

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

Send comments regarding burden estimate to the Records Management Branch (T-6 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to [rs1@nrc.gov](mailto:rs1@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.

(Please read the instructions before completing this form)

1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) <b>Krueger-Gilbert Health Physics, Inc</b>		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) <b>3601 E. Joppa Road Baltimore, Maryland 21234</b>		4. LICENSEE CONTACT AND TITLE <b>Matt Lucas /Health Physicist</b>	
		5. TELEPHONE NUMBER (include Area Code) <b>410-665-5447</b>	6. FACSIMILE NUMBER (include Area Code) <b>410-665-2074</b>

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 <b>Department of Veterans Affairs Medical Center Martinsburg, West Virginia 25401</b>		9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.) <b>same as #8</b>	
10. CLIENT TELEPHONE NUMBER (include Area Code) <b>304-263-0811</b>		11. WORK LOCATION TELEPHONE NUMBER (include Area Code) <b>304-263-0811</b>	

12. DATES SCHEDULED	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM <b>4/23/03</b> TO <b>4/23/03</b>	<b>1</b>	<b>4/23/03</b>	<b>4/1/03</b>	<b>000231</b>

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 <b>MD-05-101-01</b>	STATE <b>MD</b>	EXPIRATION DATE <b>6/30/2003</b>
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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)      SIGNATURE      DATE

**Suzanne F. Krueger-Schmidt, Pres.**      *Suzanne F. Krueger-Schmidt*      **3/12/03**

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) <b>Judith A. Soustra Sr-Rep</b>	SIGNATURE <i>Judith A. Soustra</i>	DATE <b>3/12/03</b>	TOTAL USAGE - DAYS TO DATE <b>36</b>
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*3/12/03*

<b>NRC FORM 241</b> (7-1999)		<b>U.S. NUCLEAR REGULATORY COMMISSION</b>		<b>APPROVED BY OMB: NO. 3160-0013</b>		<b>EXPIRES: 07/31/2002</b>	
<b>REPORT OF PROPOSED ACTIVITIES IN          NON-AGREEMENT STATES, AREAS OF EXCLUSIVE          FEDERAL JURISDICTION, OR OFFSHORE WATERS</b> <i>(Please read the instructions before completing this form)</i>				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 (1-6 E5) U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001; or by internet e-mail to bje1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOS-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.			
<b>1. NAME OF LICENSEE</b> <i>(Person or firm proposing to conduct the activities described below)</i> Krueger-Gilbert Health Physics, Inc.				<b>2. TYPE OF REPORT</b> <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input checked="" type="checkbox"/> CLARIFICATION			
<b>3. ADDRESS OF LICENSEE</b> <i>(Mailing address or other location where licensee may be located)</i> 3601 E. Joppa Road Baltimore, MD 21234				<b>4. LICENSEE CONTACT AND TITLE</b> Wendy Charlton/Health Physicist			
				<b>5. TELEPHONE NUMBER</b> <i>(Include Area Code)</i> 410-665-5447		<b>6. FACSIMILE NUMBER</b> <i>(Include Area Code)</i> 410-665-2074	
<b>7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20</b> <input type="checkbox"/> WELL LOGGING <input type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS <input type="checkbox"/> TELETHERAPY/IRRADIATOR SERVICE <input type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) $\Rightarrow$ _____ <input type="checkbox"/> RADIOGRAPHY $\Rightarrow$ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)							
<b>8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE</b> Mount Vernon Cardiology 6355 Walker Lane, #406 Alexandria, VA 22310				<b>9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION</b> <i>(Street and Number or other location. Give as complete an address or directions as possible.)</i> same as 8			
				<b>10. CLIENT TELEPHONE NUMBER</b> <i>(Include Area Code)</i> 703-313-0943		<b>11. WORK LOCATION TELEPHONE NUMBER</b> <i>(Include Area Code)</i> 703-313-0943	
<b>12. DATES SCHEDULED</b> FROM <u>4/14/03</u> TO <u>4/14/03</u>		<b>13. NUMBER OF WORK DAYS</b> <u>1</u>	<b>14. ADD</b> <u>4/14/03</u>	<b>15. DELETE</b> <u>4/10/03</u>	<b>16. LOCATION REFERENCE NUMBER</b> NUMBER TO BE ASSIGNED BY NRC <u>000030</u>		
<b>17. LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.</b> <b>17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED</b> <i>(Include description of type and quantity of radioactive material, sealed source, or device to be used.)</i> Cs-137 ICN MLD-01#309389, 250uCi (11/23/87) Cs-137 NAS MED 3550 #A7380, 182.5 uCi (11/1/97)							
<b>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.</b> <i>(Four copies of the specific license must accompany the initial NRC Form 241.)</i>				<b>LICENSE NUMBER</b> MD-05-101-01	<b>STATE</b> MD	<b>EXPIRATION DATE</b> 6/30/2003	
<b>19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)</b> I, THE UNDERSIGNED, HEREBY CERTIFY THAT: <ol style="list-style-type: none"> <li>All information in this report is true and complete.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> </ol>							
<b>CERTIFYING OFFICER - RSO or Management Representative (Name and Title)</b> Suzanne F. Krueger-Schmidt, Pres				<b>SIGNATURE</b> <i>Suzanne F. Krueger-Schmidt</i>		<b>DATE</b> <u>3/12/03</u>	
<b>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.</b>							
<b>FOR NRC USE ONLY</b>		<b>REVIEWING OFFICIAL (Typed/Printed Name and Title)</b> Judith A. Joubert, JHP		<b>SIGNATURE</b> <i>Judith A. Joubert</i>		<b>DATE</b> <u>3/12/03</u>	
						<b>TOTAL USAGE - DAYS TO DATE</b> <u>36</u>	

