

ACCEPTANCE REVIEW MEMO

Licensee: Huron Regional Medical Center
License No.: 40-15697-01
Docket No.: 030-09603
Mail Control No.: 470241
Type of Action: Amend **Date of Requested Action:** 10/26/04
Reviewer Assigned: Judith **Date Assigned to Reviewer:** 11/10/04

Response Received	Deficiencies Noted During Acceptance Review
✓	1. Please submit Dr Abraham's credentials as AU (copy of Colorado Springs USAF Academy license)
✓	2. Reiterate in cover letter that SR-90 eye applicator is for storage only. No additional training requirements needed. <i>(listed on license under RSO)</i>
	3. <i>as storage only</i>
	4.

Reviewer's Initials: *JW*
Branch Chief's and/or SR. HP's Initials: *JW*

Date: 1/25/05
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<input type="checkbox"/> Yes <input type="checkbox"/> No	Action - decommissioning notification should be issued within 30 days.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Action to be expedited
	<input type="checkbox"/> Medical emergency <input type="checkbox"/> Licensee in noncompliance (i.e. no RSO, location of use/storage not on license, radioactive material in possession not on license) <input type="checkbox"/> National Security <input type="checkbox"/> Other (_____)
Branch Chief's and/or Sr. HP's Initials: _____ Date: _____	