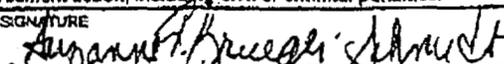
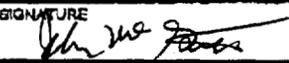


<b>NRC FORM 241</b> (7-1999)		<b>U.S. NUCLEAR REGULATORY COMMISSION</b>		<b>APPROVED BY OMB: NO. 3150-0013</b> <small>Estimated burden per response to comply with this mandatory collection request: 15 minutes. This notification is required so that NRC may schedule inspection of the activities to ensure that they are conducted in accordance with requirements for protection of the public health and safety. Send comments regarding burden estimates to the Records Management Branch (T-8 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.</small>		<b>EXPIRES: 07/31/2002</b>	
<b>REPORT OF PROPOSED ACTIVITIES IN          NON-AGREEMENT STATES, AREAS OF EXCLUSIVE          FEDERAL JURISDICTION, OR OFFSHORE WATERS</b> <small>(Please read the instructions before completing this form)</small>							
<b>1. NAME OF LICENSEE</b> <small>(Person or firm proposing to conduct the activities described below)</small> Krueger-Gilbert Health Physics, Inc				<b>2. TYPE OF REPORT</b> INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> CLARIFICATION <input checked="" type="checkbox"/>			
<b>3. ADDRESS OF LICENSEE</b> <small>(Mailing address or other location where licensee may be located)</small> 3601 E. Joppa Road Baltimore, Maryland 21234				<b>4. LICENSEE CONTACT AND TITLE</b> MATT LUCAS Health Physicist			
				<b>5. TELEPHONE NUMBER</b> <small>(Include Area Code)</small> 410-665-5447		<b>6. FACSIMILE NUMBER</b> <small>(Include Area Code)</small> 410-665-2074	
<b>7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20</b>							
<input type="checkbox"/> WELL LOGGING <input checked="" type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS <input type="checkbox"/> TELETHERAPY/IRRADIATOR SERVICE <input type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) → _____ <input type="checkbox"/> RADIOGRAPHY → REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)							
<b>8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE</b> Nanticoke Memorial Hospital 801 Middleford Road Seaford, DE 19973				<b>9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION</b> <small>(Street and Number or other location. Give as complete an address or directions as possible.)</small> same as 8			
				<b>10. CLIENT TELEPHONE NUMBER</b> <small>(Include Area Code)</small> 302-629-6615		<b>11. WORK LOCATION TELEPHONE NUMBER</b> <small>(Include Area Code)</small> 302-629-6615	
<b>12. DATES SCHEDULED</b>		<b>13. NUMBER OF WORK DAYS</b>		<b>14. ADD</b>		<b>15. DELETE</b>	
FROM TO 09/04/03 09/01/03		1		09/04/03 09/01/03		<b>16. LOCATION REFERENCE NUMBER</b> NUMBER TO BE ASSIGNED BY NRC 000445	
<b>LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.</b>							
<b>17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED</b> <small>(Include description of type and quantity of radioactive material, sealed sources, or devices to be used.)</small> Cs-137 ICN MLD-01#309389, 250uCi (11/23/87) Cs-137 NAS MED 3550 #A7380, 182.5 uCi (11/1/97)							
<b>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.</b> <small>(Four copies of the specific license must accompany the Initial NRC Form 241.)</small>				<b>LICENSE NUMBER</b> MD-05-101-01		<b>STATE</b> MD	
				<b>EXPIRATION DATE</b> 6/30/2003			
<b>19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)</b>							
<b>I, THE UNDERSIGNED, HEREBY CERTIFY THAT:</b>							
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's 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.							
<b>CERTIFYING OFFICER - RSO or Management Representative (Name and Title)</b> Suzanne F. Krueger-Schmidt, Pres.				<b>SIGNATURE</b> <i>Suzanne F. Krueger-Schmidt</i>		<b>DATE</b> 8/19/03	
<b>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.</b>							
<b>FOR NRC USE ONLY</b>		<b>REVIEWING OFFICIAL</b> <small>(Typed/Printed Name and Title)</small> <i>J. J. ...</i>		<b>SIGNATURE</b> <i>J. J. ...</i>		<b>DATE</b> 8/19/03	
						<b>TOTAL USAGE - DAYS TO DATE</b> 60	

