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REGION 1

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January 5, 2005

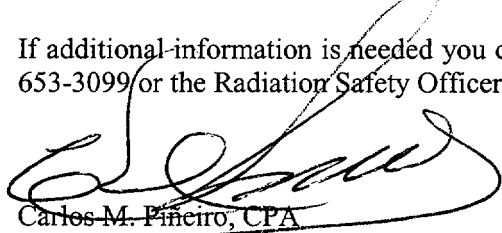
Mr. David J. Collins, Health Physicist  
Division of Nuclear Materials Safety  
Sam Nunn Atlanta Federal Center  
U.S. Nuclear Regulatory Commission, Region II  
Atlanta, Georgia 30303-8931

SUBJ: Amendments to License No. 52-25019-01 Docket Number 030-30826

It is hereby requested that the following amendments added to our license:

- I. Please add the attachment A. part 35.400 to conduct brachytherapy implant and inventory of sources (add Radionuclide Brachytherapy source Model#: STM1251).

If additional information is needed you can call my office, phone number (787) 653-3099 or the Radiation Safety Officer phone number (787) 432-9320.

  
Carlos M. Pinciro, CPA  
President

Attachments:

1. Form 313
2. Attachments A

HIMA

P.O. Box 4980, Caguas, PR 00726

136294  
NMSS/RGNI MATERIALS-002

HIMA EN HUMACAO

P.O. Box 639, Humacao, PR 00792

<b>NRC FORM 313</b> (8-1999) 10 CFR 30.32, 33 34.35, 36, 39 and 40	<b>U. S. NUCLEAR REGULATORY COMMISSION</b>	APPROVED BY OMB: NO. 3150-0120  EXPIRES: 08/31/2002	Estimated burden per response to comply with this mandatory information collection request 7.4 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the Records Management Branch (T-8 E8), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bsl1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0120), 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, NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.		
<b>APPLICATION FOR MATERIAL LICENSE</b>					
<b>INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.</b>					
<b>APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:</b>  DIVISION OF INDUSTRIAL AND MEDICAL NUCLEAR SAFETY OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555-0001  <b>ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:</b>  <b>IF YOU ARE LOCATED IN:</b>  CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, PENNSYLVANIA, RHODE ISLAND, OR VERMONT, SEND APPLICATIONS TO:  LICENSING ASSISTANT SECTION NUCLEAR MATERIALS SAFETY BRANCH U.S. NUCLEAR REGULATORY COMMISSION, REGION I 475 ALLENDALE ROAD KING OF PRUSSIA, PA 19406-1415  ALABAMA, FLORIDA, GEORGIA, KENTUCKY, MISSISSIPPI, NORTH CAROLINA, PUERTO RICO, SOUTH CAROLINA, TENNESSEE, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO:  SAM NUNN ATLANTA FEDERAL CENTER U.S. NUCLEAR REGULATORY COMMISSION, REGION II 61 FORSYTH STREET, S.W., SUITE 23765 ATLANTA, GEORGIA 30303-8931		<b>IF YOU ARE LOCATED IN:</b>  ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:  MATERIALS LICENSING SECTION U.S. NUCLEAR REGULATORY COMMISSION, REGION III 801 WARRENVILLE RD. Lisle, IL 60532-4351  ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING, SEND APPLICATIONS TO:  NUCLEAR MATERIALS LICENSING SECTION U.S. NUCLEAR REGULATORY COMMISSION, REGION IV 611 RYAN PLAZA DRIVE, SUITE 400 ARLINGTON, TX 76011-8084			
PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.					
1 THIS IS AN APPLICATION FOR (Check appropriate item)  <input type="checkbox"/> A NEW LICENSE <input checked="" type="checkbox"/> B AMENDMENT TO LICENSE NUMBER <u>52-25019-01</u> <input type="checkbox"/> C RENEWAL OF LICENSE NUMBER _____		2 NAME AND MAILING ADDRESS OF APPLICANT (include Zip code)  CARLOS M. PINEIRO, MHA HIMA HOSPITAL P.O. BOX 4980 CAGUAS, PR 00726-4980			
3 ADDRESS(ES) WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED HOSPITAL INTERAMERICANO DE MEDICINA AVANZADA NUCLEAR MEDICINE LABORATORY P.O. BOX 4980 CAGUAS, PR 00726-4980		4 NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION  TELEPHONE NUMBER _____			
SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.					
5 RADIOACTIVE MATERIAL a. Element and mass number; b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time		6 PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED			
7 INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE		8 TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS			
9 FACILITIES AND EQUIPMENT		10 RADIATION SAFETY PROGRAM			
11 WASTE MANAGEMENT		12 LICENSEE FEES (See 10 CFR 170 and Section 170.31) FEE CATEGORY _____ AMOUNT ENCLOSED \$ _____			
13 CERTIFICATION (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.  THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 39 AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.  WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 62 STAT. 749 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.					
CERTIFYING OFFICER - TYPE/PRINTED NAME AND TITLE CARLOS M. PINEIRO, PRESIDENT		SIGNATURE _____ DATE 1-5-05			
<b>FOR NRC USE ONLY</b>					
TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED \$	CHECK NUMBER	COMMENTS
APPROVED BY		DATE			

# **HIMA HOSPITAL**

## **ATTACHEMENT A.**

### **I. RADIOACTIVE MATERIAL AND PURPOSE**

<b>Byproduct Material</b>	<b>Chemical/Physical form</b>	<b>Maximum Amount</b>	<b>Purpose</b>
<b>35.400 (f)- I-125</b>	<b>Sealed source</b>	<b>2 Curies</b>	<b>Medical use</b>
<b>35.400 (g)- I-125</b>	<b>Sealed source</b>	<b>2 Curies</b>	<b>Medical use</b>

### **II. INVENTORY OF SOURCE**

#### **1. I-125**

- a. Manufacturer – North American Scientific**
- b. Model and Number-ONCOSEED -6711, and RAPID STRAND-7000.**

#### **2. I-125**

- a. Manufacturer - Bard Brachytherapy, Inc.**
- b. Model and Number- STM1251**

This is to acknowledge the receipt of your letter/application dated

1/5/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amend. 52-25019-01  
There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

☐ Please provide to this office within 30 days of your receipt of this card

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A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 136294.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

: (FOR LFMS USE)  
: INFORMATION FROM LTS  
: -----  
:  
: Program Code: 02120  
: Status Code: 0  
: Fee Category: 7C  
: Exp. Date: 20140430  
: Fee Comments: \_\_\_\_\_  
: Decom Fin Assur Req'd: N  
: ::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: HOSP. INTERAMERICANO DE MEDICINA AV  
Received Date: 20050114  
Docket No: 3030826  
Control No.: 136294  
License No.: 52-25019-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.: /

3. COMMENTS

Signed M. A. Perlin  
Date 1/16/2005

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /\_\_/) )

1. Fee Category and Amount: \_\_\_\_\_

2. Correct Fee Paid. Application may be processed for:

Amendment \_\_\_\_\_  
Renewal \_\_\_\_\_  
License \_\_\_\_\_

3. OTHER \_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_  
Date \_\_\_\_\_