



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: ira_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) Jefferson University Radiology Associates	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) 850 Walnut Street Philadelphia PA 19107	4. Licensee Contact and Title Jay Yoder, RSO	5. Business Telephone Number 7174756782
	5a. Business Cellular Telephone Number 7174756782	6. Business Facsimile Telephone Number 8667552756

7. Business E-mail Address
jyoder@aspektsolutions.com, lodell@oiarad.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) Pet Mobile Imaging - Patient Services

Radiography _____

Registered as user of packaging (Certificates of Compliance Numbers) _____

9. Client Name and Address (Include county, city, state and zip code) St Francis Healthcare 701 N. Clayton Street Wilmington DE 19805	10. Actual physical address of work location (Street, Number or other location, GPS Coordinates if known) Same as # 9
	11. Client Business Telephone Number
	12. Work Location Telephone Number
	Business Office: 3024214304 Business Cell: 3024214304 Business Office: _____ Business Cell: 6108001887

13. Dates Scheduled		14. Number of Work Days	15. Add	16. Delete	17. Location Refer. Num. (Assigned by NRC)
From: 4/7/22; 4/21/22	To: 4/7/22; 4/21/22	2			462852
Weekends: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

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.) F-18 FDG for patient use, sealed sources for calibration (Cs-137,Co57,Ge68)	Model Number	Device Type / Sealed Sources

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 PA-1416	State PA	Expiration Date 09/30/2030
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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) Jay M Yoder, MS, DABR	Signature 	Date 3-24-22	Total Usage - Days to Date
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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 14
	<input type="checkbox"/> Non-Public	<input type="checkbox"/> Sensitive-Security Related MD 3.4 Non-Public a.3	ADAMS ML #	