<b>NRC FORM 241</b> <small>(7-1999)</small>		<b>U.S. NUCLEAR REGULATORY COMMISSION</b>		<b>APPROVED BY OMB: NO. 3150-0013</b> <small>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 E8), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to bjs1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NE08-10202, (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>	
<b>REPORT OF PROPOSED ACTIVITIES IN                  NON-AGREEMENT STATES, AREAS OF EXCLUSIVE                  FEDERAL JURISDICTION, OR OFFSHORE WATERS</b> (Please read the instructions before completing this form)					
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) <b>Krueger-Gilbert Health Physics, Inc</b>			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) <b>3601 E. Joppa Road                  Baltimore, Maryland 21234</b>			4. LICENSEE CONTACT AND TITLE <b>Donna Thim / Health Physicist</b>		
			5. TELEPHONE NUMBER (Include Area Code) <b>410-665-5447</b>	6. FACSIMILE NUMBER (Include Area Code) <b>410-665-2074</b>	
7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20 <input type="checkbox"/> WELL LOGGING <input checked="" type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS <input type="checkbox"/> TELETHERAPY/IRRADIATOR SERVICE <input type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) _____ <input type="checkbox"/> RADIOGRAPHY <input type="checkbox"/> REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS) _____					
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE <b>Milford Memorial Hospital                  21 W. Clark Avenue                  Milford, DE 19963</b>			9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.) <b>same as #8</b>		
			10. CLIENT TELEPHONE NUMBER (Include Area Code) <b>302-422-3311</b>	11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) <b>302-422-3311</b>	
12. DATES SCHEDULED FROM <b>09/10/03</b> TO <b>09/10/03</b>		13. NUMBER OF WORK DAYS <b>1</b>	14. ADD <b>09/10/03</b>	15. DELETE <b>09/01/03</b>	16. LOCATION REFERENCE NUMBER <b>000451</b>
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.) <b>Cs-137 ICN MLD-01#309389, 250uCi (11/23/87)                  Cs-137 NAS MED 3550 #A7380, 182.5 uCi (11/1/97)</b>					
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 <b>MD-05-101-01</b>	STATE <b>MD</b>	EXPIRATION DATE <b>6/30/2003</b>
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) <b>Suzanne F. Krueger-Schmidt, Pres.</b>			SIGNATURE 		DATE <b>08/19/03</b>
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 <b>9/6/03</b>	TOTAL USAGE - DAYS TO DATE <b>60</b>

NRC FORM 241 (7-1999)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3160-0013 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-4 EB), 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.

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 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 [X] LEAK TESTING AND/OR CALIBRATIONS [ ] TELETHERAPY/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 Bayhealth Medical Center Kent General Hospital 640 South State Street Dover, Delaware 19901
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) 302-674-4700
11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 302-674-4700

Table with 5 columns: 12. DATES SCHEDULED (FROM TO), 13. NUMBER OF WORK DAYS, 14. ADD, 15. DELETE, 16. LOCATION REFERENCE NUMBER. Row 1: 09/11/03 to 09/11/03, 1, 09/11/03, 09/10/03, 000452

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

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 [Signature] DATE 8/19/03

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 [Signature] DATE 8/20/03 TOTAL USAGE - DAYS TO DATE 60

**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. 3180-0013 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 20585-0001, or by internet e-mail to bja1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NE08-10202, (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) <b>Krueger-Gilbert Health Physics, Inc</b>		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) <b>3601 E. Joppa Road Baltimore, Maryland 21234</b>		4. LICENSEE CONTACT AND TITLE <b>Donna Thim /Health Physicist</b>	
		5. TELEPHONE NUMBER (Include Area Code) <b>410-665-5447</b>	6. FACSIMILE NUMBER (Include Area Code) <b>410-665-2074</b>

**7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20**

WELL LOGGING       LEAK TESTING AND/OR CALIBRATIONS       TELETHERAPY/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 <b>Bayhealth Medical Center Kent General Cancer Center 793 S. Queen Street Dover, Delaware 19904</b>		9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.) <b>same as #8</b>	
		10. CLIENT TELEPHONE NUMBER (Include Area Code) <b>(302) 674-4401</b>	11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) <b>(302) 674-4401</b>

12. DATES SCHEDULED	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM <b>09/12/03</b> TO <b>09/12/03</b>	<b>1</b>	<b>09/12/03</b>	<b>09/01/03</b>	<b>000453</b>

