

NRC FORM 241 (7-1999)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY: 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 b1e1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-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	
<b>REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS</b> <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			
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)				4. LICENSEE CONTACT AND TITLE			
Krueger-Gilbert Health Physics, Inc. 3601 E. Joppa Road Baltimore, MD 21234				Wendy Charlton/Health 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 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"/> RADIOGRAPHY <input type="checkbox"/> 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.)			
Mount Vernon Cardiology 6355 Walker Lane, #406 Alexandria, VA 22310				same as 8			
				10. CLIENT TELEPHONE NUMBER (Include Area Code)		11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)	
				703-313-0943		703-313-0943	
12. DATES SCHEDULED		13. NUMBER OF WORK DAYS		14. ADD		15. DELETE	
FROM 4/19/02 TO 4/19/02				4/19/02		4/1/02	
						16. LOCATION REFERENCE NUMBER	
						NUMBER TO BE ASSIGNED BY NRC	
						000159	
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		EXPIRATION DATE	
				MD-05-101-01		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		3/20/02	
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		REVIEWING OFFICIAL (Typed Printed Name and Title)		SIGNATURE		DATE	
		Judith A. Justus		Judith A. Justus		3/25/02	
						TOTAL USAGE - DAYS TO DATE	
						115	

NRC FORM 241 (7-1999)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED 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 (7-6 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internal e-mail to bjs1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NE08-10202, (3155-0013), 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	
<b>REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS</b> (Please read the instructions before completing this form)				2. TYPE OF REPORT INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> CLARIFICATION <input checked="" type="checkbox"/>			
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 150.20 <input type="checkbox"/> WELL LOGGING <input checked="" type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS <input type="checkbox"/> THERAPY/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 Cardiac Diagnostic Services of Virginia 3289 Woodburn Road, Suite 50 Annandale, VA 22003				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) 641-0244		11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) (703) 641-0244	
12. DATES SCHEDULED FROM 4/29/02 TO 4/29/02		13. NUMBER OF WORK DAYS 1		14. ADD 4/29/02		15. DELETE 4/1/02	
						16. LOCATION REFERENCE NUMBER NUMBER TO BE ASSIGNED BY NRC 000160	
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 Suzanne F. Krueger-Schmidt		DATE 3/20/02	
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		REVIEWING OFFICIAL (Typed/Printed Name and Title) Suzanne A. Souther		SIGNATURE Suzanne A. Souther		DATE 3/25/02	
						TOTAL USAGE - DAYS TO DATE 115	

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<b>REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS</b> (Please read the instructions before completing this form)				<b>2. TYPE OF REPORT</b> INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> CLARIFICATION <input checked="" type="checkbox"/>			
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		9. 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 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 an address or directions as possible.) Same as 8			
				10. CLIENT TELEPHONE NUMBER (Include Area Code) (703) 849-8440		11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) (703) 849-8440	
12. DATES SCHEDULED		13. NUMBER OF WORK DAYS		14. ADD		15. DELETE	
FROM 4/29/02 TO 4/29/02		1		4/29/02		4/10/02	
						16. LOCATION REFERENCE NUMBER NUMBER TO BE ASSIGNED BY NRC 000183	
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.) 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			
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 3/20/02	
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		REVIEWING OFFICIAL (Typed/Printed Name and Title) J. A. Smith		SIGNATURE J. A. Smith		DATE 3/25/02	
						TOTAL USAGE - DAYS TO DATE 115	

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, NRCB-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	
<b>REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS</b> <i>(Please read the instructions before completing this form)</i>							
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) <b>Krueger-Gilbert Health Physics, Inc</b>				2. TYPE OF REPORT INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> <input checked="" type="checkbox"/> CLARIFICATION			
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) <b>3601 E. Joppa Road Baltimore, Maryland 21234</b>				4. LICENSEE CONTACT AND TITLE <b>Wendy Charlton/Health Physicist</b>			
				5. TELEPHONE NUMBER (Include Area Code) <b>410-665-5447</b>		6. FACSIMILE NUMBER (Include Area Code) <b>410-665-2074</b>	
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 <b>The Cardiovascular Group, PC 8303 Arlington Blvd Building B, Suite 120 Fairfax, VA 22031</b>				9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.) <b>same as #8</b>			
				10. CLIENT TELEPHONE NUMBER (Include Area Code) <b>703-573-3494</b>		11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) <b>703-573-3494</b>	
12. DATES SCHEDULED		13. NUMBER OF WORK DAYS		14. ADD		15. DELETE	
FROM <b>4/19/02</b> TO <b>4/19/02</b>		<b>1</b>		<b>4/19/02</b>		<b>4/19/02</b>	
						16. LOCATION REFERENCE NUMBER <b>000187</b>	
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.) <b>Cs-137 ICN MLD-01#309389, 250uCi (11/23/87) Cs-137 NAS MED 3550 #A7380, 182.5 uCi (11/1/97)</b>							
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 <b>MD-05-101-01</b>		STATE <b>MD</b>	
				EXPIRATION DATE <b>6/30/2003</b>			
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) <b>Suzanne F. Krueger-Schmidt, Pres.</b>				SIGNATURE <i>Suzanne F. Krueger-Schmidt</i>		DATE <b>3/20/02</b>	
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FOR NRC USE ONLY		REVIEWING OFFICIAL (Typed/Printed Name and Title) <i>Scott A. Smith</i>		SIGNATURE <i>Scott A. Smith</i>		DATE <b>3/25/02</b>	
						TOTAL USAGE - DAYS TO DATE <b>115</b>	

