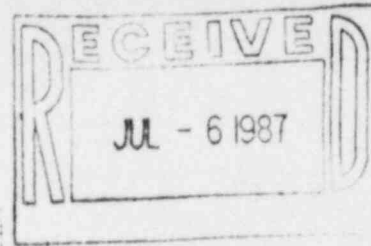


APPENDIX D:
AMMENDMENT REQUEST



In order to be in compliance please send the following to your license authority (state or NRC). Remember to use your facility stationary and reference the license number.

NRC or State License #: 25-10994-02
Facility: PHYSICIANS' LAB SERVICE
Address: 915 HIGHLAND BLVD., BOZEMAN, MONTANA 59715
City: BOZEMAN, State: MT. Zip: 59715
Contact: DAUN M. CLEMENS C.N.M.T.
(Technologist, Consultant, Doctor, Administrator or RSO)
Phone: 406-587-1261 or 406-585-1004

Gentlemen:

Please ammend our license to allow our dose calibrator to be checked for dose linearity with the model 086-507 Lineator manufactured by Atomic Products Corporation. Test results will be maintained in forms similar to those provided in the manufacturers instruction manual. The test will be performed as per the instruction manual. All corrective actions indicated will be made.

8801220423 870831
REG4 LIC30
25-10994-02 PDR

461578

APPENDIX C: WORK SHEET

Date: _____

Calibrator Serial No: _____

Operator: _____

Source: _____

ZERO (Background) Reading: _____

Range: _____

Start Time: _____

TIME(S)	Reading-Background	Present Factor (1)	Initial Factor (2)	Percent Ratio (3)
0 only	_____	1	1	100
0 + A	_____	_____	_____	_____
0 + B	_____	_____	_____	_____
0 + AB	_____	_____	_____	_____
0 + C	_____	_____	_____	_____
0 + AC	_____	_____	_____	_____
0 + BC	_____	_____	_____	_____
0 + ABC	_____	_____	_____	_____

Completion Time: _____

NOTES:

- (1) Each factor is the ratio of the reading-background for tube 0 only to the reading-background for that entry.
- (2) Values determined from initial calibration.
- (3) % Ratios of entries: $100 \times \text{Col. (1)} / \text{Col. (2)}$ If any entry in this column differs from 100 by an amount greater than the license allowance see instructions.