**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 9 ABOVE. (Four copies of the specific license must accompany this initial NRC Form 241.)	LICENSE NUMBER <b>MD-05-101-01</b>	STATE <b>MD</b>	EXPIRATION DATE <b>6/30/2003</b>
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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) <b>Suzanne F. Krueger-Schmidt, Pres.</b>	SIGNATURE <i>Suzanne F. Krueger-Schmidt</i>	DATE <b>08/19/03</b>
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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) <b>[Signature]</b>	SIGNATURE <i>[Signature]</i>	DATE <b>8/20/03</b>	TOTAL USAGE - DAYS TO DATE <b>60</b>
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NRC FORM 241 (7-1999) **8/20/03** PRINTED ON RECYCLED PAPER

<b>NRC FORM 241</b> (7-1999)		<b>U.S. NUCLEAR REGULATORY COMMISSION</b>		<b>APPROVED BY OMB: NO. 3180-0013</b> <small>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-2 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20545-0001, or by internet e-mail to bsl1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEON-10202, (3180-0013), 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>		<b>EXPIRES: 07/31/2002</b>	
<b>REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS</b> <small>(Please read the instructions before completing this form)</small>							
<b>1. NAME OF LICENSEE</b> <small>(Person or firm proposing to conduct the activities described below)</small> Krueger-Gilbert Health Physics, Inc		<b>2. TYPE OF REPORT</b> <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input checked="" type="checkbox"/> CLARIFICATION					
<b>3. ADDRESS OF LICENSEE</b> <small>(Mailing address or other location where licensee may be located)</small> 3601 E. Joppa Road Baltimore, Maryland 21234		<b>4. LICENSEE CONTACT AND TITLE</b> MATT WIGAS / Health Physicist		<b>5. TELEPHONE NUMBER</b> <small>(Include Area Code)</small> 410-665-5447		<b>6. FACSIMILE NUMBER</b> <small>(Include Area Code)</small> 410-665-2074	
<b>7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 180.20</b>							
<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 type="checkbox"/> OTHER (Specify) => _____ <input type="checkbox"/> RADIOGRAPHY    => _____ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)							
<b>8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE</b> Molecular Imaging Services 613 High Street Seaford, DE 19973				<b>9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION</b> <small>(Street and Number or other location. Give as complete an address or directions as possible.)</small> same as #8			
				<b>10. CLIENT TELEPHONE NUMBER</b> <small>(Include Area Code)</small> 302-629-9099		<b>11. WORK LOCATION TELEPHONE NUMBER</b> <small>(Include Area Code)</small> 302-629-9099	
<b>12. DATES SCHEDULED</b>		<b>13. NUMBER OF WORK DAYS</b>		<b>14. ADD</b>		<b>15. DELETE</b>	
FROM TO 09/19/03 09/17/03		1		09/19/03		09/01/03	
						<b>16. LOCATION REFERENCE NUMBER</b> NUMBER TO BE ASSIGNED BY NRC 000449	
<b>LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.</b>							
<b>17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED</b> <small>(Include description of type and quantity of radioactive material, sealed sources, or devices to be used.)</small> Cs-137 ICN MLD-01#309389, 250uCi (11/23/87) Cs-137 NAS MED 3550 #A7380, 182.5 uCi (11/1/97)							
<b>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.</b> <small>(Four copies of the specific license must accompany the Initial NRC Form 241.)</small>				<b>LICENSE NUMBER</b> MD-05-101-01		<b>STATE</b> MD	
				<b>EXPIRATION DATE</b> 6/30/2003			
<b>19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)</b>							
<b>I, THE UNDERSIGNED, HEREBY CERTIFY THAT:</b>							
a. All information in this report is true and complete. b. I have read and understand the provision of the general license 10 CFR 180.20 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 180.20 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.							
<b>CERTIFYING OFFICER - RSO or Management Representative (Name and Title)</b> Suzanne E. Krueger-Schmidt, Pres.				<b>SIGNATURE</b> <i>Suzanne E. Krueger-Schmidt</i>		<b>DATE</b> 08/19/03	
<b>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.</b>							
<b>FOR NRC USE ONLY</b>		<b>REVIEWING OFFICIAL (Typed Printed Name and Title)</b> Rjb/8-20-03		<b>SIGNATURE</b> <i>John R. Johnson</i>		<b>DATE</b> 8/20/03	
						<b>TOTAL USAGE - DAYS TO DATE</b> 60	

**NRC FORM 241 (7-1999)** **U.S. NUCLEAR REGULATORY COMMISSION** **APPROVED BY OMB: NO. 3180-0013** **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)*

