

January 10, 1997

State of Minnesota
Section of Radiation Control
ATTN: Ms. Judith A. Ball
Manager
Division of Environmental Health
Minnesota Department of Health
121 East Seventh Place, Suite 220
Minneapolis, Minnesota 55164-0975

SUBJECT: NOTIFICATION OF RECIPROCITY RECOGNITION - CALENDAR YEAR 1997

Gentlemen:

The enclosures to this letter are a Report of Proposed Activities in Non-Agreement States (NRC Form 241) and an Agreement State License. This notice is provided to you as a courtesy.

This office has granted recognition of an Agreement State license for activities to be performed within your boundaries. This recognition is authorized under Title 10, Code of Federal Regulations, Part 150, Section 20 (10 CFR 150.20). We have reviewed this license. The license is valid for the activities and devices described and for the time frame requested. The license does not limit the licensee to a particular location.

Further notifications of activities by this licensee within your boundaries may be made. We shall notify you should this happen. Should you have any questions concerning this matter, please call me at (404) 331-5624. Our fax numbers are (404) 331-7437/5559.

Sincerely,



David J. Collins
Materials Licensing/Inspection Branch 2
Division of Nuclear Materials Safety

Enclosures:

1. NRC Form 241 - Elekta Instruments, Inc.
2. Agreement State License - Georgia GA.1153-1

January 10, 1997

State of Ohio
Bureau of Radiological Health
ATTN: Mr. Robert E. Owen
Chief
Department of Health
P.O. Box 118
Columbus, Ohio 43266-0118

SUBJECT: NOTIFICATION OF RECIPROCITY RECOGNITION - CALENDAR YEAR 1997

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January 10, 1997

State of Missouri
Bureau of Radiological Health
ATTN: Mr. Kenneth V. Miller
Chief
P.O. Box 570
Jefferson City, Missouri 65102

SUBJECT: NOTIFICATION OF RECIPROCITY RECOGNITION - CALENDAR YEAR 1997

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David J. Collins
Materials Licensing/Inspection Branch 2
Division of Nuclear Materials Safety

Enclosures:

1. NRC Form 241 -
2. Agreement State License -

January 10, 1997

State of Pennsylvania
Bureau of Radiation Protection
ATTN: Mr. William P. Dornsife
Director
Department of Environmental Resources
P.O. Box 8469
Harrisburg, Pennsylvania 17105-8469

SUBJECT: NOTIFICATION OF RECIPROCITY RECOGNITION - CALENDAR YEAR 1997

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Sincerely,

DJ

David J. Collins
Materials Licensing/Inspection Branch 2
Division of Nuclear Materials Safety

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January 10, 1997

State of Michigan
Division of Radiological Health
ATTN: Mr. George W. Bruchmann
Chief
Bureau of Environment and
Occupational Health
Department of Public Health
P.O. Box 30195
Lansing, Michigan 48909

SUBJECT: NOTIFICATION OF RECIPROCITY RECOGNITION - CALENDAR YEAR 1997

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Materials Licensing/Inspection Branch 2
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January 10, 1997

State of Indiana
Radiological Health Section
ATTN: Mr. David Nauth, Chief
State Board of Health
P.O. Box 1964
Indianapolis, Indiana 46206

SUBJECT: NOTIFICATION OF RECIPROCITY RECOGNITION - CALENDAR YEAR 1997

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January 10, 1997

State of Connecticut
Radiation Control Division
ATTN: Mr. Kevin T. A. McCarthy
Director
Department of Environmental Protection
165 Capitol Avenue
Hartford, Connecticut 06106

SUBJECT: NOTIFICATION OF RECIPROCITY RECOGNITION - CALENDAR YEAR 1997

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Materials Licensing/Inspection Branch 2
Division of Nuclear Materials Safety

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January 10, 1997

State of New Jersey
Division of Environmental Quality
ATTN: Jill Lipoti, Ph.D.
Assistant Director for
Radiation Protection Programs
Department of Environmental Protection
and Energy
729 Alexander Road
Princeton, New Jersey 08540

SUBJECT: NOTIFICATION OF RECIPROCITY RECOGNITION - CALENDAR YEAR 1997

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Division of Nuclear Materials Safety

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January 10, 1997

State of Oklahoma
Radiation Protection Division
ATTN: Director
Consumer Protection Service
State Department of Health
1000 N.E. 10th Street
Oklahoma City, Oklahoma 73117-1299

SUBJECT: NOTIFICATION OF RECIPROCITY RECOGNITION - CALENDAR YEAR 1997

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January 10, 1997

Commonwealth of Virginia
Bureau of Radiological Health
ATTN: Mr. Leslie P. Foldesi
Director
Division of Health Hazards Control
Department of Health
Main Street Station
1500 East Main, Room 104A
Richmond, Virginia 23219

