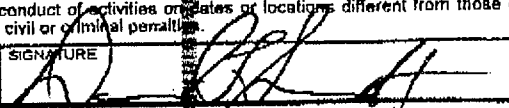
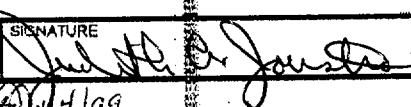


NRC FORM 241 (9-99) 13 CFR 150		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY: NRC NO. 3150-0013 Estimated burden per response to comply with this mandatory information collection request: 16 minutes. This notification is required so that NRC may schedule inspection of the activities to ensure that 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 (F-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.		EXPIRES: 8/30/99	
REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES (Please read the instructions on the cover sheet before completing this form.)				2. TYPE OF REPORT INITIAL REVISION CLARIFICATION		3. CONTROL NUMBER (Leave Blank - Number to be assigned by NRC)	
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) Krueger-Gilbert Health Physics, Inc.				4. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) 3601 East Joppa Road Baltimore, MD 21234		5. LICENSEE CONTACT Katie Dorn	
6. TELEPHONE NUMBER (Include Area Code) 410-665-5447				7. FACSIMILE NUMBER (Include Area Code) 410-665-2074			
8. ACTIVITIES TO BE CONDUCTED IN NON-AGREEMENT STATES UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20							
<input type="checkbox"/> WELL LOGGING		<input checked="" type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS		<input type="checkbox"/> TELEHERAPY/RADIATOR SERVICE			
<input type="checkbox"/> PORTABLE GAUGES		<input type="checkbox"/> OTHER (Specify)					
<input checked="" type="checkbox"/> RADIOGRAPHY		TRANSPORTATION QA PROGRAM APPROVAL NO & REV. NO.		REGISTERED AS USER OF PACKAGINGS (CERTIFICATES OF COMPLIANCE NGS.)			
9. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE Sacred Heart Hospital 421 Chew Street Allentown, PA 18102				10. WORK LOCATION ADDRESS (Street and Number or other location. Give as complete an address or directions as possible) same as 9			
11. CLIENT TELEPHONE NUMBER (Include Area Code) (610) 776-4500		12. WORK LOCATION TECHNICIAN AUTHORIZED TO PERFORM WORK Katie Dorn		13. WORK LOCATION TELEPHONE NUMBER (Include Area Code) (610) 776-4500			
14. DATES SCHEDULED FROM 11/9/99 TO 11/10/99		15. NUMBER OF WORK DAYS 2		16. LOCATION REFERENCE NUMBER 000155			
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 of type and quantity of radioactive material, sealed sources, or devices to be used) See attached "A"							
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 this specific license must accompany the initial NRC Form 241.)							
LICENSE NUMBER MD-05-101-01		STATE Maryland		EXPIRATION DATE June 30, 2003		TOTAL USAGE DAYS TO DATE 490KB	
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-Agreement 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 and charges 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 (Typed/Printed Name and Title) David T. Schmitt - V.P.				SIGNATURE 		DATE 11/5/99	
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 (Typed/Printed Name and Title) Judith A. Jacob Sr. HP		SIGNATURE 		DATE 11/5/99	

oxb 11/4/99

11/7/99

PDR S TPRG

Sent By: K;

4108652074; Nov-4-99 10:49;

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Sent By: K;

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Aug-27-99 1:11PM;

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ATTACHMENT A

Cesium-137:ICN model MLD-01, Serial Number 309389; Calibration 250 microcuries, November 23, 1987.

OR

Cesium 137: North American Scientific, Serial Number A7380; Calibration 6.751 MBq, November 1, 1997.

610 337 5269 P.02/04

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