**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 Lucas / Health Physicist

**6. TELEPHONE NUMBER (Include Area Code)** **8. FACSIMILE NUMBER (Include Area Code)**  
 410-665-5447 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)  REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

**9. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE**  
 Habib Bolurchi, M.D.  
 4503 Highway One  
 Rehoboth, D.E. 19971

**8. 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)**  
 302-645-7671 302-645-7671

12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM	TO				NUMBER TO BE ASSIGNED BY NRC
09/17/03	09/17/03	1	09/17/03	09/01/03	000450

**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:

- 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's 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 E. Krueger-Schmidt, Pres. *Suzanne E. Krueger-Schmidt* 8/19/03

**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**  
 Rsb 8/20/03 *[Signature]* 8/20/03 60

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

<b>NRC FORM 241</b> (7-1999)		<b>U.S. NUCLEAR REGULATORY COMMISSION</b>		<b>APPROVED BY OMB: NO. 3150-0013</b> 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 hst@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.		<b>EXPIRES: 07/31/2002</b>	
<b>REPORT OF PROPOSED ACTIVITIES IN          NON-AGREEMENT STATES, AREAS OF EXCLUSIVE          FEDERAL JURISDICTION, OR OFFSHORE WATERS</b> <i>(Please read the instructions before completing this form)</i>							
<b>1. NAME OF LICENSEE</b> (Person or firm proposing to conduct the activities described below) Krueger-Gilbert Health Physics, Inc				<b>2. TYPE OF REPORT</b> <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input checked="" type="checkbox"/> CLARIFICATION			
<b>3. ADDRESS OF LICENSEE</b> (Mailing address or other location where licensee may be located) 3601 E. Joppa Road Baltimore, Maryland 21234				<b>4. LICENSEE CONTACT AND TITLE</b> MATT LUCAS    Health Physicist			
				<b>5. TELEPHONE NUMBER</b> (Include Area Code) 410-665-5447		<b>6. FACSIMILE NUMBER</b> (Include Area Code) 410-665-2074	
<b>7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 160.20</b> <input type="checkbox"/> WELL LOGGING <input checked="" type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS <input type="checkbox"/> TELETHERAPY/IRRADIATOR SERVICE <input type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) ⇒ _____ <input type="checkbox"/> RADIOGRAPHY ⇒    REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)							
<b>8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE</b> Delaware Diagnostic Service, Inc. Community Imaging Center 1941 Limestone Road, Suite 214 Wilmington, Delaware 19808				<b>8. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION</b> (Street and Number or other location. Give as complete an address or directions as possible.) same as #8			
				<b>10. CLIENT TELEPHONE NUMBER</b> (Include Area Code) 302-892-6200		<b>11. WORK LOCATION TELEPHONE NUMBER</b> (Include Area Code) 302-892-6200	
<b>12. DATES SCHEDULED</b> FROM TO 09/29/03 09/29/03		<b>13. NUMBER OF WORK DAYS</b> 1	<b>14. ADD</b> 09/29/03	<b>15. DELETE</b> 09/01/03	<b>16. LOCATION REFERENCE NUMBER</b> NUMBER TO BE ASSIGNED BY NRC 000456		
<b>LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.</b>							
<b>17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED</b> (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)							
<b>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.</b> (Four copies of the specific license must accompany the initial NRC Form 241.)				<b>LICENSE NUMBER</b> MD-05-101-01	<b>STATE</b> MD	<b>EXPIRATION DATE</b> 6/30/2003	
<b>18. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)</b>							
<b>I, THE UNDERSIGNED, HEREBY CERTIFY THAT:</b>							
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.							
<b>CERTIFYING OFFICER - RSO or Management Representative (Name and Title)</b> Suzanne F. Krueger-Schmidt, Pres.				<b>SIGNATURE</b> <i>Suzanne F. Krueger-Schmidt</i>		<b>DATE</b> 8/19/03	
<b>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.</b>							
<b>FOR NRC USE ONLY</b>		<b>REVIEWING OFFICIAL (Typed/Printed Name and Title)</b> <i>Jh</i>		<b>SIGNATURE</b> <i>Jh</i>		<b>DATE</b> 8/16/03	
						<b>TOTAL USAGE - DAYS TO DATE</b> 60	