SUBJECT: NOTIFICATION OF RECIPROCITY RECOGNITION - CALENDAR YEAR 1997

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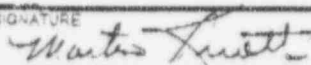
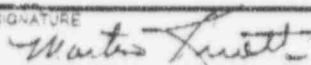
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NRC FORM 241 (5-96) 10 CFR 150		U. S. NUCLEAR REGULATORY COMMISSION APPROVED BY OMB NO 3150-0013 Estimated burden per response to comply with this mandatory information collection request: 18 minutes. This notification is required so that NRC may schedule 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 (7-6 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.	
REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES (Please read the instructions on the cover sheet before completing this form.)			
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) ELEKTA INSTRUMENTS, INC.		2. TYPE OF REPORT INITIAL REVISION CLARIFICATION	
4. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) 8 EXECUTIVE PARK WEST ATLANTA, GA 30329		3. CONTROL NUMBER (Leave Blank - Number to be assigned by NRC) 5. LICENSEE CONTACT MARTIN KNOTTS 6. TELEPHONE NUMBER (Include Area Code) 404-315-1225 7. FACSIMILE NUMBER (Include Area Code) 404-315-7850	
P. ACTIVITIES TO BE CONDUCTED IN NON-AGREEMENT STATES UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20			
WELL LOGGING	LEAK TESTING AND/OR CALIBRATIONS	TELE THERAPY/RADIATOR SERVICE	
PORTABLE GAUGES	OTHER (Specify)		
RADIOGRAPHY →	TRANSPORTATION QA PROGRAM APPROVAL NO & REV. NO REGISTERED AS USER OF PACKAGINGS (CERTIFICATES OF COMPLIANCE NOS)		
9. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE ST. MARY'S HOSPITAL MAYO FOUNDATION GAMMA KNIFE SUITE, G-603 1216 SECOND STREET S.W. MN		10. WORK LOCATION ADDRESS (Street and Number or other location. Give as complete an address or directions as possible)	
11. CLIENT TELEPHONE NUMBER (Include Area Code) 507-284-3551		12. WORK LOCATION TECHNICIAN AUTHORIZED TO PERFORM WORK MARTIN KNOTTS/JAMES MOUNTS	
13. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 507-284-3551		14. DATES SCHEDULED FROM Jan 6, 1997 TO Jan 24, 1997 18 WORK DAYS July (TBD) July (TBD) 12	
15. LOCATION REFERENCE NUMBER LEAVE BLANK FOR INITIAL NRC FORM 241 REQUESTS NUMBER TO BE ASSIGNED BY NRC 000 137 Submit Clarification			
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) COBALT 60			
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 GA 1153-1	STATE GEORGIA	EXPIRATION DATE JUNE 30, 1999	TOTAL USAGE DAYS TO DATE
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 those 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's 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 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) MARTIN KNOTTS/DIR OF TECHNICAL SERVICE		SIGNATURE 	DATE 12/31/96
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) H. Knotts Director Technical Service		SIGNATURE 	DATE 12/31/96

REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES

(Please read the instructions on the cover sheet before completing this form.)

APPROVED BY DMB: NO. 3150-0013

EXPIRES: 6/30/99

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 P33), 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.

1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) ELEKTA INSTRUMENTS, INC.	2. TYPE OF REPORT		3. CONTROL NUMBER (Leave Blank - Number to be assigned by NRC)
	INITIAL		
	REVISION		
4. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) 8 EXECUTIVE PARK WEST ATLANTA, GA 30329	CLARIFICATION		5. LICENSEE CONTACT MARTIN KNOTTS
	6. LICENSEE CONTACT		
	7. TELEPHONE NUMBER (Include Area Code) 404-315-1225		
8. TELEPHONE NUMBER (Include Area Code)		9. FACSIMILE NUMBER (Include Area Code) 404-315-7850	

8. ACTIVITIES TO BE CONDUCTED IN NON-AGREEMENT STATES UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20

WELL LOGGING	LEAK TESTING AND/OR CALIBRATIONS	TELETHERAPY/IRRADIATOR SERVICE
PORTABLE GAUGES	OTHER (Specify)	
RADIOGRAPHY →	TRANSPORTATION QA PROGRAM APPROVAL NO. & REV. NO.	REGISTERED AS USER OF PACKAGINGS (CERTIFICATES OF COMPLIANCE NOS)

9. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44195-5014	10. WORK LOCATION ADDRESS (Street and number or other location. Give as complete an address or directions as possible.)
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11. CLIENT TELEPHONE NUMBER (Include Area Code) 216-444-1938	12. WORK LOCATION TECHNICIAN AUTHORIZED TO PERFORM WORK MARTIN KNOTTS/JAMES MOUNTS	13. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 216-444-1938
14. DATES SCHEDULED		15. LOCATION REFERENCE NUMBER
FROM Jan 6, 1997	TO Jan 13, 1997	LEAVE BLANK FOR INITIAL NRC FORM 241 REQUESTS NUMBER TO BE ASSIGNED BY NRC 600138
July (TBD)	July (TBD)	
		Submit Clarification

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, SERVED, OR TESTED IN NON-AGREEMENT STATES (Include description of type and quantity of radioactive material, sealed sources, or devices to be used.) COBALT 60
--

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 GA 1153-1	STATE GEORGIA	EXPIRATION DATE JUNE 30, 1999	TOTAL USAGE DAYS TO DATE
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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 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.
- 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.
- 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 associated with such inspections.
- 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) MARTIN KNOTTS/DIR OF TECHNICAL SERVICE	SIGNATURE <i>Martin Knotts</i>	DATE 12/31/96
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FOR NRC USE ONLY	AUTHORIZING OFFICIAL (Typed/Printed Name and Title) <i>Martin Knotts Dir. of Tech. Service</i>	SIGNATURE <i>Martin Knotts</i>	DATE 12/31/96
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NRC FORM 241 (6-98) 10 CFR 150		U. S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB NO 3150-0013 <small>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 (1-B 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.</small>	
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PORTABLE GAUGES		OTHER (Specify)			
RADIOGRAPHY ⇒		TRANSPORTATION QA PROGRAM APPROVAL NO. & REV. NO.		REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NOS.)	
9. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE UNIVERSITY HOSPITALS OF CLEVELAND 11100 EUCLID AVE CLEVELAND, OH 44106			10. WORK LOCATION ADDRESS (Street and Number or other location. Give as complete an address or directions as possible.)		
11. CLIENT TELEPHONE NUMBER <small>(Include Area Code)</small>		12. WORK LOCATION TECHNICIAN AUTHORIZED TO PERFORM WORK		13. WORK LOCATION TELEPHONE NUMBER <small>(Include Area Code)</small>	
14. DATES SCHEDULED FROM End Nov.		TO Early Dec.		15. NUMBER OF WORK DAYS TBD	
		16. LOCATION REFERENCE NUMBER <small>LEAVE BLANK FOR INITIAL NRC FORM 241 REQUESTS NUMBER TO BE ASSIGNED BY NRC</small> 000 139 <i>Submit clarification</i>			
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. <small>(Include description of type and quantity of radioactive material, sealed sources, or devices to be used.)</small> COBALT 60					
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 GA 1153-1		STATE GEORGIA		EXPIRATION DATE JUNE 30, 1999	
				TOTAL USAGE DAYS TO DATE	
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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 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) MARTIN KNOTTS / DIR OF TECHNICAL SERVICE				SIGNATURE <i>Martin Knotts</i>	
				DATE 12/21/98	
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) Martin Knotts Dir of Tech Service		SIGNATURE <i>Martin Knotts</i>	
				DATE 12/21/98	

REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES

(Please read the instructions on the cover sheet before completing this form.)

Estimated burden per response to comply with this mandatory information 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. Forward comments regarding burden estimate to the Information and Records Management Branch (T-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.

1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) ELEKTA INSTRUMENTS, INC.		2. TYPE OF REPORT INITIAL REVISION CLARIFICATION	3. CONTROL NUMBER (Leave Blank - Number to be assigned by NRC)
4. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) 8 EXECUTIVE PARK WEST ATLANTA, GA 30329		5. LICENSEE CONTACT MARTIN KNOTTS	
		6. TELEPHONE NUMBER (Include Area Code) 404-315-1225	7. FACSIMILE NUMBER (Include Area Code) 404-315-7850

8. ACTIVITIES TO BE CONDUCTED IN NON-AGREEMENT STATES UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20

WELL LOGGING	LEAK TESTING AND/OR CALIBRATIONS	TELETHERAPY/RADIATOR SERVICE
PORTABLE GAUGES	OTHER (Specify)	
RADIOGRAPHY ⇒	TRANSPORTATION QA PROGRAM APPROVAL NO. & REV. NO. REGISTERED AS USER OF PACKAGINGS (CERTIFICATES OF COMPLIANCE NOS.)	

9. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE MIDWEST GAMMA KNIFE CENTER RESEARCH MEDICAL CENTER 2316 E. MEYER BLVD. KANSAS CITY, MO 64132	10. WORK LOCATION ADDRESS (Street and Number or other location. Give as complete an address or directions as possible)
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11. CLIENT TELEPHONE NUMBER (Include Area Code) 816-276-4820	12. WORK LOCATION TECHNICIAN AUTHORIZED TO PERFORM WORK MARTIN KNOTTS/JAMES MOUNTS	13. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 816-276-4820
14. DATES SCHEDULED		15. LOCATION REFERENCE NUMBER
FROM Feb (TBD) Aug (TBD)	TO Feb (TBD) Aug (TBD)	LEAVE BLANK FOR INITIAL NRC FORM 241 REQUESTS NUMBER TO BE ASSIGNED BY NRC 000140 Submit Clarifications

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.) COBALT 60

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 GA 1153-1	STATE GEORGIA	EXPIRATION DATE JUNE 30, 1999	TOTAL USAGE DAYS TO DATE
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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 cover sheet of this form set; and I understand that I am required to comply with those 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 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) MARTIN KNOTTS/DIR OF TECHNICAL SERVICE	SIGNATURE <i>Martin Knotts</i>	DATE 12/31/96
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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) <i>Martin Knotts Dir. of Tech. Service</i>	SIGNATURE <i>Martin Knotts</i>	DATE 12/31/96
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NRC FORM 241 (5-96) 10 CFR 150		U. S. NUCLEAR REGULATORY COMMISSION APPROVED BY OMB NO. 3150-0013 Estimated burden per response to comply with this mandatory information 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. Forward comments regarding burden estimate to the Information and Records Management Branch (T-6 233), 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.	
REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES <i>(Please read the instructions on the cover sheet before completing this form.)</i>			
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) ELEKTA INSTRUMENTS, INC.		2. TYPE OF REPORT INITIAL REVISION CLARIFICATION	
4. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) 8 EXECUTIVE PARK WEST ATLANTA, GA 30329		3. CONTROL NUMBER (Leave Blank - Number to be assigned by NRC) 5. LICENSEE CONTACT MARTIN KNOTTS 6. TELEPHONE NUMBER (Include Area Code) 404-315-1225 7. FACSIMILE NUMBER (Include Area Code) 404-315-7850	
8. ACTIVITIES TO BE CONDUCTED IN NON-AGREEMENT STATES UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20			
WELL LOGGING PORTABLE GAUGES RADIOGRAPHY →		LEAK TESTING AND/OR CALIBRATIONS OTHER (Specify) TRANSPORTATION QA PROGRAM APPROVAL NO. & REV NO. REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NOS.)	
9. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE WILLS EYE HOSPITAL GAMMA KNIFE SUITE 900 WALNUT STREET PHILADELPHIA, PA 19107		10. WORK LOCATION ADDRESS (Street and Number or other location. Give as complete an address or directions as possible.)	
11. CLIENT TELEPHONE NUMBER (Include Area Code) 215-928-3000		12. WORK LOCATION TECHNICIAN AUTHORIZED TO PERFORM WORK MARTIN KNOTTS/JAMES MOUNTS 13. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 215-928-3000	
14. DATES SCHEDULED FROM May (TBD) Nov (TBD)		15. NUMBER OF WORK DAYS May (TBD) Nov (TBD) 16. LOCATION REFERENCE NUMBER LEAVE BLANK FOR INITIAL NRC FORM 241 REQUEST; NUMBER TO BE ASSIGNED BY NRC 000141 Submit Clarifications	
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.) COBALT 60			
18. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEMS 8 ABOVE. (Four copies of the specific license must accompany the initial NRC Form 241.)			
LICENSE NUMBER GA 1153-1		STATE GEORGIA EXPIRATION DATE JUNE 30, 1999 TOTAL USAGE DAYS TO DATE	
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 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) MARTIN KNOTTS / DIR OF TECHNICAL SERVICE		SIGNATURE Martin Knotts DATE 12/31/96	
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) M. Knotts Dir. Tech. Service		SIGNATURE Martin Knotts DATE 12/31/96	

