NRC FORM 241 (6-96) 10 CFR 150

U. S. NUCLEAR REGULATORY COMMISSION

REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES

(Please read the instructions on the cover sheet before completing this form.)

APPROVED BY OMB: NO. 3150-0013 EXPIRES: 6/30/99

Estimated burden per response to comply with this mandatory information 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. 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.

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 QA 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		15. NUMBER OF WORK DAYS	16. LOCATION REFERENCE NUMBER
FROM	TO		LEAVE BLANK FOR INITIAL NRC FORM 241 REQUESTS. NUMBER TO BE ASSIGNED BY NRC
JULY 1999 (TBD)	JULY 1999 (TBD)		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 or 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 the initial NRC Form 241.)

LICENSE NUMBER	STATE	EXPIRATION DATE	TOTAL USAGE DAYS TO DATE
GA1153-1	GEORGIA	JUNE 30, 1999	

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-Agreements 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 *(Type/Printed Name and Title)*	SIGNATURE	DATE
MARTIN KNOTTS/MANAGER GAMMA KNIFE SERVICE	Martin Knotts	12/31/98

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	AUTHORIZING OFFICIAL *(Type/Printed Name and Title)*	SIGNATURE	DATE
	David J. Collins, Health Physicist Division of Nuclear Materials Safety USNRC Region II	David J. Collins	JAN – 4 1999

NRC FORM 241 (6-96)

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PDR RC *
SSD PDR

Received in Region II NE05
JAN 4 1999 cc:

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