

NRC FORM 241 (8-2008)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3160-0013

EXPIRES: 11/30/2011

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 and FOIA/Privacy Services Branch (T-8 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, NEOF-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)

ProMedica Northwest Ohio Cardiology Consultants

2. TYPE OF REPORT
 INITIAL CHANGE

3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)

*2940 N. McCord Rd.
Toledo, Ohio 43615*

4. LICENSEE CONTACT AND TITLE

Julia Aretzur Testing Manager

5. TELEPHONE NUMBER (Include Area Code)

419-842-3006

6. FACSIMILE NUMBER (Include Area Code)

419-842-3040

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) ⇒ *Mobile Nuclear Medicine Service*
- RADIOGRAPHY ⇒ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

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

*D. Dona MD
7505 Grafton Rd
Newport, MD 48166*

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

*7505 Grafton Rd
Newport, MD 48166*

10. CLIENT TELEPHONE NUMBER (Include Area Code)

734-586-3543

11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)

734-586-3543

12. DATES SCHEDULED

FROM *move from 5/7/11 to 5/6/11*
move from 5/21/11 to 5/20/11

13. NUMBER OF WORK DAYS

2

14. ADD

15. DELETE

16. LOCATION REFERENCE NUMBER

NUMBER TO BE ASSIGNED BY NRC
000232

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.)

*TC99 unit dose per patient as needed for cardiac imaging -
Coastal sealed source - no single source exceed 15mCi -
Sisterflex flexible flood source*

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 7 ABOVE. (One copy of the specific license must accompany the initial NRC Form 241.)

LICENSE NUMBER

02220490001

STATE

OH

EXPIRATION DATE

2-1-2013

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 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.
- 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.

IFYING OFFICER - RSO or Management Representative (Name and Title)

Julia Aretzur Testing Manager

SIGNATURE

Julia Aretzur

DATE

4-29-11

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)

Geoffrey Warren Health Physicist

SIGNATURE

GJW

DATE

4/29/11

TOTAL USAGE - DAYS TO DATE

43

NRC FORM 241 (8-2008) U.S. NUCLEAR REGULATORY COMMISSION APPROVED BY OMB: NO. 3150-0013 EXPIRES: 11/30/2011

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.

1. NAME OF LICENSEE: ProMedica Northwest Ohio Cardiology
2. TYPE OF REPORT: CHANGE
3. ADDRESS OF LICENSEE: 2940 N. McCord Rd, Toledo, Ohio 43615
4. LICENSEE CONTACT AND TITLE: Julia A. Netur, Testing Manager
5. TELEPHONE NUMBER: 419-842-3556
6. FACSIMILE NUMBER: 419-842-3040

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) => Mobile Nuclear Medicine Services, RADIOGRAPHY => REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE: A. Bhargji MD, 901 N. Macomb St., Monroe, MI 48162
9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION: 901 N. Macomb St., Monroe, MI 48162
10. CLIENT TELEPHONE NUMBER: 734-243-2410
11. WORK LOCATION TELEPHONE NUMBER: 734-243-2410

12. DATES SCHEDULED: FROM May 12, 2011 / From 5/14/11 to May 26, 2011 / From 5/28/11
13. NUMBER OF WORK DAYS: 2
14. ADD:
15. DELETE:
16. LOCATION REFERENCE NUMBER: 000231

17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVED, OR TESTED: 10-99 unit dose per patient as needed for cardiac imaging - chest 57 sealed source - no single source exposed 15mCi - Radiation flexible blood source

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: LICENSE NUMBER 02220490001, STATE OH, EXPIRATION DATE 2-1-2013

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 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.
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): Julia A. Netur, Testing Manager; SIGNATURE: Julia A. Netur; DATE: 4-28-11

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): Geoffrey Warren, Health Physicist; SIGNATURE: G. Warren; DATE: 4/29/11; TOTAL USAGE - DAYS TO DATE: 43