NRC FORM 241 (5-96) 10 CFR 150		U. S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB NO. 3150-0013 Estimated burden per response to comply with this mandatory information 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. Forward comments regarding burden estimate to the Information and Records Management Branch (T-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.	
REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES <i>(Please read the instructions on the cover sheet before completing this form.)</i>					
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below): ELEKTA INSTRUMENTS, INC.		2. TYPE OF REPORT INITIAL REVISION CLARIFICATION		3. CONTROL NUMBER (Leave Blank - Number to be assigned by NRC)	
4. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located): 8 EXECUTIVE PARK WEST ATLANTA, GA 30329		5. LICENSEE CONTACT MARTIN KNOTTS		6. TELEPHONE NUMBER (Include Area Code) 404-315-1225	
				7. FACSIMILE NUMBER (Include Area Code) 404-315-7850	
8. ACTIVITIES TO BE CONDUCTED IN NON-AGREEMENT STATES UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20					
WELL LOGGING		LEAK TESTING AND/OR CALIBRATIONS		TELETHERAPY/IRRADIATOR SERVICE	
PORTABLE GAUGES		OTHER (Specify)			
RADIOGRAPHY →		TRANSPORTATION QA PROGRAM APPROVAL NO. & REV. NO.		REGISTERED AS USER OF PACKAGINGS (CERTIFICATES OF COMPLIANCE NOS.)	
9. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE HARPER HOSPITAL WAYNE STATE UNIVERSITY 3990 JOHN R. STREET DETROIT, MI 48201			10. WORK LOCATION ADDRESS (Street and Number or other location. Give as complete an address or directions as possible)		
11. CLIENT TELEPHONE NUMBER (Include Area Code) 313-745-2488		12. WORK LOCATION TECHNICIAN AUTHORIZED TO PERFORM WORK MARTIN KNOTTS/JAMES MOUNTS		13. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 313-745-2488	
14. DATES SCHEDULED		15. NUMBER OF WORK DAYS		16. LOCATION REFERENCE NUMBER	
FROM Jan (TBD) July (TBD)		TO Jan (TBD) July (TBD)		LEAVE BLANK FOR INITIAL NRC FORM 241 REQUESTS NUMBER TO BE ASSIGNED BY NRC 000142 Submit Clarification	
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.) COBALT 60					
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 GA 1153-1		STATE GEORGIA		EXPIRATION DATE JUNE 30, 1999	
				TOTAL USAGE DAYS TO DATE	
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 those 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 associated with such inspections.					
e. I understand that conduct of any activities not described above, including conduct of activities on sites 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) MARTIN KNOTTS / DIR OF TECHNICAL SERVICE				SIGNATURE <i>Martin Knotts</i>	
				DATE 12/5/96	
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) M. Knotts Director Tech Services		SIGNATURE <i>Martin Knotts</i>	

REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES

(Please read the instructions on the cover sheet before completing this form.)

APPROVED BY OMB: NO 3150-0013

EXPIRES: 5/31/98

Estimated burden per response to comply with this mandatory information collection request: 18 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 estimates to the Information and Records Management Branch (T-8 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.

1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) ELEKTA INSTRUMENTS, INC.		2. TYPE OF REPORT INITIAL REVISION CLARIFICATION		3. CONTROL NUMBER (Leave blank -- Number to be assigned by NRC)	
4. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) 8 EXECUTIVE PARK WEST ATLANTA, GA 30329		5. LICENSEE CONTACT MARTIN KNOTTS		6. TELEPHONE NUMBER (Include Area Code) 404-315-1225	
				7. FACSIMILE NUMBER (Include Area Code) 404-315-7850	

8. ACTIVITIES TO BE CONDUCTED IN NON-AGREEMENT STATES UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20

WELL LOGGING	LEAK TESTING AND/OR CALIBRATIONS	TELETHERAPY/RADIATOR SERVICE
PORTABLE GAUGES	OTHER (Specify)	
RADIOGRAPHY →	TRANSPORTATION QA PROGRAM APPROVAL NO. & REV. NO.	REGISTERED AS USER OF PACKAGINGS (CERTIFICATES OF COMPLIANCE NOS.)

9. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE INDIANA UNIVERSITY MEDICAL CTR 550 N. UNIVERSITY BLVD. INDIANAPOLIS, IN 46202		10. WORK LOCATION ADDRESS (Street and Number or other location. Give as complete an address or directions as possible) 600 143
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11. CLIENT TELEPHONE NUMBER (Include Area Code)	12. WORK LOCATION TECHNICIAN AUTHORIZED TO PERFORM WORK MARTIN KNOTTS/JAMES MOUNTS	13. WORK LOCATION TELEPHONE NUMBER (Include Area Code)
14. DATES SCHEDULED FROM: June 1997 Dec 1997		15. NUMBER OF WORK DAYS TBD TBD
16. LOCATION REFERENCE NUMBER LEAVE BLANK FOR INITIAL NRC FORM 241 REQUESTS NUMBER TO BE ASSIGNED BY NRC Submit Clarifications		

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.) COBALT 60
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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 CA 1153-1	STATE GEORGIA	EXPIRATION DATE JUNE 30, 1999	TOTAL USAGE DAYS TO DATE
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10. 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 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.
- 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.
- 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 associated with such inspections.
- 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) MARTIN KNOTTS/DIR OF TECHNICAL SERVICE	SIGNATURE <i>Martin Knotts</i>	DATE 12/31/96
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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) M. Knotts Director Tech Service	SIGNATURE <i>Martin Knotts</i>	DATE 12/31/96
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**REPORT OF PROPOSED ACTIVITIES
IN NON-AGREEMENT STATES**

(Please read the instructions on the cover sheet before completing this form.)

