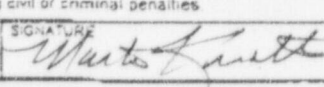
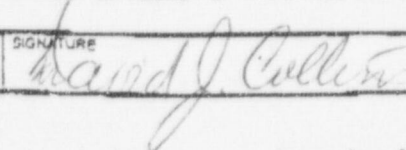


USNRC REGION II - MATERIALS LICENSING/INSPECTION BRANCHES (FAX 404-562-4955) (VERIFY 404-562-4732)

NRC FORM 241 (6-98) 10 CFR 150		U. S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3150-0013 Estimated burden of response to comply with this mandatory information collection request 18 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. Forward comments regarding burden estimate to the Information and Records Management Branch (T-6 F33), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, and to the Paperwork Reduction Project (3150-0013), Office of Management and Budget, Washington, DC 20503. NRC may not conduct or sponsor and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.	
REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES (Please read the instructions on the cover sheet before completing this form.)				EXPIRES: 6/30/99	
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) ELEKTA, INC.,		2. TYPE OF REPORT INITIAL REVISION CLARIFICATION		3. CONTROL NUMBER (Leave Blank - Number to be assigned by NRC)	
4. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) 3155 NORTHWOODS PARKWAY, NW NORCROSS, GA 30071		5. LICENSEE CONTACT MARTIN KNOTTS		6. TELEPHONE NUMBER (Include Area Code) 770-300-9725	
7. FACSIMILE NUMBER (Include Area Code) 770-448-6338					
8. ACTIVITIES TO BE CONDUCTED IN NON-AGREEMENT STATES UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20					
WELL LOGGING		LEAK TESTING AND/OR CALIBRATIONS		TELETHERAPY/IRRADIATOR SERVICE	
PORTABLE GAUGES		OTHER (Specify) LEKSELL GAMMA KNIFE UNIT MODEL 23004 PREVENTATIVE MAINTENANCE			
RADIOGRAPHY ☒		TRANSPORTATION OR PROGRAM APPROVAL NO. & REV. NO.		REGISTERED AS USER OF PACKAGINGS (CERTIFICATES OF COMPLIANCE NOS.)	
9. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE UNIVERSITY HOSPITALS OF CLEVELAND 11100 EUCLID AVENUE CLEVELAND, OH 44106				10. WORK LOCATION ADDRESS (Street and Number or other location. Give as complete an address or directions as possible.)	
11. CLIENT TELEPHONE NUMBER (Include Area Code)		12. WORK LOCATION TECHNICIAN AUTHORIZED TO PERFORM WORK MARTIN KNOTTS/JIM MOUNTS/CHRIS TRAX		13. WORK LOCATION TELEPHONE NUMBER (Include Area Code)	
14. DATES SCHEDULED FROM JULY 1999 (TBD)		15. NUMBER OF WORK DAYS TO JULY 1999 (TBD)		16. LOCATION REFERENCE NUMBER LEAVE BLANK FOR INITIAL NRC FORM 241 REQUESTS NUMBER TO BE ASSIGNED BY NRC 000193	
LIST ADDITIONAL WORK SITES ON SEPARATE SHEET TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.					
17. LIST RADIOACTIVE MATERIAL WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED IN NON-AGREEMENT STATES (Include description of type and quantity of radioactive material, sealed sources, or devices to be used.) COBALT 60					
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. (Four copies of the specific license must accompany this initial NRC Form 241.)					
LICENSE NUMBER GA1153-1		STATE GEORGIA		EXPIRATION DATE JUNE 30, 1999	
TOTAL USAGE DAYS TO DATE					
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 cover sheet of this form set, 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. 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. I am also aware that I will be responsible for any fees associated with such inspections. 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 (Typed/Printed Name and Title) MARTIN KNOTTS/MANAGER GAMMA KNIFE SERVICE				SIGNATURE 	
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.				DATE 12/31/98	
FOR NRC USE ONLY		AUTHORIZING OFFICIAL (Typed/Printed Name and Title) David J. Collins, Health Physicist Division of Nuclear Materials Safety USNRC Region II		SIGNATURE 	
NRC FORM 241 (6-98)		DATE JAN - 4 1999		cc:	

9901140154 981231

PDR RC

SSD

PDR

Received in Region II NE05

JAN 4 1999 cc:

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