

NRC FORM 241 (7-1999)

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NRC FORM 241 (7-1999)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY CRIS: NO. 8180-8813		EXPIRES: 6/30/2003	
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: 15 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 Records Management Branch (IT-5 68), U.S. Nuclear Regulatory Commission, Washington, DC 20545-0001, or by Internet e-mail to dist@nrc.gov, and to the Desk Officer, Office of Management and Regulatory Affairs, NRC-18200, (3750-0013), Office of Management and Budget, Washington, DC 20503. If a measure used to capture an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.			
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)				2. TYPE OF REPORT INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> CLARIFICATION <input checked="" type="checkbox"/>			
Krueger-Gilbert Health Physics, Inc				4. LICENSEE CONTACT AND TITLE Wendy Charlton/Health Physicist			
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be reached)				5. TELEPHONE NUMBER (Include Area Code)		6. FACSIMILE NUMBER (Include Area Code)	
3601 E. Joppa Road Baltimore, Maryland 21234				410-665-5447		410-665-2074	
7. ACTIVITIES TO BE CONDUCTED 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"/> THERAPY/RADIATION SERVICE							
<input type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> REGISTERED AS USER OF PACKAGING CERTIFICATES OF COMPLIANCE NUMBERS							
<input type="checkbox"/> RADIOGRAPHY <input type="checkbox"/>							
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE				9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and number or other location. Give as complete an address as possible.)			
Cardiac Diagnostic Services of Virginia 3289 Woodburn Road, Suite 50 Annandale, VA 22003				Same as 8			
10. CLIENT TELEPHONE NUMBER (Include Area Code)				11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)			
(703) 641-0244				(703) 641-0244			
12. DATES SCHEDULED		13. NUMBER OF WORK DAYS		14. ADD		15. DELETE	
FROM well reschedule						NUMBER TO BE ASSIGNED BY NRC 000134	
16. LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 8-15 ABOVE.							
17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED (Provide description of type and quantity of radioactive material, sealed sources, or devices to be used.)							
Cs-137 ICN MLD-01#309389, 250uCi (11/23/87) Cs-137 NAS MED 3550 #A7380, 182.5 uCi (11/1/97)							
18. AGREEMENT STATE SPECIFIC LICENSES WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OR USE, AS SPECIFIED IN ITEM 8 ABOVE. (Four copies of the specific license must accompany the initial NRC Form 241.)				LICENSE NUMBER		STATE	
				MD-05-101-01		MD	
				EXPIRATION DATE		6/30/2003	
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 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.							
CERTIFYING OFFICER - RSO or Management Representative (Name and Title)				SIGNATURE		DATE	
Suzanne F. Krueger-Schmidt, Pres.				Suzanne F. Krueger-Schmidt		4/24/01	
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		REVIEWING OFFICIAL (Typed/Printed Name and Title)		DATE		TOTAL USAGE DAYS TO DATE	
		John Mc		4/24/01		28	

NRC FORM 241 (7-1999)

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NRC FORM 241
(7-1999)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY GMR: NO. 6180-0012

EXPIRATION: 6/30/2003

REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS

(Please read the instructions before completing this form)

Continued burden per violation to comply with the mandatory collection response to violations. This notification is required as the 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. Some comments regarding burden estimates to the Records Management Branch (7-4 E), U.S. Nuclear Regulatory Commission, Washington, DC 20545-0001, or by internet e-mail to 701@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NRCB-1832, (202) 616-6013, Office of Management and Budget, Washington, DC 20503. If a means used to improve an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)

Krueger-Gilbert Health Physics, Inc

2. TYPE OF REPORT

INITIAL ☐ REVISION ☐ CLARIFICATION ☒

3. ADDRESS OF LICENSEE (Mailing address or other location where business may be located)

3601 E. Joppa Road
Baltimore, Maryland 21234

4. LICENSEE CONTACT AND TITLE

Wendy Charlton/Health Physicist

5. TELEPHONE NUMBER
(Include Area Code)

410-665-5447

6. FACSIMILE NUMBER
(Include Area Code)

410-665-2074

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 190.20

- ☐ WELL LOGGING ☒ LEAK TESTING AND/OR CALIBRATIONS ☐ TELETHERAPY/IRRADIATOR SERVICE
- ☐ PORTABLE GAUGES ☐ OTHER (Specify) none
- ☐ RADIOGRAPHY ☒ REGISTERED AS USER OF PACKAGING (CERTIFICATE OF COMPLIANCE NUMBER)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE

Northern Virginia Endocrinologists
3020 Hamaker Court, Suite 502
Fairfax, VA 22031

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION

(Street and number or other location. Give as complete as address or directions as possible.)

