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IRC FORM 241 U.S. NUCLEAR REGULATORY COMMISSION 3-2002)					APPROVED BY OMB: NO. 3150-0013 EXPIRES: 08/31/2005 Estimated burden per responses 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 EG). U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects@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 door not disclayed extractly with Affairs.				
REPORT OF PROPOSED ACTIVITIES IN				comments regarding burden estimate to the Records Management Branch (T-6 E6), U.S. Nuclear Regulatory Commission, Washington, DC, 20555-2001				
NON-AGREEMENT STATES, AREAS OF EXCLUSIVE				or by internel of	-mail to infocc	ilecis@nro v Affairs, N	gov, and to the Desk Officer, Office of	
FEDERAL JURISDICTION, OR OFFSHORE WATERS					TITLE STOLL COLLE	CHOH 0062	not display a cultigray valid Civib	
(Please read the instructions before completing this form)				required to rest	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 (Porson or lirm proposing to conduct the activities described below)					2. TYPE OF REPORT			
CIS-US, Inc.				AL []	REVISIO	N CLARIFICATION		
3. ADDRESS OF LICENSEE (Minling address or other location where licensee may be located)				4. LICENSEE CONTACT AND TITLE				
10 DeAngelo Drive Bedford, Massachusetts 01730				Paul M. Tyree, Radiation Safety Officer 5. TELEPHONE NUMBER 8. FACSIMILE NUMBER				
								(include Area Code) (Include Area Code)
				781.275.7120 x3020 781.275.5191 7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20				
WELL LOGGING LEAK TESTING AND/OR CALIBRATIONS X TELETHERAPY//RRADIATOR SERVICE								
Francis General GENERAL CONTRACTOR CONTRACTO								
PORTABLE GAUGES OTHER (Specify)								
RADIOGRAPHY =>> REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)								
8. CHENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE 9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions a						address or directions as possible.)		
Hackensack Medical Center			Hackensack Medical Center					
30 Prospect Street			30 Prospect Street					
Hackensack, New J	ersey 07601		Hackensack, New Jersey 07601					
Contact: Pilar Brahim, Blood Bank			10. CLIENT TELEPHONE NUMBER 11. WORK LOCATION TELEPHONE NUMBER					
			(Include Area Code) (Include Area Code) 201.996.4813 201.996.4813					
12, DATES SCHEDULED			MBER OF	14,	15		201.996.4813 16, LOCATION	
FROM	ro	VVOR	CDAYS	ADD	DELE	IE	REFERENCE NUMBER NUMBER TO BE	
40 Fab 02	46 M-L 00			_		_	ASSIGNED BY NDC	
13-Feb-03	13-Feb-03		7	0		0	000408	
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 redicactive material, scaled sources, or devices to be used.)								
Scheduled annual PM service of Model IBL 437C Irradiator Ser. No. 97-559								
3 x Model CSL-15 Cs-137 sources, nte 1870 Cl ea. on Oct-97								
13. AGREEMENT STATE SPECIFIC ACTIVITIES WHICH ARE THE S.	LICENSE WHICH AUTHORIZES THE L NME, EXCEPT FOR LOCATION OF US	INDERSIGN E. AS SPEC	ED TO CONDUCT	LICENSE NUME		STATE	EXPIRATION DATE	
ABOVE. (Pour copies of the specific license must accompany the initial NRC Form 241.)  19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)								
	19. CERTIFICATI	ON IMUS	T BE COMPL	<del></del>	ICANT)			
I, THE UNDERSIGNED, HEREBY CER		ON (MUS	ST BE COMPL	<del></del>	ICANT)			
a. All information in this r	ITIFY THAT: eport is true and complete.	,		ETED BY APPL	·			
<ul> <li>a. All Information in this r</li> <li>b. I have read and undorst required to comply with</li> </ul>	RTIFY THAT: oport is true and complete, and (he provision of the general li I theso provisions as to all bypro	cense 10 C duct, sour	CFR 150.20 repr ce, or special n	ETED BY APPL nted on the instr iclear material w	uctions of th hich I passes	s and us	nd I understand that I am a in non-Agreement States or	
<ul> <li>a. All Information in this r</li> <li>b. I have read and underst required to comply with offshore waters under</li> <li>c. I understand that activity</li> </ul>	RTIFY THAT: oport is true and complete, and the provision of the general li theso provisions as to all bypro the general license for which this fies, including storago, conducted	icense 10 C duct, sour s report is t in non-Aç	CFR 150.20 repr ce, or special n filed with the U greement States	nted on the instricter material w S. Nuclear Regul under general lic	uctions of th hIch I posses atory Commit ense 10 CFR	s and use ssion, 150.20 an	e in non-Agreement States or e limited to a total of 180 days in	
All information in this r     I have read and underst     required to comply with     offshore waters under- c. I understand that activit     calendar year. With the	RTIFY THAT:  oport is true and complete,  and the provision of the general li  thase provisions as to all bypro- the general license for which this  fos, including storage, conducted exception of work conducted in	cense 10 C duct, sources report is i in non-Ag off-shore w	CFR 150.20 repr ce, or special n filed with the U greement States vaters, which is	nted on the instructear material w S. Nuclear Regul under general lic authorized for an	uctions of th hich I posses atory Commi- cense 10 CFR n unlimited p	s and use ssion, 150.20 an eriod of ti	a in non-Agreement States or e limited to a total of 180 days in me in the calondar year.	
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