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NRC FORM 241
(7-1989)

U.S. NUCLEAR REGULATORY COMMISSION

REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS
(Please read the instructions before completing this form)

1. NAME OF LICENSEE: (Name or firm proposing to conduct the activities described below)
Elekta Instruments, Inc.

2. TYPE OF REPORT
INITIAL REVISION CLARIFICATION

3. ADDRESS OF LICENSEE: (Include street or other location where licensee may be located)
3155 Northwooda Parkway
Norcross, GA 30071

4. LICENSEE CONTACT AND TITLE
Martin Knotts
MANAGER of Gamma Knife Service

5. TELEPHONE NUMBER (Include Area Code)
770-300-9725

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

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20
 WELL LOGGING
 LEAK TESTING AND/OR CALIBRATIONS
 PORTABLE GAUGES
 OTHER (specify) → Preventive Maintenance
 RADIOGRAPHY → REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE
ST. Luke's Medical Center
2900 W. Wisconsin Ave
Milwaukee, WI 53215

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION
(Client Name and Number at other location. Give as complete an address as possible or directions as possible.)
Same

10. CLIENT TELEPHONE NUMBER (Include Area Code)
414-699-6546

11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)
Same

12. DATES SCHEDULED
FROM 11-1-99 TO 11-5-99

13. NUMBER OF WORK DAYS
5

14. ADD

15. DELETE

16. LOCATION REFERENCE NUMBER ASSIGNED BY NRC
001314

17. LIST RADIOACTIVE MATERIALS, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICE, OR TESTED
(Include description of type and quantity of radioactive material, sealed sources, or devices to be used.)

18. LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.

19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)

20. AGREEMENT STATE SOURCE LICENSE WHEN THE UNDERSIGNED IS UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME, SUBJECT FOR LICENSE AS SPECIFIED IN ITEM 9 ABOVE. (Four copies of this specific license must accompany the Initial NRC Form 241.)

21. WORK LOCATION TELEPHONE NUMBER (Include Area Code)

22. LICENSE NUMBER
GA153

23. STATE
GA

24. EXPIRATION DATE

25. SIGNATURE
Martin Knotts - Manager, Gamma Knife Service (Signature)

26. DATE
10/25/1999

27. SIGNATURE
David J. Collins

28. DATE
10/28/1999

29. TOTAL USAGE - DAYS TO DATE
106

30. PRINTED ON RECYCLED PAPER

Received in Region III - NE-3
10/25/1999
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PDR STPRG