



<b>NRC FORM 241</b> (8-2008)		<b>U.S. NUCLEAR REGULATORY COMMISSION</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>			
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) <b>Siemens Medical Solutions, USA, Inc</b>		2. TYPE OF REPORT <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> CHANGE	
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) <b>2501 North Barrington Road Hoffman Estates, IL 60192</b>		4. LICENSEE CONTACT AND TITLE <b>Glenda Roberts-McCord, Radiation Safety Officer</b>	
		5. TELEPHONE NUMBER (Include Area Code) <b>(847) 304-6252</b>	6. FACSIMILE NUMBER (Include Area Code) <b>(847) 304-6023</b>
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 type="checkbox"/> TELETHERAPY/IRRADIATOR SERVICE			
<input type="checkbox"/> PORTABLE GAUGES <input checked="" type="checkbox"/> OTHER (Specify) ⇒ <u>Installation of SPECT system with AQC componet</u>			
<input type="checkbox"/> RADIOGRAPHY ⇒ <u>REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)</u>			
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE <b>St. Alphonsus Hospital 1055 N. Curtis Rd Boise ID, 83706 Customer Contact: Jackie Babb</b>		9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.) (same as client)	
		10. CLIENT TELEPHONE NUMBER (Include Area Code) <b>(208) 367-3019</b>	11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) <b>(208) 367-3019</b>
12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD
FROM <b>05/10/2011</b>	TO <b>05/13/2011</b>	<b>1-4</b>	
		15. DELETE	16. LOCATION REFERENCE NUMBER
			NUMBER TO BE ASSIGNED BY NRC <b>000374</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 sou rces, or devices to be used.) <b>Gd-153 10mCi Line Source Co-57 0.05mCi Point Source</b> Sources will be received and possessed by client.			
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. (One copy of the specific license must accompany the initial NRC Form 241.)		LICENSE NUMBER <b>IL-01130-02</b>	STATE <b>IL</b>
		EXPIRATION DATE <b>07/31/2011</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 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) <b>Glenda Roberts-McCord, RSO</b>		SIGNATURE 	DATE <b>05/05/2011</b>
<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>	REVIEWING OFFICIAL (Typed/Printed Name and Title) <b>Geoffrey Warren, Health Physicist</b>	SIGNATURE 	DATE <b>5/5/11</b>
		TOTAL USAGE - DAYS TO DATE <b>20</b>	