

NRC FORM 241 (7-1999)

NRC FORM 241 (7-1999)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3150-0013 Estimated burden per response to comply with this mandatory collection request: 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 estimates to the Records Management Branch (T-6 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to b1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NE08-10202, (3150-0013), Office of Management and Budget, Washington, DC 20503. If a means used to impose 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.		EXPIRES: 07/31/2002	
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>							
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)				2. TYPE OF REPORT <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input checked="" type="checkbox"/> CLARIFICATION			
Krueger-Gilbert Health Physics, Inc							
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)				4. LICENSEE CONTACT AND TITLE			
3601 E. Joppa Road Baltimore, Maryland 21234				Health Malek Daneshvar Physicist			
				5. TELEPHONE NUMBER (Include Area Code)		6. FACSIMILE NUMBER (Include Area Code)	
				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"/> TELETHERAPY/IRRADIATOR SERVICE							
<input type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) \Rightarrow _____							
<input type="checkbox"/> RADIOGRAPHY \Rightarrow _____ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS) _____							
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 or directions as possible.)			
Delaware Diagnostic Service, Inc. Community Imaging Center 1941 Limestone Road, Suite 214 Wilmington, Delaware 19808				same as #8			
				10. CLIENT TELEPHONE NUMBER (Include Area Code)		11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)	
				302-892-6200		302-892-6200	
12. DATES SCHEDULED		13. NUMBER OF WORK DAYS		14. ADD		15. DELETE	
FROM TO							
06/19/01 06/19/01		1		6/19/01		06/19/01	
						NUMBER TO BE ASSIGNED BY NRC	
						000112	
LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.							
17. 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.)							
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 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 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 E. Krueger-Schmidt, Pres.				Suzanne E. Krueger-Schmidt		06/19/01	
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	
		Judith A. Joubert Sr HP		Judith A. Joubert		6/1/01	
						TOTAL USAGE - DAYS TO DATE	
						37	

NRC FORM 241 (7-1999)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3150-0013 Estimated burden per response to comply with this mandatory collection request: 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 (T-6 E5), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to bja1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOF-10202, (3150-0013), Office of Management and Budget, Washington, DC 20503. If a means used to impose 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.		EXPIRES: 07/31/2002	
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1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) Krueger-Gilbert Health Physics, Inc				2. TYPE OF REPORT INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> CLARIFICATION <input checked="" type="checkbox"/>			
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 Donna Thim 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 150.20 <input type="checkbox"/> WELL LOGGING <input checked="" type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS <input type="checkbox"/> TELETHERAPY/IRRADIATOR SERVICE <input type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) \Rightarrow _____ <input type="checkbox"/> RADIOGRAPHY \Rightarrow REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS) _____							
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE Milford Memorial Hospital 21 W. Clark Avenue Milford, DE 19963				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) 302-422-3311		11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 302-422-3311	
12. DATES SCHEDULED		13. NUMBER OF WORK DAYS		14. ADD		15. DELETE	
FROM 6/19/01 TO 6/19/01		1		06/19/01		06/01/01	
16. LOCATION REFERENCE NUMBER 000114							
17. LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.							
17. 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.) 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 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 the specific license must accompany the Initial 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:							
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) Suzanne F. Krueger-Schmidt, Pres.				SIGNATURE <i>Suzanne F. Krueger-Schmidt</i>		DATE 06/01/01	
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) Walter A. Joubert Sr HP		SIGNATURE <i>Judith A. Joubert</i>		DATE 6/1/01	
						TOTAL USAGE - DAYS TO DATE 37	

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Krueger-Gilbert Health Physics, Inc							
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)				4. LICENSEE CONTACT AND TITLE Malek Daneshvar per fax Jtd 4/ 15:10pm Candi L. McDowell/Health Physicist			
3601 E. Joppa Road Baltimore, Maryland 21234				5. TELEPHONE NUMBER (Include Area Code)		6. FACSIMILE NUMBER (Include Area Code)	
				410-665-5447		410-665-2074	
7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 160.20							
<input type="checkbox"/> WELL LOGGING <input checked="" type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS <input type="checkbox"/> TELETHERAPY/IRRADIATOR SERVICE							
<input type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) \Rightarrow							
<input type="checkbox"/> RADIOGRAPHY \Rightarrow REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)							
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 or directions as possible.)			
Nanticoke Memorial Hospital 801 Middleford Road Seaford, DE 19973				same as 8			
10. CLIENT TELEPHONE NUMBER (Include Area Code)				11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)			
302-629-6615				302-629-6615			
12. DATES SCHEDULED		13. NUMBER OF WORK DAYS		14. ADD		15. DELETE	
FROM TO							
06/21/01 06/21/01		1		06/21/01		06/01/01	
16. LOCATION REFERENCE NUMBER							
NUMBER TO BE ASSIGNED BY NRC 000115							
LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 8-16 ABOVE.							
17. 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.)							
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				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 160.20 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.							
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CERTIFYING OFFICER - RSO or Management Representative (Name and Title)				SIGNATURE		DATE	
Suzanne F. Krueger-Schmidt, Pres.				Suzanne F. Krueger-Schmidt		06/01/01	
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FOR NRC USE ONLY		REVIEWING OFFICIAL (Typed/Printed Name and Title)		SIGNATURE		DATE	
		Judith A. Joubert		Judith A. Joubert		6/1/01	
						TOTAL USAGE - DAYS TO DATE	
						37	