30 3/12/03

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.

T OF PROPOSED ACTIVITIES IN
ENT STATES, AREAS OF EXCLUSIVE
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
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 [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
The Cardiovascular Group, PC
8303 Arlington Blvd
Building B, Suite 120
Fairfax, VA 22031
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)
703-573-3494
11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)
703-573-3494

Table with 5 columns: 12. DATES SCHEDULED (FROM TO), 13. NUMBER OF WORK DAYS, 14. ADD, 15. DELETE, 16. LOCATION REFERENCE NUMBER. Includes handwritten entries for dates and days.

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 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 3/12/03

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FOR NRC USE ONLY REVIEWING OFFICIAL (Typed/Printed Name and Title) SIGNATURE DATE TOTAL USAGE - DAYS TO DATE
Judith A. Soustra Sr HP Judith A. Soustra 3/12/03 36

**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-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, 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) <b>Krueger-Gilbert Health Physics, Inc</b>		2. TYPE OF REPORT <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input checked="" type="checkbox"/> CLARIFICATION	
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) <b>3601 E. Joppa Road Baltimore, Maryland 21234</b>		4. LICENSEE CONTACT AND TITLE <b>Matt Lucas/Health Physicist</b>	
		5. TELEPHONE NUMBER (include Area Code) <b>410-665-5447</b>	6. FACSIMILE NUMBER (include Area Code) <b>410-665-2074</b>

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 <b>Cardiovascular Group, P.C. 4660 Kenmore Avenue, #1200 Alexandria, VA 22304</b>		9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.) <b>Same as #8</b>	
		10. CLIENT TELEPHONE NUMBER (include Area Code) <b>703-751-8111</b>	11. WORK LOCATION TELEPHONE NUMBER (include Area Code) <b>703-751-8111</b>

12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM	TO				NUMBER TO BE ASSIGNED BY NRC
<b>4/21/03</b>	<b>4/21/03</b>	<b>1</b>	<b>4/21/03</b>	<b>4/1/03</b>	<b>000026</b>

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 <b>MD-05-101-01</b>	STATE <b>MD</b>	EXPIRATION DATE <b>6/30/2003</b>
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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) <b>Suzanne F. Krueger-Schmidt, Pres.</b>	SIGNATURE <i>Suzanne F. Krueger-Schmidt</i>	DATE <b>3/12/03</b>
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FOR NRC USE ONLY	REVIEWING OFFICIAL (Typed/Printed Name and Title) <i>Judith A. Justice</i>	SIGNATURE <i>Judith A. Justice</i>	DATE <b>3/12/03</b>	TOTAL USAGE - DAYS TO DATE <b>30</b>
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**NRC FORM 241 (7-1999)** **U.S. NUCLEAR REGULATORY COMMISSION** **APPROVED BY OMB: NO. 3150-0013** **EXPIRES: 07/31/2002**  
**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)  
 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

8. 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) \_\_\_\_\_

6. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE  
 Northern Virginia Endocrinologists  
 3020 Hamaker Court, Suite 502  
 Fairfax, VA 22031

B. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.)  
 Same as 6

10. CLIENT TELEPHONE NUMBER (Include Area Code)  
 (703) 849-8440

11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)  
 (703) 849-8440

12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM 4/22/03	TO 4/22/03	1	4/22/03	4/1/03	NUMBER TO BE ASSIGNED BY NRC 000525

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 130 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 3/12/03

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FOR NRC USE ONLY REVIEWING OFFICIAL (Typed/Printed Name and Title) SIGNATURE DATE TOTAL USAGE - DAYS TO DATE  
 Judith A. Joubert sr/PP Judith A. Joubert 3/12/03 30

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

⑤ 3/12/03

NRC FORM 241  
(7-1998)