Estimated burden per response to comply with this mandatory information 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. Forward comments regarding burden estimate to the Information and Records Management Branch (T-6 F33), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, and to the Paperwork Reduction Project (2150-0017), 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.

1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) ELEKTA INSTRUMENTS, INC.		2. TYPE OF REPORT INITIAL REVISION CLARIFICATION		3. CONTROL NUMBER (Leave Blank - Number to be assigned by NRC)	
4. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) 8 EXECUTIVE PARK WEST ATLANTA, GA 30329		5. LICENSEE CONTACT MARTIN KNOTTS			
		6. TELEPHONE NUMBER (Include Area Code) 404-315-1225		7. FACSIMILE NUMBER (Include Area Code) 404-315-7850	

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 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 \Rightarrow	TRANSPORTATION QA PROGRAM APPROVAL NO. & REV. NO.	REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NOS)

9. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE YALE-NEW HAVEN HOSPITAL 20 YORK STREET NEW HAVEN, CT 06510		10. WORK LOCATION ADDRESS (Street and Number or other location. Give as complete an address or directions as possible)	
11. CLIENT TELEPHONE NUMBER (Include Area Code)		12. WORK LOCATION TECHNICIAN AUTHORIZED TO PERFORM WORK MARTIN KNOTTS/JAMES MOUNTS	
		13. WORK LOCATION TELEPHONE NUMBER (Include Area Code)	

14. DATES SCHEDULED		15. NUMBER OF WORK DAYS		16. LOCATION REFERENCE NUMBER	
FROM Dec 1997	TO Dec 1997	TBD		000 144 <i>Submit Clarification</i>	

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, source, or device to be used) COBALT 60			
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 GA 1153-1	STATE GEORGIA	EXPIRATION DATE JUNE 30, 1999	TOTAL USAGE DAYS TO DATE

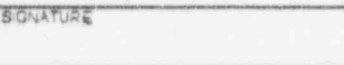
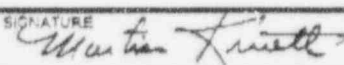
19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)**I, THE UNDERSIGNED, HEREBY CERTIFY THAT:**

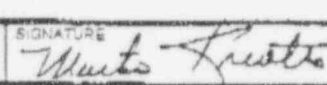
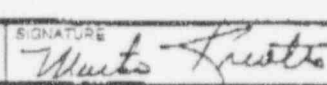
- All information in this report is true and complete.
- I have read and understand the provision of the general license 10 CFR 150.20 reprinted on the cover sheet of this form set; and I understand that I am required to comply with these provisions as to all byproduct, source, or special nuclear material 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.
- I understand that activities, including storage, conducted in non-Agreement States under general license 10 CFR 150.20 are limited to a total of 150 days in 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 am also aware that I will be responsible for any fees associated with such inspections.
- 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) MARTIN KNOTTS / DIR OF TECHNICAL SERVICE		SIGNATURE	DATE
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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) M. Knotts Director Tech Service	SIGNATURE <i>Martin Knotts</i>	DATE 12/31/96
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NRC FORM 241 (5-96) 10 CFR 150		U. S. NUCLEAR REGULATORY COMMISSION APPROVED BY OMB NO. 3150-0013 Estimated burden per response to comply with this mandatory information collection request: 18 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 (7-B P33), 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.	
REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES <i>(Please read the instructions on the cover sheet before completing this form.)</i>			
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) ELEKTA INSTRUMENTS, INC.		2. TYPE OF REPORT INITIAL REVISION CLARIFICATION	
4. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be reached) 6 EXECUTIVE PARK WEST ATLANTA, GA 30329		3. CONTROL NUMBER (Leave blank - Number to be assigned by NRC) 5. LICENSEE CONTACT MARTIN KNOTTS 6. TELEPHONE NUMBER (Include Area Code) 404-315-1225 7. FACSIMILE NUMBER (Include Area Code) 404-315-7850	
8. ACTIVITIES TO BE CONDUCTED IN NON-AGREEMENT STATES UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20			
WELL LOGGING		LEAK TESTING AND/OR CALIBRATIONS	
PORTABLE GAUGES		TELETHERAPY/IRRADIATOR SERVICE	
RADIOGRAPHY <input checked="" type="checkbox"/>		OTHER (Specify)	
9. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE JFK MEDICAL CENTER 65 JAMES STREET EDISON, NJ 08820		10. WORK LOCATION ADDRESS (Street and Number or other location. Give as complete an address or directions as possible.)	
11. CLIENT TELEPHONE NUMBER (Include Area Code)		12. WORK LOCATION TECHNICIAN AUTHORIZED TO PERFORM WORK MARTIN KNOTTS/JAMES MOUNTS	
13. WORK LOCATION TELEPHONE NUMBER (Include Area Code)		14. DATES SCHEDULED FROM Dec 1997 TO Dec 1997	
15. NUMBER OF WORK DAYS TBD		16. LOCATION REFERENCE NUMBER 000 145 <i>Submit Clarifications</i>	
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.) COBALT 60			
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 3, ABOVE. (Four copies of the specific license must accompany the initial NRC Form 241.)			
LICENSE NUMBER GA 1153-1		STATE GEORGIA	
EXPIRATION DATE JUNE 30, 1999		TOTAL USAGE DAYS TO DATE	
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 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) MARTIN KNOTTS/DIR OF TECHNICAL SERVICE		SIGNATURE 	
DATE 12/31/97			
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) M. Knotts Director Tech Service	
SIGNATURE 		DATE 12/31/97	

