



'05 FEB 14 P1 :15

February 8, 2005

Nuclear Regulatory Commission
Region 1
Nuclear Materials Safety Branch
Division of Radiation Safety and Safeguards
475 Allendale Road
King of Prussia, PA 19406-1415

03001245

REFERENCE: License #06-00843-03 Amendment

To Whom It May Concern:

Please amend our license as follows:

1. Remove Item 6G (Strontium 90), 6H (Phosphorus 32) and 6I (Yttrium 90) sealed sources from our license. We never possessed or used the Strontium-90 or the Yttrium-90 sources and the phosphorus-32 sources were returned to the manufacturer. We also have no plans for use of these sources in the future.
2. Due to an unexpected circumstance, we wish to reinstate Gerald J. Randall, MS, as our Radiation Safety Officer. As you are aware, Mr. Randall served in that capacity up until recently, and presently is the temporary RSO. Ms. Kushnir is no longer with this hospital.

Thank you for your prompt attention to this matter.

Sincerely,

Susan L. Davis, R.N., Ed.D.
President/CEO

SLD:dm

136403
NMSS/RGNI MATERIALS-002

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

2/8/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 06-00843-03
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

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 136483.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 02230
: Status Code: 0
: Fee Category: 7C 2B
: Exp. Date: 20131031
: Fee Comments: CODE 21
: Decom Fin Assur Reqd: N
:.....

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: ST. VINCENT'S MEDICAL CENTER
Received Date: 20050214
Docket No: 3001245
Control No.: 136483
License No.: 06-00843-03
Action Type: Amendment

2. FEE ATTACHED

Amount: /
Check No.: /

3. COMMENTS

Signed *Rebecca Howard*
Date 2/18/05

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 _____