

U.S. NUCLEAR REGULATORY COMMISSION REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS <i>(Please read the instructions before completing this form)</i>		APPROVED BY NRC, FILE SEPARATELY 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 20555-0001, or by internet e-mail to infocoll@nrc.gov , and to the Desk Officer, Office of Information and Regulatory Affairs, NEOP-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) DAVES & Kelly, INC d. B. A. JACOBSON & ASSOCIATES		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) P.O. Box 14748 LOUISVILLE, KY 40214		4. LICENSEE CONTACT AND TITLE Michael S. Kelly, CHP	
		5. TELEPHONE NUMBER (Include Area Code) 502-231-5621	6. FACSIMILE NUMBER (Include Area Code) 502-361-2486
7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 154.20 <input type="checkbox"/> WELL LOGGING <input checked="" type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS <input type="checkbox"/> TELETHERAPY/RADIATOR SERVICE <input type="checkbox"/> PORTABLE GAUGES <input checked="" type="checkbox"/> OTHER (Specify) ⇒ Dose Calibrator QA & Shielding Integrity <input type="checkbox"/> RADIOGRAPHY ⇒ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)			
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE SEE ATTACHED LIST		9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.) SEE ATTACHED CLIENT LIST	
		10. CLIENT TELEPHONE NUMBER (Include Area Code)	11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)
12. DATES SCHEDULED FROM SEE ATTACHED TO CLIENT LIST		13. NUMBER OF WORK DAYS FOR 2003	14. ADD 15. DELETE 16. LOCATION REFERENCE NUMBER NUMBER TO BE ASSIGNED BY NRC
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) Co-57; Ra-133; Cs-137 E-VIALS & FLOOD SOURCES. GENERALLY LICENSED SOURCES			
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 201-175-55	STATE KY
		EXPIRATION DATE 3/31/2004	
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 154.20 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 154.20 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) Michael S Kelly, President, RSO		SIGNATURE Michael S Kelly	DATE 4/4/2003
WARNING: False statements in this certificate may be subject to civil and/or criminal penalties. NRC regulations require that submissions to the NRC be complete and accurate in all material respects. 18 U.S.C. Section 1001 makes it a criminal offense to make a 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 (Name, Title, Office and Title) David J. Collins, Health Physicist Division of Nuclear Materials Safety USNRC Region II	SIGNATURE David J. Collins	DATE 4/4/2003
		TOTAL USAGE - DAYS TO DATE 2	

ATTACHMENT TO FORM 241
2003 Client List

#9 and 10 Client Name	Address	Date Worked	Date Scheduled	NRC LRN
Kings Daughter's Hospital	One King's Daughters' Way Madison, IN 47250	3/7/03		000187
Medical Center of Southern Indiana	2200 Market Street Charlestown, IN 47111	3/7/03		000188
Harrison County Hospital	Corydon, IN			000189
Washington County Memorial Hospital	Salem, IN		✓ 4/15/03	000190
Scott County Hospital	Scottsburg, IN		✓ 4/15/03	000191
Clark Memorial Hospital	Jeffersonville, IN			000192
River City Cardiology	207 Sparks Ave, Suite 104 Jeffersonville, IN 47130			000193
ESSROC Materials	Speed Plant, Hwy 31 North Speed, Indiana 47172			000194
Cardiovascular Associates Of Southern Indiana	2109 Green Valley RD New Albany, IN 47150		✓ 4/15/03	000195

Form 241;
Item 10: Work Location same as mailing address
Item 11 & 13: Not available at this time

Note: USNRC will be notified by facsimile transmission 3 days prior to the work date
if/when dates of work are determined for these facilities.

Revised 4/4/03

Apr. 04 2003 09:39AM P3

PHONE NO. : 5023612486

FROM : DAVES & KELLY