NON-AGREEMEN FEDERAL JURISI (Please read the i	U.S. NUCLEAR REGI F PROPOSED ACTIV T STATES, AREAS ( DICTION, OR OFFSI- Instructions before comple	Estimated burd request: 15 min inspection of his with requireme commonts regal (T-6 E6), U.S. Nor by internet e- of information a Management a impose an inforcontrol number	APPROVED BY OMB: NO. 3150-0013  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 outlic health and safety. Send commonts regarding burden estimate to the Records Management Brand (T-6 E.6), U.S. Nuclear Regulatory Commission, Washington, DC 20535-0001, 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 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.							
NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)     CIS-US, Inc.					2. TYPE OF REPORT  INITIAL REVISION MC CLARIFICATION					
	g address or other location where licen	soo may be l	ocaled)		4. LICENSEE CONTACT AND TITLE					
					Doul M. Tyron Dadiction Cofety Offices					
10 DeAngelo Drive Bedford, Massachusetts 01730				5. TELEPHONE	Paul M. Tyree, Radiation Safety Officer  5. TELEPHONE NUMBER  6. FACSIMILE NUMBER					
Course of the Co	(Include Area 781.275	(Include Area Code) 781.275.7120 x3020 (Include Area Code) 781.275.5191								
7.	ACTIVITIES TO BE CONDUCT	ED UNDE	R THE GENE	RAL LICENSE G	IVEN IN 10 CFR 15	0.20				
WELL LOGGING	WELL LOGGING LEAK TESTING AND/OR CALIBRATIONS TELETHERAPY/IRRADIATOR SERVICE									
[ ] PORTABLE GAUGES	S OTHER (Specify	, ⇒								
Lamber of Court	REGISTERED AS USER O	•	G (CERTIFICAT	ES OF COMPLIANCE	NUMBERS)					
RADIOGRAPHY	~- <u>}</u>									
B. CLIENT NAME, ADDRESS, CITY/	COUNTY, STATE, ZIP CODE		9. ACTUAL PH (Straul and	YSICAL ADDRESS OF Number or other locati	SICAL ADDRESS OF WORK LOCATION Imber or alber location. Give as complete an address or directions as possible.)					
					's Medical Center					
1301 Punchbowl St			1301 Punchbowl Street							
Honolulu, Hawali 9			Hono	lulu, Hawaii	lu, Hawaii 96813					
Contact: Scott Dub	e, Blood Bank		10. CLIENT TI	ELEPHONE NUMBER	PHONE NUMBER 11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)					
<b>.</b>										
			808.5	47.4884	,,,,,	808.547.4884				
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NRC FORM 241  (8-2002)  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)  CIS-US, Inc.  3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)						APPROVED BY OMB: NO. 3150-0013 Estimated burden per response to comply with this mandatory colloction 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 Cominission, Washington, DC. 20555-0001, or by internet e-mail to infocollects@nc.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.  2. TYPE OF REPORT  INITIAL REVISION CLARIFICATION  4. LICENSEE CONTACT AND TITLE				
10 DeAngelo Drive Bedford, Massachusetts 01730						Paul M. Tyree, Radiation Safety Officer  5. TELEPHONE NUMBER 6. FACSIMILE NUMBER (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 TELETHERAPY/IRRADIATOR SERVICE  PORTABLE GAUGES OTHER (Specify) =>  REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)										
s. CLIENT NAME, ADDRESS, CHYCOUNTY, STATE, ZIP CODE  Jeanes Hospital 7600 Central Avenue Philadelphia, Pennsylvania 19111 Contact: Gail Dohen, Blood Bank				9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.)  Jeanes Hospital 7600 Central Avenue Philadelphia, Pennsylvania 19111  10. CLIENT TELEPHONE NUMBER  11. WORK LOCATION TELEPHONE NUMBER						
10. CLIENT TELE fluctude Area 215.728					(ode)		(Include Are	215.728.2244		
12, DATES S	SCHEDULED		WHER OF K DAYS		14. ADO	15 DEL		16. LOCATION REFERENCE NUMBER		
4/2/03 9:00 AM	<sup>to</sup> 4/2/2003 12 noon		1		0		0	NUMBER TO BE ASSIGNED BY NIDO 000577		
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, SERVICEO, OR TESTED (Include description of type and quantity of radioactive material, sealed sources, or devices to be used.)  Scheduled annual PM service of Model IBL 437C irradiator Ser. No. 93-418  1 x Model CSL-15 Cs-137 source, nte 1870 Ci ea. on Nov-93										
ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEM 9.  ABOVE. (Four capies of the specific license must accompany the initial NRC Form 241.)  19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)  1, THE UNDERSIGNED, HEREBY CERTIFY THAT:  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 ficense 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 fisted 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 of criminal penalties.										
CERTIFYING OFFICER - RSO or Management Representative (Name and Title) SIGNA Paul M. Tyree, Corporate RSO				2	×1 / -			DATE 27-Mar-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 REVIEWING OFF	CIAL (TypediPrinted Name and Title)	X	PURE	Yllu		345	1/2003	TOTAL USAGE DAYS TO DATE		
NRC FORM 241 (8-2002)	(A) 3/31/o	,	RECYCLED	PAPER				This form was designed using InForms		