<b>NRC FORM 241</b> (7-1999)		<b>U.S. NUCLEAR REGULATORY COMMISSION</b>		<b>APPROVED BY OMB: NO. 3150-0013</b> <small>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 b1e1@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.</small>		<b>EXPIRES: 07/31/2002</b>	
<b>REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS</b> <i>(Please read the instructions before completing this form)</i>							
<b>1. NAME OF LICENSEE</b> <i>(Person or firm proposing to conduct the activities described below)</i> Krueger-Gilbert Health Physics, Inc				<b>2. TYPE OF REPORT</b> INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> CLARIFICATION <input checked="" type="checkbox"/>			
<b>3. ADDRESS OF LICENSEE</b> <i>(Mailing address or other location where licensee may be located)</i> 3601 E. Joppa Road Baltimore, Maryland 21234				<b>4. LICENSEE CONTACT AND TITLE</b> MALEK PANDHAR/Health Physicist			
				<b>5. TELEPHONE NUMBER</b> <i>(Include Area Code)</i> 410-665-5447		<b>6. FACSIMILE NUMBER</b> <i>(Include Area Code)</i> 410-665-2074	
<b>7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20</b>							
<input type="checkbox"/> WELL LOGGING <input checked="" type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS <input type="checkbox"/> TELETHERAPY/IRRADIATOR SERVICE <input type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) → _____ <input type="checkbox"/> RADIOGRAPHY      ⇒ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)							
<b>8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE</b> Genishpere/Polyprobe 2801 Sterling Drive Hatfield, PA 19440				<b>9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION</b> <i>(Street and Number or other location. Give as complete an address or directions as possible.)</i> same as #8			
				<b>10. CLIENT TELEPHONE NUMBER</b> <i>(Include Area Code)</i> 215-996-3006		<b>11. WORK LOCATION TELEPHONE NUMBER</b> <i>(Include Area Code)</i> 215-996-3006	
<b>12. DATES SCHEDULED</b> FROM TO		<b>13. NUMBER OF WORK DAYS</b>		<b>14. ADD</b>		<b>15. DELETE</b>	
9/3/03      9/3/03		1		09/03/03		09/01/03	
<b>16. LOCATION REFERENCE NUMBER</b> NUMBER TO BE ASSIGNED BY NRC 000447							
<b>17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED</b> <i>(Include description of type and quantity of radioactive material, sealed sources, or devices to be used.)</i> Cs-137 ICN MLD-01#309389, 250uCi (11/23/87) Cs-137 NAS MED 3550 #A7380, 182.5 uCi (11/1/97)							
<b>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.</b> <i>(Four copies of the specific license must accompany this Initial NRC Form 241.)</i>				<b>LICENSE NUMBER</b> MD-05-101-01		<b>STATE</b> MD	
				<b>EXPIRATION DATE</b> 6/30/2003			
<b>18. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)</b>							
<b>I, THE UNDERSIGNED, HEREBY CERTIFY THAT:</b>							
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.							
<b>CERTIFYING OFFICER - RSO or Management Representative (Name and Title)</b> Suzanne F. Krueger-Schmidt, Pres.				<b>SIGNATURE</b> <i>Suzanne F. Krueger-Schmidt</i>		<b>DATE</b> 8/19/03	
<b>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.</b>							
<b>FOR NRC USE ONLY</b>		<b>REVIEWING OFFICIAL (Typed/Printed Name and Title)</b> rjb/8/20/03		<b>SIGNATURE</b> <i>John McInnes</i>		<b>DATE</b> 8/20/03	
						<b>TOTAL USAGE - DAYS TO DATE</b> 60	

