

## RENEWAL--LIMITED REVIEW CHECKLIST

Use either a check mark to designate a satisfactory response, "NA" to designate not applicable or "D" to designate deficiency, as appropriate. Document areas receiving a focused or thorough review at the end of the checklist.

Licensee: <b>Huron Regional Medical Ctr.</b>	<b>License No. <u>40-15697-01</u></b> <b>Docket No. <u>030-09603</u></b> <b>Control No. <u>470143</u></b>
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- X   NRC-313 or appropriate equivalent signed and dated by senior licensee representative.
- X   Check the possession limits and confirm that any decommissioning financial assurance remains adequate.
- X   Licensee name and address match the current license.
- X   Place of use is a physical location (i.e., not P.O. Box, etc.)
- X   RSO and key personnel are appropriately qualified.
- X   Facilities and equipment are adequate.
- X   All uses qualify for a categorical exclusion in 10 CFR Part 51.
- X   Organization structure conforms with applicable regulations and NUREG-1556 guidance. Reviewers are reminded licensees have the flexibility to provide information equivalent to that requested in NUREG-1556. (Appropriate individuals are present and are assigned necessary authority & responsibility.)
- X   New authorization requested by the licensee and any major program elements that require change as a result of the new authorization structure conform with applicable regulations and NUREG-1556 guidance.
- X   Inspection records reviewed for issues to be resolved during licensing.

## RENEWAL--LIMITED REVIEW CHECKLIST

(continued)

Major program changes, new high risk technology programs, and changes in control/ownership normally require only a focused review of the specific changes. If these changes are so extensive that a Comprehensive Review of the entire application is needed, obtain Branch Chief approval before proceeding. Each of the following three items must be marked with NA or a check and the change briefly identified.

- N/A                      *Major program change conforms with applicable regulations and NUREG-1556 guidance.*
- N/A                      *New high risk technology program conforms with regulations for similar technologies, guidance provided for similar technologies in NUREG-1556 guidance, and specific licensing conditions for the new technology.*
- N/A                      *Change in Control (Ownership) conforms with applicable regulations and NUREG-1556 guidance. NOTE: Financial assurance documents can be affected by change of ownership.*
- X                        A brief overview of the remainder of the application found that the major areas discussed in the guidance on the contents of the application from the appropriate NUREG-1556 series are present.
- N/A                      An obvious failure or a deficiency in a significant area resulted in a thorough review of that area. Document below.
- YES                      Additional information was requested, and an adequate response was received. (request was by fax )
- N/A                      A Comprehensive Review was conducted, and the reason for changing from a Limited Review to a Comprehensive Review is documented on the "Performance and Limited Review Check List."

**Area(s) of Focused or Thorough Review:**

**LICENSE TERMS OF LESS THAN 10 YEARS  
Official Agency Record**

Licensee: <b>Huron Regional Medical Ctr.</b>	License No: <u>40-15697-01</u> Docket No: <u>030-09603</u> Control No: <u>470143</u>
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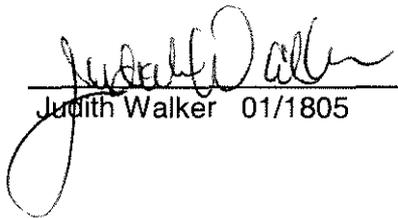
The application and license records were reviewed against the following criteria to determine if a reduced license term is appropriate:

Criteria	YES	NO	Basis for YES
New high risk technology without extensive use or regulation experience by industry, or licensee, or NRC;		X	
Enforcement History - Severity Level I, II, or III violation due to serious programmatic deficiencies and not singular events, in preceding 3 years;		X	
Possession-Only (Permanent Shutdown) - License authorizes no activities other than possession and storage of licensed material (2-year term);		X	
Renewal received a Comprehensive Review;		X	
Other, specify:		X	

If any of the above items are checked "YES", describe the basis above, determine the license term (usually 5 years) and document the de termination below. All exceptions must be approved by a supervisor and a copy of that documentation attached to this checklist for placement in the docket.

Assigned License Term: 10 years

Additional Information or Explanation of Exception: none

  
 Judith Walker 01/1805

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 Supervisor/Date  
 (if less than 10 years or exception)

**PERFORMANCE EVALUATION OF RENEWAL APPLICANT**  
Official Agency Record

Licensee: Huron Regional Medical Center

License No.: 40-15697-01

Control No: 470143

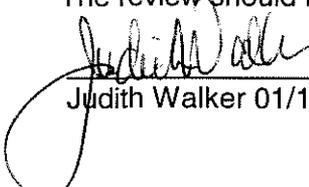
Records for the 3 years preceding this renewal application were reviewed and/or appropriate staff were interviewed with respect to the following performance indicators:

Performance Indicator	Conclusion	If YES, explain:
Escalated enforcement, or OI or OIG investigation occurred or ongoing	NO	
Lost control of licensed material presumed in public domain that is reportable or resulted in a violation	NO	
Unauthorized disposal or release of material that is reportable or resulted in a violation	NO	
An overexposure that resulted in a violation	NO	

If any of the above items are answered "YES", perform a Comprehensive Review using the applicable guidance contained in NUREG-1556. If all boxes are answered "NO", perform a Limited Review. An exception must be approved by a supervisor, documented on this form, or a copy of the documentation must be attached to this document for placement in the docket file.

Additional Information or Explanation of Exception

The review should be **limited**.

  
\_\_\_\_\_  
Judith Walker 01/18/05

\_\_\_\_\_  
Supervisor/Date  
(If exception granted)