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 (7-2 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to hst1@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) <b>Krueger-Gilbert Health Physics, Inc</b>		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) <b>3601 E. Joppa Road Baltimore, Maryland 21234</b>		4. LICENSEE CONTACT AND TITLE <b>Wendy Charlton/Health Physicist</b>	
5. TELEPHONE NUMBER (Include Area Code) <b>410-665-5447</b>		6. FACSIMILE NUMBER (Include Area Code) <b>410-665-2074</b>	

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

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 <b>Cardiac Diagnostic Services of Virginia 3289 Woodburn Road, Suite 50 Annandale, VA 22003</b>		9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.) <b>Same as 8</b>	
10. CLIENT TELEPHONE NUMBER (Include Area Code) <b>(703) 641-0244</b>		11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) <b>(703) 641-0244</b>	

12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM <b>4/22/03</b>	TO <b>4/22/03</b>	<b>1</b>	<b>4/22/03</b>	<b>4/1/03</b>	NUMBER TO BE ASSIGNED BY NRC <b>000027</b>

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 <b>MD-05-101-01</b>	STATE <b>MD</b>	EXPIRATION DATE <b>6/30/2003</b>
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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) <b>Suzanne F. Krueger-Schmidt, Pres.</b>	SIGNATURE <i>Suzanne F. Krueger-Schmidt</i>	DATE <b>3/12/03</b>
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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) <b>Suzanne A. Jovine</b>	SIGNATURE <i>Suzanne A. Jovine</i>	DATE <b>3/12/03</b>	TOTAL USAGE - DAYS TO DATE <b>30</b>
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50 3/12/03

**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 (7-6 E9), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to bje1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3160-0013), 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**  
South Jersey Heart Group  
539 Egg Harbor Road  
Sewell, NJ 08080

**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)**  
609-589-1753

**11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)**  
609-589-1753

12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM	TO				NUMBER TO BE ASSIGNED BY NRC
4/16/03	4/16/03	1	4/16/03	4/1/03	000028

**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:

- 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)** **SIGNATURE** **DATE**  
Suzanne F. Krueger-Schmidt, Pres. Suzanne F. Krueger-Schmidt 3/12/03

**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
	Judith A. Sauter	Judith A. Sauter	3/12/03	36

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

<b>NRC FORM 241</b> (7-1999)		<b>U.S. NUCLEAR REGULATORY COMMISSION</b>		<b>APPROVED BY OMB: NO. 3150-0013</b> 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 20535-0001, 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.		<b>EXPIRES: 07/31/2002</b>	
<b>REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS</b> <i>(Please read the instructions before completing this form)</i>							
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) <b>Krueger-Gilbert Health Physics, Inc</b>		2. TYPE OF REPORT INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> <input checked="" type="checkbox"/> CLARIFICATION					
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) <b>3601 E. Joppa Road          Baltimore, Maryland 21234</b>		4. LICENSEE CONTACT AND TITLE <b>Wendy Charlton/Health Physicist</b>		5. TELEPHONE NUMBER (Include Area Code) <b>410-665-5447</b>		6. FACSIMILE NUMBER (Include Area Code) <b>410-665-2074</b>	
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) $\Rightarrow$ _____ <input type="checkbox"/> RADIOGRAPHY $\Rightarrow$ _____ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS) _____							
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE <b>Cardiac Diagnostic Imaging Center          3001 West Chapel Avenue, Suite 102          Cherry Hill, NJ 08002</b>				9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.) <b>same as 8</b>			
				10. CLIENT TELEPHONE NUMBER (Include Area Code) <b>609-482-8900</b>		11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) <b>609-482-8900</b>	
12. DATES SCHEDULED FROM <b>4/16/03</b> TO <b>4/16/03</b>		13. NUMBER OF WORK DAYS <b>1</b>	14. ADD <b>4/16/03</b>	15. DELETE <b>4/1/03</b>	16. LOCATION REFERENCE NUMBER <b>NUMBER TO BE ASSIGNED BY NRC          000029</b>		
<b>LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.</b>							
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.) <b>Cs-137 ICN MLD-01#309389, 250uCi (11/23/87)          Cs-137 NAS MED 3550 #A7380, 182.5 uCi (11/1/97)</b>							
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 17 ABOVE. (Four copies of the specific license must accompany this Initial NRC Form 241.)				LICENSE NUMBER <b>MD-05-101-01</b>	STATE <b>MD</b>	EXPIRATION DATE <b>6/30/2003</b>	
<b>19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)</b>							
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) <b>Suzanne F. Krueger-Schmidt, Pres.</b>				SIGNATURE <i>Suzanne F. Krueger-Schmidt</i>		DATE <b>3/12/03</b>	
<b>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.</b>							
<b>FOR NRC USE ONLY</b>	REVIEWING OFFICIAL (Type/Printed Name and Title) <b>Judith A. Justice</b>		SIGNATURE <i>Judith A. Justice</i>		DATE <b>3/12/03</b>	TOTAL USAGE - DAYS TO DATE <b>36</b>	
NRC FORM 241 (7-1999)							