

PERFORMANCE EVALUATION OF RENEWAL APPLICANT
Official Agency Record

Licensee: Mobridge Regional Hospital

License No.: 40-17711-01

Control No: 470155

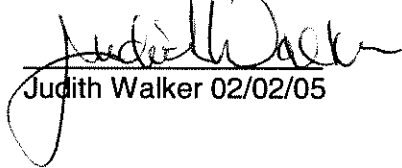
Records for the 3 years preceding this renewal application were reviewed and/or appropriate staff were interviewed with respect to the following performance indicators:

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 02/02/05

Supervisor/Date
(If exception granted)

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.

<u>N/A</u>	<i>Major program change conforms with applicable regulations and NUREG-1556 guidance.</i>
<u>N/A</u>	<i>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.</i>
<u>N/A</u>	<i>Change in Control (Ownership) conforms with applicable regulations and NUREG-1556 guidance. NOTE: Financial assurance documents can be affected by change of ownership.</i>
<u>X</u>	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.
<u>N/A</u>	An obvious failure or a deficiency in a significant area resulted in a thorough review of that area. Document below.
<u>X</u>	Additional information was requested, and an adequate response was received. (request was by fax)
<u>N/A</u>	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:

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: <u>Mobridge Regional Hospital</u>	License No. <u>40-17711-01</u> Docket No. <u>030-13207</u> Control No. <u>470155</u>
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| <u> X </u> | NRC-313 or appropriate equivalent signed and dated by senior licensee representative. |
| <u> X </u> | Check the possession limits and confirm that any decommissioning financial assurance remains adequate. |
| <u> X </u> | Licensee name and address match the current license. |
| <u> X </u> | Place of use is a physical location (i.e., not P.O. Box, etc.) |
| <u> X </u> | RSO and key personnel are appropriately qualified. |
| <u> X </u> | Facilities and equipment are adequate. |
| <u> X </u> | All uses qualify for a categorical exclusion in 10 CFR Part 51. |
| <u> X </u> | 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.) |
| <u> X </u> | 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. |
| <u> X </u> | Inspection records reviewed for issues to be resolved during licensing. |

LICENSE TERMS OF LESS THAN 10 YEARS
Official Agency Record

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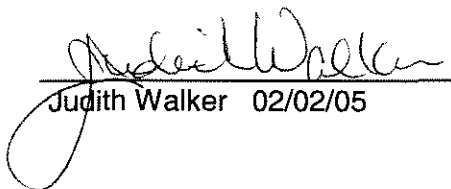
The application and license records were reviewed against the following criteria to determine if a reduced license term is appropriate:

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 02/02/05

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