<b>NRC FORM 241</b> <small>(7-1999)</small>		<b>U.S. NUCLEAR REGULATORY COMMISSION</b>		<b>APPROVED BY OMB: NO. 3160-0013</b> <b>EXPIRES: 07/31/2002</b> <small>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 20555-0004, or by Internet e-mail to bjs1@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.</small>	
<b>REPORT OF PROPOSED ACTIVITIES IN  NON-AGREEMENT STATES, AREAS OF EXCLUSIVE  FEDERAL JURISDICTION, OR OFFSHORE WATERS</b> <i>(Please read the instructions before completing this form)</i>					
<b>1. NAME OF LICENSEE</b> <small>(Person or firm proposing to conduct the activities described below)</small> Krueger-Gilbert Health Physics, Inc		<b>2. TYPE OF REPORT</b> INITIAL <input type="checkbox"/> REVISION <input checked="" type="checkbox"/> CLARIFICATION			
<b>3. ADDRESS OF LICENSEE</b> <small>(Mailing address or other location where licensee may be located)</small> 3601 E. Joppa Road Baltimore, Maryland 21234		<b>4. LICENSEE CONTACT AND TITLE</b> MALEK DANESHVAR/Health Physics		<b>6. TELEPHONE NUMBER</b> <small>(Include Area Code)</small> 410-665-5447	
				<b>8. FACSIMILE NUMBER</b> <small>(Include Area Code)</small> 410-665-2074	
<b>7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 160.20</b>					
<input type="checkbox"/> WELL LOGGING <input checked="" type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS <input type="checkbox"/> TELETHERAPY/IRRADIATOR SERVICE <input type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) → _____ <input type="checkbox"/> RADIOGRAPHY      →      REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS) _____					
<b>8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE</b> Genisphere/Polyprobe 4170 City Avenue Philadelphia, PA 19131-1604			<b>9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION</b> <small>(Street and Number or other location. Give as complete an address or directions as possible.)</small> same as #8		
			<b>10. CLIENT TELEPHONE NUMBER</b> <small>(Include Area Code)</small> 215-871-6451		<b>11. WORK LOCATION TELEPHONE NUMBER</b> <small>(Include Area Code)</small> 215-871-6451
<b>12. DATES SCHEDULED</b>		<b>13. NUMBER OF WORK DAYS</b>	<b>14. ADD</b>	<b>15. DELETE</b>	<b>16. LOCATION REFERENCE NUMBER</b>
FROM 09/03/03 TO 09/03/03		1	09/03/03	09/01/03	NUMBER TO BE ASSIGNED BY NRC 000446
<b>LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 8-16 ABOVE.</b>					
<b>17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED</b> <small>(Include description of type and quantity of radioactive material, sealed sources, or devices to be used.)</small> Cs-137 ICN MLD-01#309389, 250uCi (11/23/87) Cs-137 NAS MED 3550 #A7380, 182.5 uCi (11/1/97)					
<b>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.</b> <small>(Four copies of the specific license must accompany the initial NRC Form 241.)</small>			<b>LICENSE NUMBER</b> MD-05-101-01	<b>STATE</b> MD	<b>EXPIRATION DATE</b> 6/30/2003
<b>19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)</b>					
<b>I, THE UNDERSIGNED, HEREBY CERTIFY THAT:</b>					
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.					
<b>CERTIFYING OFFICER - RSO or Management Representative (Name and Title)</b> Suzanne F. Krueger-Schmidt, Pres.			<b>SIGNATURE</b> <i>Suzanne F. Krueger-Schmidt</i>		<b>DATE</b> 8/19/03
<b>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.</b>					
<b>FOR NRC USE ONLY</b>		<b>REVIEWING OFFICIAL (Typed/Printed Name and Title)</b> <i>RJB</i>	<b>SIGNATURE</b> <i>RJB</i>	<b>DATE</b> 8/20/03	<b>TOTAL USAGE - DAYS TO DATE</b> 60

