ACCEPTANCE REVIEW MEMO

Licensee:	West Pa	ark Hospital						
License No.	.:	49-18230-01	Docket No.:	030-14695				
Mail Control No.:		470397						
Type of Action:		Amend	Date of Requested	Action: 01-31-05				
Reviewer A	ssigned:	Date A	Date Assigned to Reviewer: 02-08-05					
Reviewer(s) Performed I								
Response Received		Deficien	cies Noted During A	cceptance Review				
	1.							
	2.							
	3.							
	4.							
Reviewer's lı	nitials:			Date:				
Branch Chief	rs and/or	SR. HP's Initia	ils:	Date:				
□Yes □No	Action	n - decommissio	oning notification shou	uld be issued within 30 days.				
□Yes □No		n to be expedited _Medical emergency _Licensee in noncompliance (i.e. no RSO, location of use/storage not on license, radioactive material in possession not on license) _National Security _Other ()						
Branch Chief's and/or Sr. HP's Initials: Date:								
/ SISP Review								
Action to be made Non-Publicly Available if any item below is checked Radionuclides, forms, and quantitiesLocation of RAMBuilding drawings with locations of RAMSecurity of RAM (locks, alarms, etc.)S&D Catalog informationSpecifics of Emergency Plan (routes to and from RAM, response to security events, etc.)Safeguards Information								
Branch Chie	ef's and/o	r Sr. HP's Initia	als: <u>AU6</u>	Date: 2/8/05				

AD4

West Park Hospital

Radiology Department 707 Sheridan Avenue Cody, WY 82414 Phone: 307-578-2372 Fax: 307-578-2389

1	•

			0		$\int_{\Omega} 1$
To:	Roberto Torres	From:	Koren Be West Pa Radiology Departm	ener (con rk Hospatal ent 707 Sheu	TI day Alve
		Date:	1/31/05	Cody	my 824
Phon	ne: 307 578 2395	Pages	. 2		
Re:	Charge of RSO	CC:			
□ Ur	gent	mment	☐ Please Reply	☐ Please Recycle	
	have any problems with faxing or receiving	copies, pl	ease call: (307) 578-2	372. Thank you.	

·Comments:

Following is the letter from the CED designating Dr. Cross as the RSO.

License # 49-18230-01



Memo

To:

Greg Cross, MD, Radiation Safety Officer

From:

Doug McMillan, CEO

Date:

1/28/2005

Re:

Radiation Safety Officer Delegation of Authority

1307-578-2475

You, Greg Cross, MD; have been appointed Radiation Safety Officer and are responsible for ensuring the safe use of radiation. You are responsible for managing the radiation protective program; identifying radiation protection problems; initiating, recommending, or providing corrective actions; verifying implementation of corrective actions; stopping unsafe activities; and ensuring compliance with regulations. You are hereby delegated the authority necessary to meet those responsibilities, including prohibiting the use of byproduct material by employees who do not meet the necessary requirements and shutting down operations where justified by radiation safety. You are required to notify management if staff do not cooperate and do not address radiation safety issues. In addition, you are free to raise issues with the Nuclear Regulatory Commission at any time.

I accept the above responsibilities,

Doug McMillan

Chief Executive Officer

License # 49-18230-01

Greg Cross MD

Radiation Safety Officer

Page 1

FEF 11 2005

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

| 1/3/c5 | , and to inform you that the initial processing,
| which includes an administrative review, has been performed.

| There were no administrative omissions. Your application will be 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:

| The action you requested is normally processed within | 9C | days.

| 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 | 4/10397 | When calling to inquire about this action, please refer to this mail control number. You may call me at 817-860-8103.

| Sincerety, | Control Number | Sincerety | Sincer

NRC FORM 532 (RIV) (9-2003)

Licensing Assistant

Signed	3. OTHER	Correct Fee Paid. Amendment Renewal License OTHER	FEE ATTACHED Amount: Check No.: COMMENTS COMMENTS LICENSE FEE M Fee Category Correct Fee Amendment	A. REGION 1. APPLICATION ATTACHED Applicant/Licensee: WEST PARK HOSP Received Date: 20050131 Docket No: 3014695 Control No.: 470397 License No.: 49-18230-01 Action Type: Amendment	LICENSE FEE TRANSMITTAL	BETWEEN: License Fee Management Branch, ARM and Regional Licensing Sections			
	y be processed for:		k when milestone 03 is entered //)	Calley Murralan			HOSPITAL		