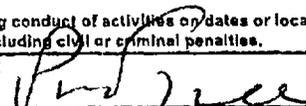
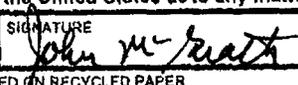


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|---|---|--|---|---|-------------------------------|------------|-------------------------------|-----------|-----------|---|---|---|--------|--|--|
| <p>NRC FORM 241 (9-2002) U.S. NUCLEAR REGULATORY COMMISSION</p> <p style="text-align: center;">REPORT 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 OMB: NO. 3150-0013 EXPIRES: 08/31/2005</p> <p><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-6 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, 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></p> | | | | | | | | | | | | | |
| <p>1. NAME OF LICENSEE <i>(Person or firm proposing to conduct the activities described below)</i></p> <p>CIS-US, Inc.</p> | | <p>2. TYPE OF REPORT</p> <p><input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input checked="" type="checkbox"/> CLARIFICATION</p> | | | | | | | | | | | | | |
| <p>3. ADDRESS OF LICENSEE <i>(Mailing address or other location where licensee may be located)</i></p> <p>10 DeAngelo Drive Bedford, Massachusetts 01730</p> | | <p>4. LICENSEE CONTACT AND TITLE</p> <p>Paul M. Tyree, Radiation Safety Officer</p> | | | | | | | | | | | | | |
| | | <p>5. TELEPHONE NUMBER <i>(Include Area Code)</i></p> <p>781.275.7120 x3020</p> | <p>6. FACSIMILE NUMBER <i>(Include Area Code)</i></p> <p>781.275.5191</p> | | | | | | | | | | | | |
| <p>7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20</p> <p><input type="checkbox"/> WELL LOGGING <input type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS <input checked="" type="checkbox"/> TELETHERAPY/IRRADIATOR SERVICE</p> <p><input type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) => _____</p> <p><input type="checkbox"/> RADIOGRAPHY => _____</p> <p style="text-align: center;"><small>REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)</small></p> | | | | | | | | | | | | | | | |
| <p>8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE</p> <p>Thomas Jefferson University Hospital 111 South 11th Street Philadelphia, Pennsylvania 19107 Contact: Marcia Marchese, Blood Bank</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>Thomas Jefferson University Hospital 111 South 11th Street Philadelphia, Pennsylvania 19107</p> | | | | | | | | | | | | | |
| | | <p>10. CLIENT TELEPHONE NUMBER <i>(Include Area Code)</i></p> <p>215.955.1134</p> | <p>11. WORK LOCATION TELEPHONE NUMBER <i>(Include Area Code)</i></p> <p>215.955.1134</p> | | | | | | | | | | | | |
| <p>12. DATES SCHEDULED</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">FROM</td> <td style="width:25%;">TO</td> <td style="width:25%;">13. NUMBER OF WORK DAYS</td> <td style="width:25%;">14. ADD</td> <td style="width:25%;">15. DELETE</td> <td style="width:25%;">16. LOCATION REFERENCE NUMBER</td> </tr> <tr> <td>26-Aug-03</td> <td>26-Aug-03</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> <td style="text-align: center;">000457</td> </tr> </table> | | FROM | TO | 13. NUMBER OF WORK DAYS | 14. ADD | 15. DELETE | 16. LOCATION REFERENCE NUMBER | 26-Aug-03 | 26-Aug-03 | 1 | 1 | 0 | 000457 | | |
| FROM | TO | 13. NUMBER OF WORK DAYS | 14. ADD | 15. DELETE | 16. LOCATION REFERENCE NUMBER | | | | | | | | | | |
| 26-Aug-03 | 26-Aug-03 | 1 | 1 | 0 | 000457 | | | | | | | | | | |
| <p>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 style="text-align: center;">Scheduled PM service of Model IBL 437C Irradiator Ser. No. <u>95-532</u> 2 x Model CSL-15 Cs-137 source, nte 1870 Ci ea. on <u>Feb-97</u></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 9, ABOVE. <i>(Four copies of the specific license must accompany the initial NRC Form 241.)</i></p> | | <p>LICENSE NUMBER</p> <p>20-9734</p> | <p>STATE</p> <p>MA</p> | <p>EXPIRATION DATE</p> <p>30-Sep-07</p> | | | | | | | | | | | |
| <p>19. CERTIFICATION <i>(MUST BE COMPLETED BY APPLICANT)</i></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 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.</p> <p>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.</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 - PEO or Manufacturer Representative (Name and Title)</p> <p>Paul M. Tyree, Corporate RSO</p> | | <p>SIGNATURE</p> <p><i>Paul M. Tyree</i></p> | <p>DATE</p> <p>20-Aug-03</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 <i>(Typed/Printed Name and Title)</i></p> <p>JOHN MCGATH</p> | <p>SIGNATURE</p> <p><i>John McGath</i></p> | <p>DATE</p> <p>8/21/03</p> | <p>TOTAL USAGE -- DAYS TO DATE</p> <p>34</p> | | | | | | | | | | | |

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|---|--|---|--|---|--|---------------------|--|
| NRC FORM 241 (8-2002) | | U.S. NUCLEAR REGULATORY COMMISSION | | 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 20555-0001, or by Internet e-mail to inlocollecta@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. | | EXPIRES: 08/31/2005 | |
| REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS <i>(Please read the instructions before completing this form)</i> | | | | | | | |
| 1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) CIS-US, Inc. | | 2. TYPE OF REPORT <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input checked="" type="checkbox"/> CLARIFICATION | | | | | |
| 3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) 10 DeAngelo Drive Bedford, Massachusetts 01730 | | 4. LICENSEE CONTACT AND TITLE Paul M. Tyree, Radiation Safety Officer | | | | | |
| | | 5. TELEPHONE NUMBER (Include Area Code) 781.275.7120 x3020 | | 6. FACSIMILE NUMBER (Include Area Code) 781.275.5191 | | | |
| 7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20 <input type="checkbox"/> WELL LOGGING <input type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS <input checked="" 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) | | | | | | | |
| 8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE University of Pennsylvania Medical Center 437 Guardian Drive Philadelphia, Pennsylvania 19104 Contact: James Ulman, Blood Bank | | | 9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.) University of Pennsylvania Medical Center 437 Guardian Drive Philadelphia, Pennsylvania 19104 | | | | |
| | | | 10. CLIENT TELEPHONE NUMBER (Include Area Code) 215.573.6820 | | 11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 215.573.6820 | | |
| 12. DATES SCHEDULED FROM TO 26-Aug-03 26-Aug-03 | | 13. NUMBER OF WORK DAYS 1 | 14. ADD 1 | 15. DELETE 0 | 16. LOCATION REFERENCE NUMBER NUMBER TO BE ASSIGNED BY NRC 000960 | | |
| 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.) Scheduled PM service of Model IBL 437C Irradiator Ser. No. <u>94-470</u> 1 x Model CSL-15 Cs-137 source, nte 1870 Ci ea. on <u>May-95</u> | | | | | | | |
| 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 20-9734 | STATE MA | EXPIRATION DATE 30-Sep-07 | | |
| 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 - POC or Management Representative (Name and Title) Paul M. Tyree, Corporate RSO | | | SIGNATURE  | | DATE 20-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. | | | | | | | |
| FOR NRC USE ONLY | | REVIEWING OFFICIAL (Typed/Printed Name and Title) JOHN MCGATH | SIGNATURE  | DATE 8/21/03 | TOTAL USAGE -- DAYS TO DATE 34 | | |