.		2. TYPE OF REPORT INITIAL <input type="checkbox"/> REVISION <input checked="" type="checkbox"/> CLARIFICATION <input type="checkbox"/>	
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) 22301 Mt. Ephraim Road P.O. Box 68 Dickerson, Maryland 20842		4. LICENSEE CONTACT AND TITLE Edmond J. DeRosa / Manager, Teletherapy Operations	
		5. TELEPHONE NUMBER (Include Area Code) 301/349-5001	6. FACSIMILE NUMBER (Include Area Code) 301/349-5007
7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20 <input type="checkbox"/> WELL LOGGING <input type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS <input checked="" type="checkbox"/> TELE THERAPY/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 Riverview Medical Center Radiation Oncology Department 1 Riverview Plaza Red Bank, New Jersey 07701		9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.) 1 Riverview Plaza Red Bank, New Jersey 07701	
		10. CLIENT TELEPHONE NUMBER (Include Area Code) 732/530-2468	11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 732/530-2468
12. DATES SCHEDULED FROM February 8, 2003 TO February 8, 2003		13. NUMBER OF DAYS 1 (one)	14. ADD 000340
15. DELETE 000340			
16. LOCATION REFERENCE NUMBER NUMBER TO BE ASSIGNED BY NRC 000340			
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 POSSESSES, USED, INSTALLED, SERVICED, OR TESTED (Include description of type and quantity of radioactive material, sealed sources, or devices to be used.) Removal of the teletherapy unit and contained cobalt-60 source containing approximately 109 TBq (2,950 Ci) as of 02-01-03.			
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- 31-025-03	STATE MD
		EXPIRATION DATE Timely Renewal	
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 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 offshore 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 & title) Edmond J. DeRosa / Mngr, Teletherapy Operations		SIGNATURE 	DATE February 4, 2003
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 willful 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 & Title) John McQuarrie	SIGNATURE 	DATE 2/5/03
		TOTAL USE-DAYS TO DATE 2	

⑤ 2/5/03