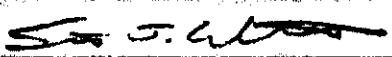
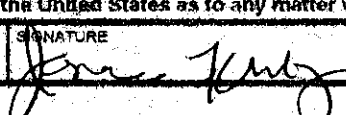


NRC FORM 241 (7-1999)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3150-0013 <small>Estimated burden per response to comply with this mandatory collection request: 15 minutes. This notification is required so that NRC may schedule inspection of the activities to ensure that they are conducted in accordance with requirements for protection of the public health and safety. Send comments regarding burden estimate to the Records Management Branch (T-6 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bjs1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOS-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.</small> 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) Industrial Safety Consulting Services (dba)		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) 213 Chelsea Court Clarksville, TN 37043-4024 USA		4. LICENSEE CONTACT AND TITLE Scott J. Winters, RSO / Owner			
		5. TELEPHONE NUMBER (Include Area Code) (931) 358-0639		6. FACSIMILE NUMBER (Include Area Code) (931) 358-0649	
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 checked="" type="checkbox"/> OTHER (Specify) ⇒ Inspection of licensee activities and general consultation.					
<input type="checkbox"/> RADIOGRAPHY ⇒ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)					
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE United Evaluation Services, Inc. 1117 Beach Avenue Beachwood, NJ 08722 USA Mr. Joseph J. Ferenc, RSO			9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.) 1117 Beach Avenue Beachwood, NJ 08722 USA		
			10. CLIENT TELEPHONE NUMBER (Include Area Code) (732) 914-0202		11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) (931) 358-0639 [ISCS work/mobile]
12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM 3/6/02	TO 3/7/02	2			NUMBER TO BE ASSIGNED BY NRC 000367
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.) All sealed sources will be maintained and operated under clients NRC License # 29-28358-02. Cs-137: 165 mCi.; Cobalt-60: 30 and 100 Ci.; Ir-192: 100 Ci.					
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 R-63018-H09	STATE TN	EXPIRATION DATE August 31, 2009
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) Scott J. Winters, RSO			SIGNATURE 		DATE 2/28/02
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		Janice H. Kirby Licensing Assistant	SIGNATURE 	DATE 2/28/02	TOTAL USAGE - DAYS TO DATE
NRC FORM 241 (7-1999)		PRINTED ON RECYCLED PAPER			

UNITED
EVALUATION
SERVICES, INC.



1117 BEACH AVENUE
BEACHWOOD, NEW JERSEY 08722
(732) 914-0202
(732) 914-0414 FAX

February 18, 2002

Mr. Scott J. Winters
Radiological Safety and Engineering Group
213 Chelsea Court
Clarksville, TN 37043-4024

Dear Mr. Winters:

Per our telephone conversation last week I would like to provide to you the following information:

United Evaluation Services, Incorporated (formerly Accurate Technologies, Inc.) would like to submit to you for your review a copy of our NRC licenses. The NRC has requested that a third party conduct a review of our radiation safety program. The audit is to also include field evaluations of all radiographers operating under the license (UES currently has three radiographers not including assistant radiographers).

Judy Joustra of the NRC has given us a verbal extension of the thirty days listed on the license but that is with the understanding that we will make every possible effort to expedite the review.

I look forward to receiving your quotation and hopefully conducting business together in the near future.

If I could be of any further assistance to you in this matter please don't hesitate to contact the undersigned at 732-914-0202.

Sincerely,

Linda Monro

Newarks I have
1344-1-10
1-10-02

Renee L. R. R.

**Industrial Safety Consulting Services****Radiological Safety and Engineering Group**

213 Chelsea Court - Clarksville, TN 37043-4024

**FACSIMILE COVER PAGE**

To: Janice H. Kirby

Fax #: 14045624955

Company: NRC - Region III

From: Scott J. Winters

Fax #: 931-358-0649

Tel #: 931-358-0639

Subject: Request for reciprocal recognition in New Jersey March 6-7, 2002

Sent: 2/28/2002 at 10:10:38 AM

Pages: 3 (including cover)

MESSAGE:

Ms. Kirby,

Today I received a purchase order from this client requesting an on site evaluation and inspection of their industrial radiographic operations in support of their new license, specifically condition #18.

In addition to NRC form 241, I've attached the client's letter, dated 2/18/02, that indicates the need for field inspections of their radiography crews. Subsequently, I would anticipate following their crews to various temporary job sites as authorized under their license.

I do not anticipate that my consultation and inspection services will employ the conditions of my specific license or the intent of reciprocal recognition. However, I do anticipate the need to perform a few wipe test for auditing purposes.

As always, if I observe any unusual conditions or determine that there is a change in the objectives of the proposed task, I will promptly notify your agency and mitigate any actions deemed necessary.

Respectfully,

Scott Winters
swinters@clarksville.com

Note: The information contained in this message may be privileged and confidential and protected from disclosure. If the reader of this message is not the intended recipient, or an employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify ISCS and destroy all attached documents.

'Only by Referral'