



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: 30 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 FOIA, Library, and Information Collections Branch (T-6 A10M), U. S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to Infocollections.Resource@nrc.gov, and the OMB reviewer at: OMB Office of Information and Regulatory Affairs, (3150-0013), Attn: Desk Officer for the Nuclear Regulatory Commission, 725 17th Street NW, Washington, DC 20503; e-mail: oir_submission@omb.eop.gov. The NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the document requesting or requiring the collection displays a currently valid OMB control number.

1. Name of Licensee (Person or firm proposing to conduct the activities described below) Philips Healthcare, A Division of Philips North America LLC	2. Type of Report <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Change
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3. Address of Licensee (Mailing address or other location where licensee may be located) 222 Jacobs Street Cambridge, MA 02141-2289	4. Licensee Contact and Title Thomas McKittrick, RSO	5. Business Telephone Number 978-319-1892
	5a. Business Cellular Telephone Number 978-319-1892	6. Business Facsimile Telephone Number 833-259-1593

7. Business E-mail Address
thomas.mckittrick@philips.com

8. Activities to be conducted under the general license given in 10 CFR 150.20

Well Logging Leak Testing and/or Calibrations Type of Service _____
 Portable Gauge Other (Specify) TBD
 Radiography _____
Registered as user of packaging (Certificates of Compliance Numbers)

9. Client Name and Address (Include county, city, state and zip code) TBD	10. Actual physical address of work location (Street, Number or other location, GPS Coordinates if known) _____ _____ _____												
	<table border="1" style="width:100%"> <tr> <th colspan="2">11. Client Business Telephone Number</th> <th colspan="2">12. Work Location Telephone Number</th> </tr> <tr> <td>Business Office</td> <td>Business Cell</td> <td>Business Office</td> <td>Business Cell</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	11. Client Business Telephone Number		12. Work Location Telephone Number		Business Office	Business Cell	Business Office	Business Cell				
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Business Office	Business Cell	Business Office	Business Cell										

13. Dates Scheduled From: _____ To: _____ Weekends: <input type="checkbox"/> Yes <input type="checkbox"/> No	14. Number of Work Days _____	15. Add _____	16. Delete _____	17. Location Refer. Num. (Assigned by NRC) TBD
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LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION IN ITEMS 10-17 ABOVE.

18. 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.)	Model Number _____	Device Type / Sealed Sources _____
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19. Agreement State Specific License which authorizes the undersigned to conduct activities which are the same, except for location of use, as specified in item 10 above. (One copy of the specific license must accompany the initial NRC Form 241.)	License Number 48-0666	State MA	Expiration Date 02/28/2022
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20. 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 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.

Approved by RSO or Management Representative (Printed Name and Title) Thomas McKittrick, RSO	Signature <i>Thomas McKittrick</i>	Date 3/21/2022	Total Usage - Days to Date 0
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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	Approved by (Typed/Printed Name and Title) _____	Signature _____	Date _____	Total Usage - Days to Date 0
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Non-Public Sensitive-Security Related MD 3.4 Non-Public a.3 ADAMS ML # _____