NRC FORM 241 (6-96) 10 CFR 150		U. S. NUCLEAR REGULATORY COMMISSION APPROVED BY OMB: NO. 3190-0013 Estimated burden per response to comply with this mandatory information 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. Forward comments regarding burden estimate to the Information and Records Management Branch (T-3 F23), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, and to the Paperwork Reduction Project (3190-0013), 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.	
REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES <i>(Please read the instructions on the cover sheet before completing this form.)</i>			
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) ELEKTA INSTRUMENTS, INC.		2. TYPE OF REPORT INITIAL REVISION CLARIFICATION	
4. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) 8 EXECUTIVE PARK WEST ATLANTA, GA 30329		3. CONTROL NUMBER (Leave blank -- Number to be assigned by NRC)	
5. LICENSEE CONTACT MARTIN KNOTTS		6. TELEPHONE NUMBER (Include Area Code) 404-315-1225	
7. FACSIMILE NUMBER (Include Area Code) 404-315-7850			
8. ACTIVITIES TO BE CONDUCTED IN NON-AGREEMENT STATES UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20			
WELL LOGGING	LEAK TESTING AND/OR CALIBRATIONS	TELETHERAPY/IRRADIATOR SERVICE	
PORTABLE GAUGES	OTHER (Specify)		
RADIOGRAPHY →	TRANSPORTATION QA PROGRAM APPROVAL NO. & REV. NO. REGISTERED AS USER OF PACKAGES (CERTIFICATES OF COMPLIANCE NOS.)		
9. CLIENT NAME ADDRESS, CITY/COUNTY, STATE, ZIP CODE CENTER FOR IMAGE-GUIDED NEUROSURGERY PRESBYTERIAN UNIVERSITY HOSPITAL UNIV OF PITTSBURGH MED CTR 200 LOTHROP ST., STE. B-400 PITTSBURGH, PA 15213		10. WORK LOCATION ADDRESS (Street and Number or other location. Give as complete an address or directions as possible.)	
11. CLIENT TELEPHONE NUMBER (Include Area Code) 412-647-7756		12. WORK LOCATION TECHNICIAN AUTHORIZED TO PERFORM WORK MARTIN KNOTTS/JAMES MOUNTS	
13. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 412-647-7756			
14. DATES SCHEDULED FROM Feb 3, 1997 Aug (TBD)		15. NUMBER OF WORK DAYS 19 2	
TO Feb. 22, 1997 Aug (TBD)		16. LOCATION REFERENCE NUMBER LEAVE BLANK FOR INITIAL NRC FORM 241 REQUESTS NUMBER TO BE ASSIGNED BY NRC 000 146 Submit Clarification	
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.) COBALT 60			
18. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZED 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 GA 1153-1	STATE GEORGIA	EXPIRATION DATE JUNE 30, 1999	TOTAL USAGE DAYS TO DATE
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 150 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 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) MARTIN KNOTTS / DIR OF TECHNICAL SERVICE		SIGNATURE 	DATE 12/31/97
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) M. Knotts, Director, Technical Service		SIGNATURE 	DATE 12/31/97

REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES

(Please read the instructions on the cover sheet before completing this form.)

Estimated burden per response to comply with this mandatory information collection request: 18 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 (7-5 P20), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, and to the Paperwork Reduction Project (2150-0013), 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.

