NRC FORM 241 (8-2002) U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0013 EXPIRES: 08/31/2005

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, 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)*
Daves & Kelly, INC
d.B.a. A. Jacobson & Associates

2. TYPE OF REPORT
☐ INITIAL ☐ REVISION ☐ CLARIFICATION

3. ADDRESS OF LICENSEE *(Mailing address or other location where licensee may be located)*
P.O. Box 14748
Louisville, KY 40214

4. LICENSEE CONTACT AND TITLE
Michael S. Kelly, CHP

5. TELEPHONE NUMBER *(Include Area Code)*

6. FACSIMILE NUMBER *(Include Area Code)*

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) ⇒ Dose Calibrator QA & Shielding Integrity

☐ RADIOGRAPHY ⇒ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE
SEE ATTACHED LIST

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION *(Street and Number or other location. Give as complete an address or directions as possible.)*
SEE ATTACHED CLIENT LIST

10. CLIENT TELEPHONE NUMBER *(Include Area Code)*

11. WORK LOCATION TELEPHONE NUMBER *(Include Area Code)*

12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM	TO				
SEE ATTACHED	CLIENT LIST	FOR 2003			NUMBER TO BE ASSIGNED BY NRC

LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.

17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED *(Include description of type and quantity of radioactive material, sealed sources, or devices to be used.)*
Co-57; Ba-133; Cs-137 E-VIALS & FLOOD SOURCES
GENERALLY LICENSED SOURCES

18. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEM 9. ABOVE. *(Four copies of the specific license must accompany the Initial NRC Form 241.)*	LICENSE NUMBER	STATE	EXPIRATION DATE
	201-175-55	KY	3/31/2004

19. CERTIFICATION *(MUST BE COMPLETED BY APPLICANT)*

I, THE UNDERSIGNED, HEREBY CERTIFY THAT:

a. All information in this report is true and complete.

b. I have read and understand the provision of the general license 10 CFR 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)*	SIGNATURE	DATE
Michael S Kelly, President, RSO	Michael S Kelly	12/24/2003

WARNING: False statements in this certificate may be subject to civil and/or criminal penalties. NRC regulations require that submissions to the NRC be complete and accurate in all material respects. 18 U.S.C. Section 1001 makes it a criminal offense to make a willfully false statement or representation to any department or agency of the United States as to any matter within its jurisdiction.

FOR NRC USE ONLY	REVIEWING OFFICIAL *(Typed/Printed Name and Title)*	SIGNATURE	DATE	TOTAL USAGE – DAYS TO DATE
	Duncan White RSAO	D White	12/15/03	15

ATTACHMENT TO FORM 241
2003 Client List

#9 and 10 Client Name	Address	Date Worked	Date Scheduled	NRC LRN
King's Daughters Hospital	One King's Daughters Way Madison, IN 47250	3/7/03 9/23/03		000187
Med Ctr of So Indiana	2200 Market Street Charlestown, IN 47111	3/7/03 9/23/03		000188
Harrison County Hospital	Corydon, IN	5/19/03 11/25/03		000189
Washington County Hospital	Salem, IN	4/15/03 10/21/03		000190
Scott County Hospital	Scottsburg, IN	4/15/03 10/16/03		000191
Clark Memorial Hospital	Jeffersonville, IN	6/23/03 6/27/03	12/26/03 DW 12/15/03	000192
River City Cardiology	207 Sparks Ave, suite 104 Jeffersonville, IN 47130	4/21/03 10/13/03		000193
ESSROC Materials	Hwy 31 North Speed, IN 47172			000194
CardioVascular Assoc Of So Indiana	2109 Green Valley Rd New Albany, IN 47150	4/15/03 8/22/03 10/14/03		000195
D. Marks Bickers, MD	1919 State Street New Albany, IN 47150	10/24/03		001072

Sunday, December 14, 2003

[redacted]

Fax

To:	Sheryl Villar	**From:**	Mike Kelly
	USNRC		Daves and Kelly, Inc
	Region 1		Phone: (502) 231-5621
			FAX: (502) 361-2486
			e-mail: michael.s.kelly@worldnet.att.net
Fax:	(610) 337-5269	**Pages:**	3
Phone:	(610) 337-5239	**Date:**	December 14, 2003
Re:	Form 241	**CC:**	

☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

Ms Villar,

I am requesting to perform licensed activity at Clark Memorial Hospital, Jeffersonville, on December 26, 2003. Please find following a form 241 and client list.

Mike Kelly