(Please read the inverse of the inve		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 public health and safety. Send comments regarding burden estimate to the Records Management Branch (T-6 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-001, 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.								
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)					2. TYPE OF REPORT					
CIS-US, Inc.					INITIAL REVISION CLARIFICATION					
3. ADDRESS OF LICENSEE (Mailing	address or other location where licen	see may bo	localed)		4. LICENSEE CONTACT AND TITLE					
10 DeAngelo Drive				Ì	Paul M. Tyree, Radiation Safety Officer					
Bedford, Massachusetts 01730					5. TELEPHONE NUMBER 6. FACSIMILE NUMBER					
					1 .			(Include Area Code)		
7.	ACTIVITIES TO BE CONDUCT	ED UNDE	R THE GE	NERA				781 275 5191 20		
7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20 [] WELL LOGGING										
PORTABLE GAUGES OTHER (Specify)										
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REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS) RADIOGRAPHY										
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE 9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Sireal and Number or other location, Give as complete an address or directions as possible.)										
							nprere arr	Bouress of Girbarons as possible.		
, <i>,</i> , , , , , , , , , , , , , , , , ,					Medical Center					
One Hurley Plaza	n		•		urley Plaza					
Flint, Michigan 4850			·		lichigan 48502					
Contact: Vija Minski, Blood Bank 10. CLIENT TELE					Code) (Include Area Code)					
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05-Aug-03	05-Aug-03		1		n	n		000918		
	ORK SITES ON SEPARATE S	HEET(S)	TO INCLU	DE AL	L INFORMATI	ON CONTAI	NED IN	ITEMS 9-16 ABOVE.		
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	19. CERTIFICAT	ION (MU	ST BE CO	MPLE	TED BY APPL	ICANT)	·			
I, THE UNDERSIGNED, HEREBY CER	•									
there are dend makes	eport is true and complete. and the provision of the general i	icanso 10 (CFR 150.20	reprint	ad on the instru	actions of this	s form: a	and i understand that i am		
b. I have read and understand two provision of the general license to CFR 150.20 reprinted on the instructions of this form; and i understand that i am required to comply with those provisions as to all byproduct, source, or special nuclear material which i possess and use in non-Agreement States or offelious under the general license for which this report is filed with the U.S. Nuclear Regulatory Commission.										
	•	•			-			re limited to a total of 180 days in		
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.										
a. 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 . 850 of Mo. Tyree,	nanoment Representative (Name and 1 Corporate RSO	rille) SIGN	ATURE	u	100	0		DATE 1-Aug-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.										
A STREET, STRE	FICIAL (TypoillFillited Namo and Title	in the second	ATURE	U "/	5, 5	- DATE	/o3	TOTAL USAGE DAYS TO DATE		
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NRG FORM 241 U.S. NUCLEAR REG (8-2002)			AUD. NO A455	Puninga, sanden						
(0-20VA)	Fetimaled hold	APPROVED BY OMB: NO. 3150-0013 EXPIRES: 08/31/2005 Estimated burden per response to comply with this mandatory collection								
	Inspection of the	request: 15 minutes. This notification is required so that NRC may schedule inspection of the activities to ensure that they are conducted in accordance								
REPORT OF PROPOSED ACT	contracts regarded	with requirements for protection of the public health and safety. Send comments regarding burden estimate to the Records Management Branch (T.E.E.) I.S. the Records Management Branch (T.E.E.) I.S. the Records are publicable for the Management Branch (T.E.E.).								
NON-AGREEMENT STATES, AREAS	or by internet e-	comments regarding burden estimate to the Records Management Branch (T-5 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to infocollects@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOR-10202 (3150-0013), Office of								
FEDERAL JURISDICTION, OR OFFSI	Management as	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								
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3. ADDRESS OF LICENSEE (Multing address or allier location where lice	nsee may be localed)	4. LICENSEE CO	4. LICENSEE CONTACT AND TITLE							
10 DeAngelo Drive		Paul M.	Paul M. Tyree, Radiation Safety Officer							
Bedford, Massachusetts 01730	ļ									
		5. TELEPHONE (include Area	Code)	6. FACSIMILE NUMBER (Include Area Code)						
			5.7120 x3020	781.275.5191						
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REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)										
8. CLIENT NAME, ADDRESS, CRY/COUNTY, STATE, ZIP CODE 9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION										
Flored Managial Hamilel	l		nber or other location. Give as complete an address or directions as possible.)							
Floyd Memorial Hospital 1850 State Street	yo wemoriai H 0 State Street	flemorial Hospital								
New Albany, Indiana 47150		v Albany, India	na 47150							
Contact: Jodi McDonald, Blood Bank		TELEPHONE NUMBER		CATION TELEPHONE MINER						
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	finctude	Area Code)	Code) (Include Area Code)							
	.944,7701	45	812.944.7701							
12. DATES SCHEDULED	1). Number of Work days	14, ADD	15. DELETE	16, LOCATION REFERENCE NUMBER						
FROM TO				NUMBER TO BE						
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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										
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