

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: 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-8 ES), U.S. Nuclear Regulatory Commission, Washington, DC 20585-0001, or by internet e-mail to hja1@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 <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) 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 160.20

WELL LOGGING LEAK TESTING AND/OR CALIBRATIONS THERAPY/RADIATOR SERVICE
 PORTABLE GAUGES OTHER (Specify) => _____
 RADIOGRAPHY => _____ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE Molecular Imaging Services 613 High Street Seaford, DE 19973		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) 302-629-9099	11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 302-629-9099

12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM	TO				NUMBER TO BE ASSIGNED BY NRC
6/13/03	6/13/03	1	6/13/03	6/01/03	000449

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 services 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 this initial NRC Form 241.)	LICENSE NUMBER MD-05-101-01	STATE MD	EXPIRATION DATE 6/30/2003
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18. 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) SIGNATURE DATE
Suzanne F. Krueger-Schmidt, Pres. *Suzanne F. Krueger-Schmidt* **5/15/03**

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) S. A. [Signature]	SIGNATURE <i>[Signature]</i>	DATE 5/21/03	TOTAL USAGE - DAYS TO DATE 45
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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 (7-6 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20585-0001, or by internet e-mail to bja1@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
 1 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
 Nanticoke Memorial Hospital
 801 Middleford Road
 Seaford, DE 19973

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) 302-629-6615
11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 302-629-6615

12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM 6/5/03	TO 6/5/03	1	6/5/03	6/1/03	NUMBER TO BE ASSIGNED BY NRC 000445

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 5/15/03

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
 J.A. Southworth HP [Signature] 5/21/03 45

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

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: 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-8 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to hse1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (2150-0013), 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 <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) 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 (CERTIFICATE 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		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM	TO				NUMBER TO BE ASSIGNED BY NRC
6/12/03	6/12/03	1	6/12/03	6/12/03	000453

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 MD-05-101-01	STATE MD	EXPIRATION DATE 6/30/2003
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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) Suzanne E. Krueger-Schmidt, Pres.	SIGNATURE <i>Suzanne E. Krueger-Schmidt</i>	DATE 5/15/03
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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) J.A. Janssen	SIGNATURE <i>J.A. Janssen</i>	DATE 5/21/03	TOTAL USAGE - DAYS TO DATE 45
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5/21/03

NRC FORM 241 (7-1998) 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
 Health
 Malek Daneshvar 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		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM	TO				NUMBER TO BE ASSIGNED BY NRC
6/23/03	6/23/03	1	6/23/03	6/1/03	000456

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

18. 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)

19. 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)
 Suzanne F. Krueger-Schmidt, Pres.

SIGNATURE
 Suzanne F. Krueger-Schmidt

DATE
 5/15/03

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FOR NRC USE ONLY	REVIEWING OFFICIAL (Typed/Printed Name and Title)	SIGNATURE	DATE	TOTAL USAGE - DAYS TO DATE
	J. A. Johnson	Judith A. Johnson	5/21/03	45

NRC FORM 241 (7-1998)

PRINTED ON RECYCLED PAPER

NRC FORM 241
(7-1999)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0013 EXPIRES: 11/30/03
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 (7-8 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bja1@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.

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(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 <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) 3601 E. Joppa Road Baltimore, Maryland 21234		4. LICENSEE CONTACT AND TITLE MARY 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 160.20

WELL LOGGING LEAK TESTING AND/OR CALIBRATIONS TELETHERAPY/IRRADIATOR SERVICE

PORTABLE GAUGES OTHER (Specify) _____

RADIOGRAPHY REGISTERED AS USER OF PACKAGING (CERTIFICATE OF COMPLIANCE NUMBER) _____

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		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM 6/13/03	TO 6/13/03	1	6/13/03	6/1/03	000450

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 source, or device 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)

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- 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 - RBO or Management Representative (Name and Title) Suzanne F. Krueger-Schmidt, Pres.	SIGNATURE <i>Suzanne F. Krueger-Schmidt</i>	DATE 5/15/03
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FOR NRC USE ONLY	REVIEWING OFFICIAL (Typed/Printed Name and Title) J.A. South	SIGNATURE <i>J.A. South</i>	DATE 5/21/03	TOTAL USAGE - DAYS TO DATE 45
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5/21/03

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

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(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) **6. FACSIMILE NUMBER** (Include Area Code)
 410-665-5447 410-665-2074

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

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) **11. WORK LOCATION TELEPHONE NUMBER** (Include Area Code)
 302-422-3311 302-422-3311

12. DATES SCHEDULED	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM 6/11/03 TO 6/11/03	1	6/11/03	6/1/03	000451

17. 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 materials, 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:

- 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) **SIGNATURE** **DATE**
 Suzanne F. Krueger-Schmidt, Pres. *Suzanne F. Krueger-Schmidt* 5/15/03

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**
 J.A. Joubert Sr HP *J.A. Joubert Sr HP* 5/21/03 45

30 5/21/03

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

NRC FORM 241 (7-1999)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 2150-0012 EXPIRES: 07/31/2002 Estimated burden per response to comply with this mandatory collection (average): 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 estimates to the Records Management Branch (T-6 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to brs1@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 [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 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 160.20
[] 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 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

Table with 5 columns: 12. DATES SCHEDULED (FROM TO), 13. NUMBER OF WORK DAYS, 14. ADD, 15. DELETE, 16. LOCATION REFERENCE NUMBER. Row 1: 6/19/03, 6/19/03, 1, 6/19/03, 6/1/03, 000031

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

18. 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 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.
c. 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.
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) Suzanne F. Krueger-Schmidt, Pres. SIGNATURE Suzanne F. Krueger-Schmidt DATE 5/16/03

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) J-A. South SIGNATURE J. A. South DATE 5/21/03 TOTAL USAGE - DAYS TO DATE 45

Handwritten signature and date: 5/21/03

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
(Please read the instructions before completing this form)

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 20555-0001, or by Internet e-mail to b1et@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NIOB-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
MATT UCAS / 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 160.20
 WELL LOGGING LEAK TESTING AND/OR CALIBRATIONS TELETHERAPY/RADIATOR SERVICE
 PORTABLE GAUGES OTHER (Specify) \Rightarrow _____
 RADIOGRAPHY \Rightarrow 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		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM	TO				NUMBER TO BE ASSIGNED BY NRC
6/19/03	6/19/03	1	6/19/03	6/1/03	000454

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)

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- 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) **Suzanne F. Krueger-Schmidt, Pres.** SIGNATURE *Suzanne F. Krueger-Schmidt* DATE **5/15/03**

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FOR NRC USE ONLY	REVIEWING OFFICIAL (Typed/Printed Name and Title)	SIGNATURE	DATE	TOTAL USAGE - DAYS TO DATE
	J.A. Souther or HR	<i>J.A. Souther</i>	5/21/03	45

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