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1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) 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 located) 3601 E. Joppa Road Baltimore, Maryland 21234				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 160.20 <input type="checkbox"/> WELL LOGGING <input checked="" type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS <input type="checkbox"/> TELETHERAPY/IRRADIATOR SERVICE <input type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) \Rightarrow _____ <input type="checkbox"/> RADIOGRAPHY \Rightarrow REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)							
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE Greater Southeast Community Hospital 1310 Southern Avenue, S.E. Washington, DC 20032				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) 202-574-6684		11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 202-574-6684	
12. DATES SCHEDULED		13. NUMBER OF WORK DAYS		14. ADD		15. DELETE	
FROM 6/6/01 TO 6/6/01		1		06/6/01		06/6/01	
						16. LOCATION REFERENCE NUMBER 000120	
LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.							
17. 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.) 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 LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEM 9 ABOVE. (Four copies of the specific license must accompany the initial NRC Form 241.)				LICENSE NUMBER MD-05-101-01		STATE MD	
				EXPIRATION DATE 6/30/2003			
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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 160.20 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 160.20 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.							
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CERTIFYING OFFICER - RSO or Management Representative (Name and Title) Suzanne F. Krueger-Schmidt, Pres.				SIGNATURE <i>Suzanne F. Krueger-Schmidt</i>		DATE 6/1/01	
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FOR NRC USE ONLY		REVIEWING OFFICIAL (Typed/Printed Name and Title) Judith A. Towse		SIGNATURE <i>Judith A. Towse</i>		DATE 6/1/01	
						TOTAL USAGE - DAYS TO DATE 37	

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3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) 3601 E. Joppa Road Baltimore, Maryland 21234				5. TELEPHONE NUMBER (Include Area Code) 410-665-5447	6. FACSIMILE NUMBER (Include Area Code) 410-665-2074		
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8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE American Medical Laboratories, Inc. 14225 Newbrook Drive P.O. Box 10841 Chantilly, VA 20153-0841				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) 703-802-7120				11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 703-802-7120			
12. DATES SCHEDULED FROM 6/5/2001 TO 6/5/2001		13. NUMBER OF WORK DAYS 1	14. ADD 6/5/01	15. DELETE 6/1/01	16. LOCATION REFERENCE NUMBER NUMBER TO BE ASSIGNED BY NRC 000121		
LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.							
17. 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.) Cs-137 ICN MLD-01#309389, 250uCi (11/23/87) Cs-137 NAS MED 3550 #A7380, 182.5 uCi (11/1/97)							
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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) Suzanne F. Krueger-Schmidt, Pres.				SIGNATURE Suzanne F. Krueger-Schmidt	DATE 6/1/01		
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) J. A. Smith Sr. HP	SIGNATURE J. A. Smith Sr.	DATE 6/1/01	TOTAL USAGE - DAYS TO DATE 37			

NRC FORM 241 (7-1999)

NRC FORM 241 (7-1999)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3150-0013 Estimated burden per response to comply with this mandatory collection request: 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 (T-8 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bja1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NECB-10202, (3150-0013), Office of Management and Budget, Washington, DC 20503. If a means used to impose 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.		EXPIRES: 07/31/2002	
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>							
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) Krueger-Gilbert Health Physics, Inc				2. TYPE OF REPORT INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> CLARIFICATION <input checked="" type="checkbox"/>			
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. FACSIMILE NUMBER (Include Area Code) 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"/> TELETHERAPY/IRRADIATOR 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 Riddle Memorial Hospital 1068 W. Baltimore Pike Media, PA 19063				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) 610-566-9400		11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 610-566-9400	
12. DATES SCHEDULED		13. NUMBER OF WORK DAYS		14. ADD		15. DELETE	
FROM 6/1/01 TO 6/7/01		1		06/07/01		06/07/01	
						16. LOCATION REFERENCE NUMBER 000125	
LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 5-16 ABOVE.							
17. 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.) 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 LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEM 9, ABOVE. (Four copies of the specific license must accompany the initial NRC Form 241.)				LICENSE NUMBER MD-05-101-01		STATE MD	
				EXPIRATION DATE 6/30/2003			
18. 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) Suzanne F. Krueger-Schmidt, Pres.				SIGNATURE <i>Suzanne F. Krueger-Schmidt</i>		DATE 06/01/01	
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) South A. Janssen sr		SIGNATURE <i>South A. Janssen sr</i>		DATE 6/1/01	
						TOTAL USAGE - DAYS TO DATE 37	