<b>NRC FORM 241</b> (7-1999)		<b>U.S. NUCLEAR REGULATORY COMMISSION</b>		<b>APPROVED BY OMB: NO. 3160-0013</b> <small>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 bja@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.</small>		<b>EXPIRES: 07/31/2002</b>	
<p align="center"><b>REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS</b></p> <p align="center"><i>(Please read the instructions before completing this form)</i></p>							
<b>1. NAME OF LICENSEE</b> <small>(Person or firm proposing to conduct the activities described below)</small> Krueger-Gilbert Health Physics, Inc				<b>2. TYPE OF REPORT</b> INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> CLARIFICATION <input checked="" type="checkbox"/>			
<b>3. ADDRESS OF LICENSEE</b> <small>(Mailing address or other location where licensee may be located)</small> 3601 E. Joppa Road Baltimore, Maryland 21234				<b>4. LICENSEE CONTACT AND TITLE</b> MALEK DAWESHUAR			
				<b>5. TELEPHONE NUMBER</b> <small>(Include Area Code)</small> 410-665-5447		<b>6. FACSIMILE NUMBER</b> <small>(Include Area Code)</small> 410-665-2074	
<b>7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20</b>							
<input type="checkbox"/> WELL LOGGING <input checked="" type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS <input type="checkbox"/> TELETHERAPY/IRRADIATOR SERVICE <input type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) → _____ <input type="checkbox"/> RADIOGRAPHY →              REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS) _____							
<b>8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE</b> American Red Cross Blood Serv. Musser Blood Center 700 Spring Garden Street Philadelphia, PA 19123-3594				<b>9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION</b> <small>(Street and Number or other location. Give as complete an address or directions as possible.)</small> same as #8			
				<b>10. CLIENT TELEPHONE NUMBER</b> <small>(Include Area Code)</small>		<b>11. WORK LOCATION TELEPHONE NUMBER</b> <small>(Include Area Code)</small>	
<b>12. DATES SCHEDULED</b> FROM TO		<b>13. NUMBER OF WORK DAYS</b>		<b>14. ADD</b>		<b>15. DELETE</b>	
09/03/03      09/03/03		1		09/03/03		09/01/03	
<b>16. LOCATION REFERENCE NUMBER</b> NUMBER TO BE ASSIGNED BY NRC 000952							
<b>17. LIST RADIOACTIVE MATERIAL WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED</b> <small>(Include description of type and quantity of radioactive material, sealed sources, or devices to be used.)</small> Cs-137 ICN MLD-01#309389, 250uCi (11/23/87) Cs-137 NAS MED 3550 #A7380, 182.5 uCi (11/1/97)							
<b>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.</b> <small>(Four copies of the specific license must accompany the initial NRC Form 241.)</small>				<b>LICENSE NUMBER</b> MD-05-101-01		<b>STATE</b> MD	
				<b>EXPIRATION DATE</b> 6/30/2003			
<b>18. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)</b>							
<b>I, THE UNDERSIGNED, HEREBY CERTIFY THAT:</b>							
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.							
<b>CERTIFYING OFFICER - RSO or Management Representative (Name and Title)</b> Suzanne F. Krueger-Schmidt, Pres.				<b>SIGNATURE</b> <i>Suzanne F. Krueger-Schmidt</i>		<b>DATE</b> 8/19/03	
<b>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.</b>							
<b>FOR NRC USE ONLY</b>		<b>REVIEWING OFFICIAL (Typed/Printed Name and Title)</b> RJB/8-20-03		<b>SIGNATURE</b> <i>[Signature]</i>		<b>DATE</b> 8/20/03	
						<b>TOTAL USAGE - DAYS TO DATE</b> 60	

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-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, 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  
 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) <b>Krueger-Gilbert Health Physics, Inc</b>		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) <b>3601 E. Joppa Road Baltimore, Maryland 21234</b>		4. LICENSEE CONTACT AND TITLE <b>Malik D. [unclear] Health Physicist</b>	
		5. TELEPHONE NUMBER (Include Area Code) <b>410-665-5447</b>	6. FACSIMILE NUMBER (Include Area Code) <b>410-665-2074</b>

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20

WELL LOGGING       LEAK TESTING AND/OR CALIBRATIONS       TELE THERAPY/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 <b>Riddle Memorial Hospital 1068 W. Baltimore Pike Media, PA 19063</b>		9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.) <b>same as 8</b>	
		10. CLIENT TELEPHONE NUMBER (Include Area Code) <b>610-566-9400</b>	11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) <b>610-566-9400</b>

12. DATES SCHEDULED	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM TO <b>09/04/03 09/04/03</b>	<b>1</b>	<b>09/04/03</b>	<b>09/04/03</b>	NUMBER TO BE ASSIGNED BY NRC <b>000448</b>

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.)

**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 <b>MD-05-101-01</b>	STATE <b>MD</b>	EXPIRATION DATE <b>6/30/2003</b>
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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 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) <b>Suzanne F. Krueger-Schmidt, Pres.</b>	SIGNATURE <i>Suzanne F. Krueger-Schmidt</i>	DATE <b>08/19/03</b>
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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) <b>RJB/8-20-03</b>	SIGNATURE <i>[Signature]</i>	DATE <b>8/20/03</b>	TOTAL USAGE - DAYS TO DATE <b>60</b>
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U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3160-0013 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 20558-0001, or by Internet e-mail to bja1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3160-0013), 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 JURISDICTION, OR OFFSHORE WATERS**

