
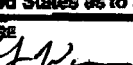


<p>NRC FORM 241 (8-2008)</p> <p style="text-align: center;">U.S. NUCLEAR REGULATORY COMMISSION</p> <p style="text-align: center;">REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS</p> <p style="text-align: center;"><i>(Please read the Instructions before completing this form)</i></p>		<p>APPROVED BY OMB: NO. 3150-0013 EXPIRES: 11/30/2011</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 estimates to the Records and FOIA/Privacy Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollect@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></p>									
<p>1. NAME OF LICENSEE <i>(Person or firm proposing to conduct the activities described below)</i></p> <p>Siemens Medical Solutions, USA, Inc</p>		<p>2. TYPE OF REPORT</p> <p><input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> CHANGE</p>									
<p>3. ADDRESS OF LICENSEE <i>(Mailing address or other location where licensee may be located)</i></p> <p>2501 North Barrington Road Hoffman Estates, IL 60192</p>		<p>4. LICENSEE CONTACT AND TITLE</p> <p>Glennada Roberts-McCord, Radiation Safety Officer</p>									
		<p>5. TELEPHONE NUMBER <i>(Include Area Code)</i></p> <p>(847) 304-6252</p>	<p>6. FACSIMILE NUMBER <i>(Include Area Code)</i></p> <p>(847) 304-6023</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 type="checkbox"/> TELETHERAPY/IRRADIATOR SERVICE</p> <p><input type="checkbox"/> PORTABLE GAUGES <input checked="" type="checkbox"/> OTHER (Specify) ⇒ Installation of SPECT system with AQC component</p> <p><input type="checkbox"/> RADIOGRAPHY ⇒ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)</p>											
<p>8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE</p> <p>St. Francis Hospital 114 Woodland St. Hartford CT, 06105 Customer Contact: Len Quartararo</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>(same as client)</p>									
		<p>10. CLIENT TELEPHONE NUMBER <i>(Include Area Code)</i></p> <p>(860) 714-4000</p>	<p>11. WORK LOCATION TELEPHONE NUMBER <i>(Include Area Code)</i></p> <p>(860) 714-4000</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> </tr> <tr> <td>04/05/2011</td> <td>04/08/2011</td> <td>1-4</td> <td></td> </tr> </table>		FROM	TO	13. NUMBER OF WORK DAYS	14. ADD	04/05/2011	04/08/2011	1-4		<p>15. DELETE</p> <p>16. LOCATION REFERENCE NUMBER</p> <p>NUMBER TO BE ASSIGNED BY NRC 000314</p>	
FROM	TO	13. NUMBER OF WORK DAYS	14. ADD								
04/05/2011	04/08/2011	1-4									
<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 source, or device to be used.)</i></p> <p>Gd-153 10mCi Line Source Co-57 0.05mCi Point Source Sources will be received and possessed by client.</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. (One copy of the specific license must accompany the initial NRC Form 241.)</p>		<p>LICENSE NUMBER</p> <p>IL-01130-02</p>	<p>STATE</p> <p>IL</p>								
		<p>EXPIRATION DATE</p> <p>07/31/2011</p>									
<p style="text-align: center;">19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)</p> <p>I, THE UNDERSIGNED, HEREBY CERTIFY THAT:</p> <p>a. All information in this report is true and complete.</p> <p>b. I have read and understand the provision of the general license 10 CFR 150.20 printed 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 - RSO or Management Representative (Name and Title)</p> <p>Glennada Roberts-McCord, RSO</p>		<p>SIGNATURE</p> 	<p>DATE</p> <p>04/04/2011</p>								
<p>WARNING: False statements in this certificate may be subject to civil and/or criminal penalties. NRC regulations require that submissions to the NRC be complete and accurate in all material respects. 18 U.S.C. Section 1001 makes it a criminal offense to make a willfully false statement or representation to any department or agency of the United States as to any matter within its jurisdiction.</p>											
<p>FOR NRC USE ONLY</p>		<p>REVIEWING OFFICIAL (Typed/Printed Name and Title)</p> <p>Geoffrey Warren, Health Physicist</p>	<p>SIGNATURE</p> 								
		<p>DATE</p> <p>4/4/11</p>	<p>TOTAL USAGE - DAYS TO DATE</p> <p>16</p>								

**Siemens Medical Solutions USA, Inc.
Molecular Imaging**

Fax

To: Division of Nuclear Material Safety
U.S. NRC Region III
ATTN: Reciprocity Request

From: Glenda Roberts-McCord, RSO

Fax: (630) 515-1259

Pages: 2

Phone:

Date: 4/4/2011

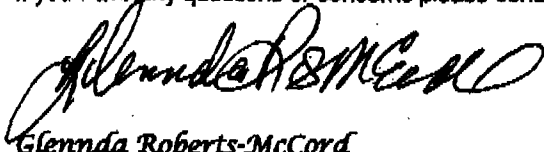
Re: Reciprocity Request

cc:

Urgent For Review Please Comment Please Reply Please Recycle

I apologize for the late notice. I was out-of-the-office Thursday & Friday.

If you have any questions or concerns please contact me,



Glenda Roberts-McCord
Radiation Safety Officer
Environmental Health & Safety Specialist

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Hoffman Estates, IL 60192
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