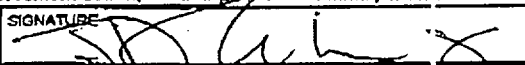



| | | | | | | | |
|--|---|---|---|---------------|---------------|--|-----------------------|
| <p>NRC FORM 241 (8-2002)</p> <p style="text-align: center;">U.S. NUCLEAR REGULATORY COMMISSION</p> <p style="text-align: center;">REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS</p> <p style="text-align: center;"><i>(Please read the instructions before completing this form)</i></p> | | <p>APPROVED BY: 8: NO. 3160-0013 EXPIRES: 08/31/2005</p> <p><small>Estimated burden per response to comply with this mandatory collection request: 15 minutes. Title 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-3 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internal e-mail to infocollect@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NE01-10202, (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.</small></p> | | | | | |
| <p>1. NAME OF LICENSEE <i>(Person or firm proposing to conduct the activities described below)</i></p> <p>Neutron Products, Inc.</p> | | <p>2. TYPE OF REPORT</p> <p><input checked="" type="checkbox"/> INITIAL <input checked="" type="checkbox"/> REVISION <input type="checkbox"/> CLARIFICATION</p> | | | | | |
| <p>3. ADDRESS OF LICENSEE <i>(Mailing address or other location where licensee may be located)</i></p> <p>22301 Mt. Ephraim Road P.O. Box 68 Dickerson, Maryland 20842</p> | | <p>4. LICENSEE CONTACT AND TITLE</p> <p style="text-align: center;">Manager Edmond J. DeRosa Teletherapy Operations</p> | | | | | |
| | | <p>5. TELEPHONE NUMBER <i>(Include Area Code)</i></p> <p>301/349-5001</p> | <p>6. FACSIMILE NUMBER <i>(Include Area Code)</i></p> <p>301/349-5007</p> | | | | |
| <p>7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 160.20</p> <p><input type="checkbox"/> WELL LOGGING <input type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS <input type="checkbox"/> THERAPY/IRRADIATOR SERVICE</p> <p><input type="checkbox"/> PORTABLE GAUGES <input checked="" type="checkbox"/> OTHER (Specify) ⇒ <u>Teletherapy unit and source removal</u></p> <p><input type="checkbox"/> RADIOGRAPHY ⇒ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)</p> | | | | | | | |
| <p>8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE</p> <p>Hospital Center @ Orange 286 Henry Street Orange, New Jersey 07051</p> | | <p>9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION <i>(Street and Number or other location. Give as complete an address or directions as possible.)</i></p> <p>286 Henry Street Orange, New Jersey 07051</p> | | | | | |
| | | <p>10. CLIENT TELEPHONE NUMBER <i>(Include Area Code)</i></p> <p>973/266-2143</p> | <p>11. WORK LOCATION TELEPHONE NUMBER <i>(Include Area Code)</i></p> <p>973/266-2143</p> | | | | |
| <p>12. DATES SCHEDULED</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">FROM</td> <td style="width:50%;">TO</td> </tr> <tr> <td>July 10, 2003</td> <td>July 10, 2003</td> </tr> </table> | | FROM | TO | July 10, 2003 | July 10, 2003 | <p>13. NUMBER OF WORK DAYS</p> <p>1 (one)</p> | <p>14. ADD</p> |
| FROM | TO | | | | | | |
| July 10, 2003 | July 10, 2003 | | | | | | |
| | | <p>15. DELETE</p> | <p>16. LOCATION REFERENCE NUMBER</p> <p>NUMBER TO BE ASSIGNED BY NRC 000849</p> | | | | |
| <p style="text-align: center;">LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.</p> | | | | | | | |
| <p>17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED <i>(Include description of type and quantity of radioactive material, sealed sources, or devices to be used.)</i></p> <p>Removal of ATC C-9 Serial No. 108 Cobalt-60 Teletherapy unit containing 97 TBq, 2630 curies as of July 7, 2003.</p> | | | | | | | |
| <p>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. <i>(Four copies of the specific license must accompany the Initial NRC Form 241.)</i></p> | | <p>LICENSE NUMBER</p> <p>MD-31-025-03</p> | <p>STATE</p> <p>MD</p> | | | | |
| | | <p>EXPIRATION DATE</p> <p>Timely Renewal</p> | | | | | |
| <p style="text-align: center;">19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)</p> <p>I, THE UNDERSIGNED, HEREBY CERTIFY THAT:</p> <p>a. All information in this report is true and complete.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> | | | | | | | |
| <p>CERTIFYING OFFICER - RSO or Management Representative (Name and Title)</p> <p>Jeffrey Williams, RSO</p> | | <p>SIGNATURE</p>  | <p>DATE</p> <p>July 2, 2003</p> | | | | |
| <p>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.</p> | | | | | | | |
| <p>FOR NRC USE ONLY</p> | <p>REVIEWING OFFICIAL (Typed/Printed Name and Title)</p> <p>BETS J. ULLMAN</p> | <p>SIGNATURE</p>  | <p>DATE</p> <p>7/2/03</p> | | | | |
| | | <p>TOTAL USAGE - DAYS TO DATE</p> <p>4</p> | | | | | |

② 7/2/03

**NEUTRON PRODUCTS, INC.**

22301 Mt. Ephraim Road
Dickerson, MD 20842 U.S.A.

Tele: 301-349-5001

Fax: 301-349-5007


EMAIL: neutronprod@erols.com

FAX LEAD PAGE

To: Ms. Sheryl Villar
U.S. Nuclear Regulatory Commission

Date: July 2, 2003

Fax: 610/337-5269

From: Jeffrey Williams, RSO  Pages: 2

Re: Reciprocity

Dear Ms. Villar,

Attached is NRC Form 241 requesting reciprocity for work to be performed at Hospital Center @ Orange, 286 Henry Street, Orange New Jersey 07051 on Thursday, July 10, 2003.

The work which is expected to take one day, will be performed by Mr. Jerry Fogle.

If you have any questions, please do not hesitate to contact me.