Same as 8

10. CLIENT TELEPHONE NUMBER

(703) 849-8440

11. WORK LOCATION TELEPHONE NUMBER

(703) 849-8440

12. DATES SCHEDULED

FROM

WILL
Reschedule

TO

13. NUMBER OF
WORK DAYS

1

14. ADD

15. DELETE

4/24/01

16. LOCATION
REFERENCE NUMBERNUMBER TO BE
ASSIGNED BY NRC

000122

17. LIST ADDITIONAL WORK SITES (ON SEPARATE SHEETS) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 8-16 ABOVE.

17. LIST RADIOACTIVE MATERIAL WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICES, OR TESTED

(Provide description of type and quantity of radioactive material, sealed sources, or sources as to be used.)

Cs-137 ICN MLD-01#30938P, 250uCi (11/23/87)
Cs-137 NAS MED 3550 #A7380, 182.5 uCi (11/1/97)18. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT
ACTIVITIES UNDER THE SAME, EXCEPT FOR LOCATION OF USE AS SPECIFIED IN ITEM 9
ABOVE. (Four copies of the specific license must accompany the final NRC Form 241.)

LICENSE NUMBER

MD-05-101-01

STATE

MD

EXPIRATION DATE

6/30/2003

19. 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 190.20 printed 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.
- I understand that activities, including storage, conducted in non-Agreement States under general license 10 CFR 190.20 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.
- 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 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 (Name and Title)

Suzanne F. Krueger-Schmidt, Pres.

SIGNATURE

Suzanne F. Krueger-Schmidt

DATE

4/23/01

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

REVIEWING OFFICIAL (Typed Printed Name and Title)

SIGNATURE

DATE

TOTAL USAGE - DAYS TO DATE

28

NRC FORM 241 (7-1999)

PRINTED ON RECYCLED PAPER

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NRC FORM 341 U.S. NUCLEAR REGULATORY COMMISSION REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS <i>(Please read the instructions before completing this form)</i>		APPROVED BY ONE: NO. 3150-0013 EXPIRES: 08/12/2002 This report is to be completed by the licensee or its representative in compliance with the requirements of 10 CFR 19.23. The licensee is required to keep this report on file for 10 years. The licensee is required to submit this report to the NRC, its regional office, or its designated representative. The licensee is required to submit this report to the NRC, its regional office, or its designated representative. The licensee is required to submit this report to the NRC, its regional office, or its designated representative.	
1. NAME OF LICENSEE: Person or firm proposing to conduct the activities described below Krueger-Gilbert Health Physics, Inc		2. TYPE OF REPORT <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input checked="" type="checkbox"/> CLARIFICATION	
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) 3601 E. Joppa Road Baltimore, Maryland 21234		4. LICENSEE CONTACT AND TITLE Wendy Charlton/Health Physicist 5. TELEPHONE NUMBER (Include Area Code) 410-665-5447 6. FAXING NUMBER (Include Area Code) 410-665-2074	
7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 19.23 <input type="checkbox"/> WELL-LOGGING <input checked="" type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS <input type="checkbox"/> THERAPY/RADIATION SERVICE <input type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> RADIOGRAPHY REGISTERED AS USER OF PACKAGING (CERTIFICATE OF COMPLIANCE NUMBER)			
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE Classic Imaging 1140 Varnum Street, N.E. Suite 020 Washington, DC 20017		9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.) (same as #8)	
10. CLIENT TELEPHONE NUMBER (Include Area Code) (202) 529-4624		11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) (202) 529-4624	
12. DATES SCHEDULED FROM 4/30/01 TO 4/30/01		13. NUMBER OF WORK DAYS 1	14. ADD 4/30/01
15. DELETE 4/23/01		16. LOCATION REFERENCE NUMBER 000117	
17. LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 8-16 ABOVE. LIST ADDITIONAL MATERIAL WHICH WILL BE POSSESSED, USED, INSTALLED, SHIPPED, OR TESTED (Include identification of type and quantity of radioactive material, isotope, source, or device to be used) CS-137 ION MLD-01#309389, 250uCi (11/23/87) CS-137 NAS MED 3550 #A7380, 182.5 uCi (11/1/97)			
18. AGREEMENT STATE DEPARTMENT LICENSE NUMBER AUTHORIZING THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME AS SET FORTH FOR LOCATION OF USE AS INDICATED IN ITEM 8 ABOVE. (Keep copies of the specific license from appropriate State Dept. Form 341.)		LICENSE NUMBER MD-05-101-01	STATE MD
19. EXPIRATION DATE 6/30/2003		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 provisions of the general license 10 CFR 19.23 reported 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 19.23 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.			
CERTIFIED APPROVED - RSO or Designated Representative (Name and Title) Suzanne F. Krueger-Schmidt, Pres.		SIGNATURE Suzanne F. Krueger-Schmidt	
DATE 4/23/01		WARNING: False statements in this certificate may be subject to civil and criminal penalties. NRC regulations require that submissions to the NRC be complete and accurate in all material respects. It is a criminal offense to make a willfully false statement or representation to any department or agency of the United States or to any matter within its jurisdiction.	
FOR NRC USE ONLY REVIEWED OFFICE (Typed Name and Title) Wendy Charlton		DATE 4/23/01	
TOTAL USAGE - DAYS TO DATE 28		PRINTED ON RECYCLED PAPER	

50 4/24/01