1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) ELEKTA INSTRUMENTS, INC.	2. TYPE OF REPORT INITIAL REVISION CLARIFICATION	3. CONTROL NUMBER (Leave Blank - Number to be assigned by NRC)
4. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) 8 EXECUTIVE PARK WEST ATLANTA, GA 30329	5. LICENSEE CONTACT MARTIN KNOTTS	6. TELEPHONE NUMBER (Include Area Code) 404-315-1225
	7. FACSIMILE NUMBER (Include Area Code) 404-315-7850	

8. ACTIVITIES TO BE CONDUCTED IN NON-AGREEMENT STATES UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20

WELL LOGGING	LEAK TESTING AND/OR CALIBRATIONS	TELETHERAPY/RADIATOR SERVICE
PORTABLE GAUGES	OTHER (Specify)	
RADIOGRAPHY →	TRANSPORTATION QA PROGRAM APPROVAL NO. & REV. NO.	REGISTERED AS USER OF PACKAGINGS (CERTIFICATES OF COMPLIANCE NO.)

9. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE COLUMBIA GAMMA KNIFE CENTER PRESBYTERIAN HOSPITAL 700 NE 13TH STREET OKLAHOMA CITY, OK 73104-5070	10. WORK LOCATION ADDRESS (Street and Number or other location. Give as complete an address or directions as possible.)
11. CLIENT TELEPHONE NUMBER (Include Area Code) 405-271-4912	12. WORK LOCATION TECHNICIAN AUTHORIZED TO PERFORM WORK MARTIN KNOTTS/JAMES MOUNTS
	13. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 405-271-4912

14. DATES SCHEDULED	15. NUMBER OF WORK DAYS	16. LOCATION REFERENCE NUMBER
FROM May (TBD) Nov (TBD)	TO May (TBD) Nov (TBD)	LEAVE BLANK FOR INITIAL NRC FORM 241 REQUESTS NUMBER TO BE ASSIGNED BY NRC 000 150 <i>Submit Clarifications</i>

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.) COBALT 60
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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 GA 1153-1	STATE GEORGIA	EXPIRATION DATE JUNE 30, 1999	TOTAL USAGE DAYS TO DATE
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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 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 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) MARTIN KNOTTS / DIR OF TECHNICAL SERVICE	SIGNATURE <i>Martin Knotts</i>	DATE 9/12/96
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FOR NRC USE ONLY	AUTHORIZING OFFICIAL (Typed/Printed Name and Title) H. Knotts, Director Tech Services	SIGNATURE <i>H. Knotts</i>	DATE 9/12/96
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NRC FORM 241 (6-96) 10 CFR 150 U. S. NUCLEAR REGULATORY COMMISSION REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES <i>(Please read the instructions on the cover sheet before completing this form.)</i>		APPROVED BY OMB: NO 3150-0013 Estimated burden per response is 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 (T-9 F23), 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.									
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WELL LOGGING	LEAK TESTING AND/OR CALIBRATIONS										
PORTABLE GAUGES	OTHER (Specify)										
RADIOGRAPHY <input checked="" type="checkbox"/>	TELETHERAPY/IRRADIATOR SERVICE										
9. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE ZIP CODE L. LEKSELL CTR FOR GAMMA KNIFE RADIOSURGERY UNIV OF VA HEALTH SCIENCES CTR (BOX 484) PRIMARY CARE CENTER, ROOM G506 CHARLOTTESVILLE, VA 22908		10. WORK LOCATION ADDRESS (Street and Number or other location. Give as complete an address or directions as possible.)									
11. CLIENT TELEPHONE NUMBER (Include Area Code) 804-982-0091	12. WORK LOCATION TECHNICIAN AUTHORIZED TO PERFORM WORK MARTIN KNOTTS/JAMES MOUNTS		13. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 804-982-0091								
14. DATES SCHEDULED <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">FROM</td> <td style="width:50%;">TO</td> </tr> <tr> <td>June (TBD)</td> <td>June (TBD)</td> </tr> <tr> <td>Dec (TBD)</td> <td>Dec (TBD)</td> </tr> </table>		FROM	TO	June (TBD)	June (TBD)	Dec (TBD)	Dec (TBD)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> 15. NUMBER OF WORK DAYS 1 1 </td> <td style="width:50%; vertical-align: top;"> 16. LOCATION REFERENCE NUMBER 000151 Submit Clarifications </td> </tr> </table>		15. NUMBER OF WORK DAYS 1 1	16. LOCATION REFERENCE NUMBER 000151 Submit Clarifications
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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) COBALT 60											
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.)											
LICENSEE NUMBER GA 1153-1	STATE GEORGIA	EXPIRATION DATE JUNE 30, 1999	TOTAL USAGE DAYS TO DATE								
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 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) MARTIN KNOTTS / DIR OF TECHNICAL SERVICE		SIGNATURE 	DATE 12/31/96								
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.											
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