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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			
3601 E. Joppa Road Baltimore, Maryland 21234		Wendy Charlton/Health 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"/> THERAPY/IRRADIATOR SERVICE					
<input type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/>					
<input type="checkbox"/> RADIOGRAPHY <input type="checkbox"/> 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.)		
Greater Southeast Community Hospital 1310 Southern Avenue, S.E. Washington, DC 20032			same as 8		
			10. CLIENT TELEPHONE NUMBER (include Area Code)		11. WORK LOCATION TELEPHONE NUMBER (include Area Code)
			202-574-6684		202-574-6684
12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM	TO				NUMBER TO BE ASSIGNED BY NRC
4/11/02	4/11/02	1	4/11/02	4/11/02	000161
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.)					
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	EXPIRATION DATE
			MD-05-101-01	MD	6/30/2003
19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)					
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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.					
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CERTIFYING OFFICER - RSO or Management Representative (Name and Title)			SIGNATURE		DATE
Suzanne F. Krueger-Schmidt, Pres.			[Signature]		3/20/02
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		REVIEWING OFFICIAL (Typed/Printed Name and Title)	SIGNATURE		DATE
		Julia A. Joubert	[Signature]		3/25/02
					TOTAL USAGE - DAYS TO DATE
					115

NRC FORM 241  
(7-1999)

## 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)

APPROVED BY: NO. 3150-0013 EXPIRES: 07/31/2002  
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 (7-6 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to br1@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.

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 located)	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 160.20

- ☐ WELL LOGGING
 ☒ LEAK TESTING AND/OR CALIBRATIONS
 ☐ TELETHERAPY/IRRADIATOR SERVICE  
☐ PORTABLE GAUGES
 ☐ OTHER (Specify) \_\_\_\_\_  
☐ RADIOGRAPHY → 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.)	
South Jersey Heart Group 539 Egg Harbor Road Sewell, NJ 08080	same as 8	
10. CLIENT TELEPHONE NUMBER (Include Area Code)	11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)	
609-589-1753	609-589-1753	

12. DATES SCHEDULED	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM 4/17/02 TO 4/17/02	1	4/17/02	4/17/02	NUMBER TO BE ASSIGNED BY NRC 000162

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.)			
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	EXPIRATION DATE
	MD-05-101-01	MD	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 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.
  - 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.
  - 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)	SIGNATURE	DATE
Suzanne F. Krueger-Schmidt, Pres.	<i>Suzanne F. Krueger-Schmidt</i>	3/20/02

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	REVIEWING OFFICIAL (Typed/Printed Name and Title)	SIGNATURE	DATE	TOTAL USAGE - DAYS TO DATE
	Scott A. Smith	<i>Scott A. Smith</i>	3/20/02	115

3/25/02

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 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, NEOB-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	
<b>REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS</b> <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			
Krueger-Gilbert Health Physics, Inc				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)				4. LICENSEE CONTACT AND TITLE			
3601 E. Joppa Road Baltimore, Maryland 21234				Wendy Charlton/Health 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 160.20							
<input type="checkbox"/> WELL LOGGING <input checked="" type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS <input type="checkbox"/> THERAPY/IRRADIATOR SERVICE							
<input type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> RADIOGRAPHY <input type="checkbox"/> 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.)			
Cardiac Diagnostic Imaging Center 3001 West Chapel Avenue, Suite 102 Cherry Hill, NJ 08002				same as 8			
				10. CLIENT TELEPHONE NUMBER (Include Area Code)		11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)	
				609-482-8900		609-482-8900	
12. DATES SCHEDULED		13. NUMBER OF WORK DAYS		14. ADD		15. DELETE	
FROM 4/17/02 TO 4/17/02		1		4/17/02		4/1/02	
						16. LOCATION REFERENCE NUMBER	
						NUMBER TO BE ASSIGNED BY NRC	
						000163	
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.)							
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 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.							
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		3/20/02	
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		REVIEWING OFFICIAL (Typed/Printed Name and Title)		SIGNATURE		DATE	
		Suzanne F. Krueger-Schmidt		Suzanne F. Krueger-Schmidt		3/20/02	
						TOTAL USAGE - DAYS TO DATE	
						115	



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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			
3601 E. Joppa Road Baltimore, Maryland 21234				Donna Thim/Health 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) <input type="checkbox"/>							
<input type="checkbox"/> RADIOGRAPHY <input type="checkbox"/> 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.)			
Cardiovascular Associates of Chambersburg 601 Norland Avenue Chambersburg, PA 17201				same as 8			
				10. CLIENT TELEPHONE NUMBER (Include Area Code)		11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)	
				717-264-3900		717-264-3900	
12. DATES SCHEDULED		13. NUMBER OF WORK DAYS		14. ADD		15. DELETE	
FROM 4/4/02 TO 4/4/02		1		4/4/02		4/4/02	
						16. LOCATION REFERENCE NUMBER	
						NUMBER TO BE ASSIGNED BY NRC 000189	
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	
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CERTIFYING OFFICER - RSO or Management Representative (Name and Title)				SIGNATURE		DATE	
Suzanne F. Krueger-Schmidt, Pres.				Suzanne F. Krueger-Schmidt		3/20/02	
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		REVIEWING OFFICIAL (Typed/Printed Name and Title)		SIGNATURE		DATE	
		J. A. Smith		J. A. Smith		3/25/02	
						TOTAL USAGE - DAYS TO DATE	
						115	