read the instructions before completing this form

1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) <b>Krueger-Gilbert Health Physics, Inc</b>		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) <b>3601 E. Joppa Road Baltimore, Maryland 21234</b>		4. LICENSEE CONTACT AND TITLE <b>Malek Daneshvar/ Health Physicist</b>			
		5. TELEPHONE NUMBER (Include Area Code) <b>410-665-5447</b>		6. FACSIMILE NUMBER (Include Area Code) <b>410-665-2074</b>	
7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 160.20					
<input type="checkbox"/> WELL LOGGING <input checked="" type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS <input type="checkbox"/> TELETHERAPY/IRRADIATOR SERVICE <input type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> <input type="checkbox"/> RADIOGRAPHY      REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)					
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE <b>Sacred Heart Hospital 421 Chew Street Allentown, PA 18102</b>			9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.) <b>same as 8</b>		
			10. CLIENT TELEPHONE NUMBER (Include Area Code) <b>(610) 776-4500</b>		11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) <b>(610) 776-4500</b>
12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM <b>09/08/03</b> TO <b>09/08/03</b>		<b>1</b>	<b>09/08/03</b>	<b>09/01/03</b>	<b>000951</b>
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.) <b>Cs-137 ICN MLD-01#309389, 250uCi (11/23/87) Cs-137 NAS MED 3550 #A7380, 182.5 uCi (11/1/97)</b>					
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 <b>MD-05-101-01</b>	STATE <b>MD</b>	EXPIRATION DATE <b>6/30/2003</b>
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 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) <b>Suzanne F. Krueger-Schmidt, Pres.</b>			SIGNATURE <i>Suzanne F. Krueger-Schmidt</i>		DATE <b>08/19/03</b>
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) <b>John [Signature]</b>		SIGNATURE <i>John [Signature]</i>	DATE <b>8/20/03</b>
				TOTAL USAGE - DAYS TO DATE <b>60</b>	

**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 (T-8 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20545-0001, or by Internet e-mail to bja1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NIOSH-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 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**  
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
09/10/03	09/10/03	1	09/10/03	09/01/03	000454

**17. 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.)**  
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)**

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's 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**  
8/19/03

**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
			8/20/03	60

NRC FORM 241 (7-1999) 8/19/03

PRINTED ON RECYCLED PAPER

**NRC FORM 241 (7-1999)** **U.S. NUCLEAR REGULATORY COMMISSION** **APPROVED BY OMB: NO. 3180-0013** **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 (7-6 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bjs1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3180-0013), 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) <b>Krueger-Gilbert Health Physics, Inc</b>		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 license may be located) <b>3601 E. Joppa Road Baltimore, Maryland 21234</b>		4. LICENSEE CONTACT AND TITLE <b>MATT LUCAS / Health Physicist</b>	
		5. TELEPHONE NUMBER (Include Area Code) <b>410-665-5447</b>	6. FACSIMILE NUMBER (Include Area Code) <b>410-665-2074</b>
7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20 <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 type="checkbox"/> OTHER (Specify) $\Rightarrow$ _____ <input type="checkbox"/> RADIOGRAPHY $\Rightarrow$ _____ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS) _____			
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE <b>The Cardiovascular Group, PC 130 Park Street, S.E, Suite 100 Vienna, Virginia 22180</b>		9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as precise an address or directions as possible.) <b>same as 8</b>	
		10. CLIENT TELEPHONE NUMBER (Include Area Code) <b>703-281-1265</b>	11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) <b>703-281-1265</b>
12. DATES SCHEDULED FROM <b>09/10/03</b> TO <b>09/10/03</b>		13. NUMBER OF WORK DAYS <b>1</b>	14. ADD <b>09/10/03</b>
		15. DELETE <b>09/01/03</b>	16. LOCATION REFERENCE NUMBER <b>000455</b>
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 material, sealed sources, or devices to be used.) <b>Cs-137 ICN MLD-01#309389, 250uCi (11/23/87) Cs-137 NAS MED 3550 #A7380, 182.5 uCi (11/1/97)</b>			
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 <b>MD-05-101-01</b>	STATE <b>MD</b>
		EXPIRATION DATE <b>6/30/2003</b>	
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 - RSD or Management Representative (Name and Title) <b>Suzanne F. Krueger-Schmidt, Pres.</b>		SIGNATURE <i>Suzanne F. Krueger-Schmidt</i>	DATE <b>8/19/03</b>
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) <b>RTB/8-20-03</b>	SIGNATURE <i>[Signature]</i>	DATE <b>8/19/03</b>
		TOTAL USAGE - DAYS TO DATE <b>60</b>	

NRC FORM 241 (7-1999) **RTB/8-20-03** PRINTED ON RECYCLED PAPER