

USNRC Mat'l Lic/Insp Fax:404-562-4955

Feb 17 '98 13:58 P.02/02

Please use new Form 241

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

**NRC FORM 241** 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. 3150-0073 EXPIRES 02/09  
ESTIMATED BURDEN FOR RESPONDERS TO COMPLY WITH THE INFORMATION COLLECTION REQUIREMENTS IS 15 MINUTES. THIS REPRESENTATION IS REQUIRED BY 10 CFR 150.20. THE LICENSEE IS ASSURED THAT THEY ARE CONDUCTING IN ACCORDANCE WITH REQUIREMENTS FOR PROTECTION OF THE PUBLIC HEALTH AND SAFETY. FEDERAL GOVERNMENT REPORTING BURDEN ESTIMATED TO BE INFORMATION AND REPORTS MANAGEMENT SYSTEM (F-4 933), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20540-0001, AND TO THE REGULATORY REPORTING SYSTEM (F-450-0001), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503. NRC MAY NOT CONTACT AN INDIVIDUAL FOR THIS REPORT IF AN INDIVIDUAL IS RECORDING A COLLECTION OF INFORMATION UNLESS IT ASSURES A CURRENTLY VALID OMB CONTROL NUMBER.

1. NAME OF LICENSEE (Print or firm preparing to conduct the activities described below)  
**Elekta Instruments, 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 the activity may be located)  
**3155 Northwoods Parkway  
Norcross, GA 30071**

5. LICENSEE CONTACT

6. TELEPHONE NUMBER (Include Area Code)  
**770-448-6338**

7. FACSIMILE NUMBER (Include Area Code)

8. ACTIVITIES TO BE CONDUCTED IN NON-AGREEMENT STATES UNDER THE GENERAL LICENSES GIVEN IN 10 CFR 150.20

WELL LOGGING  
LEAK TESTING AND/OR CALIBRATIONS  
TELETHERAPY/RADIATOR SERVICE

PORTABLE GAUGES  
OTHER (Specify)  
**Leksell Gamma Knife Unit Preventive Maint.**

RADIOGRAPHY  TRANSPORTATION PROGRAM APPROVAL NO. 1 REV. NO. REGISTERED AS USER OF PACKAGING (CERTIFICATE OF COMPLIANCE NOS.)

9. CLIENT NAME ADDRESS, CITY, STATE, ZIP CODE  
**Midwest Gamma Knife Center  
2316 E. Meyer Blvd.  
Kansas City, MO 64132**

10. WORK LOCATION ADDRESS (Street and Number or other location. Give as indicated on address or directions as possible)  
**Same**

11. CLIENT TELEPHONE NUMBER (Include Area Code)  
**800-574-2662**

12. WORK LOCATION TECHNICIAN AUTHORIZED TO PERFORM WORK  
**Mark Knotts, Jim Mayhew, Chris Trax**

13. WORK LOCATION TELEPHONE NUMBER (Include Area Code)  
**800-547-2662**

14. DATES SCHEDULED  
FROM TO  
**Oct. 8, 1999 Oct. 8, 1999**

15. NUMBER OF WORK DAYS  
**1**

16. LOCATION REFERENCE NUMBER  
(Leave blank for initial NRC Form 241 requests. Number to be assigned by NRC)  
**000199**

17. LIST ADDITIONAL WORK SITES ON SEPARATE SHEET TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.

18. LIST RADIOACTIVE MATERIAL WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED IN NON-AGREEMENT STATES (Include description, type and quantity of radioactive material, sealed sources, or sources to be used.)  
**Cobalt 60**

19. AGREEMENT STATE SPECIAL LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEM 18 ABOVE (Your copies of the special license must accompany the initial NRC Form 241)

20. LICENSE NUMBER STATE EXPIRATION DATE ACTUAL USAGE DAYS TO DATE  
**GA 1153-1 Georgia**

21. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)

I, THE UNDERSIGNED, HEREBY CERTIFY THAT:

- All information in this report is true and complete.
- 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.
- I understand that activities, including storage, conducted in non-agreement States under general license 10 CFR 150.20 are limited to a total of 100 days in calendar year.
- 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.
- 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 - 200 or Management Representative (Type, print name and title) SIGNATURE DATE  
**Mark Knotts - Mgr. Gamma Knife Center Mark Knotts - Paula Noel 10-6-99**

WARNING: FALSE STATEMENTS IN THIS CERTIFICATE MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. NRC REGULATIONS REQUIRE THAT SUBMITTERS 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, print name and title) SIGNATURE DATE  
**David J. Collins, Health Physicist David J. Collins 10/6/1999**

Division of Nuclear Materials Safety  
USNRC Region II

Received in Region II NRC 10.16.99 cc: R3