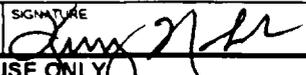
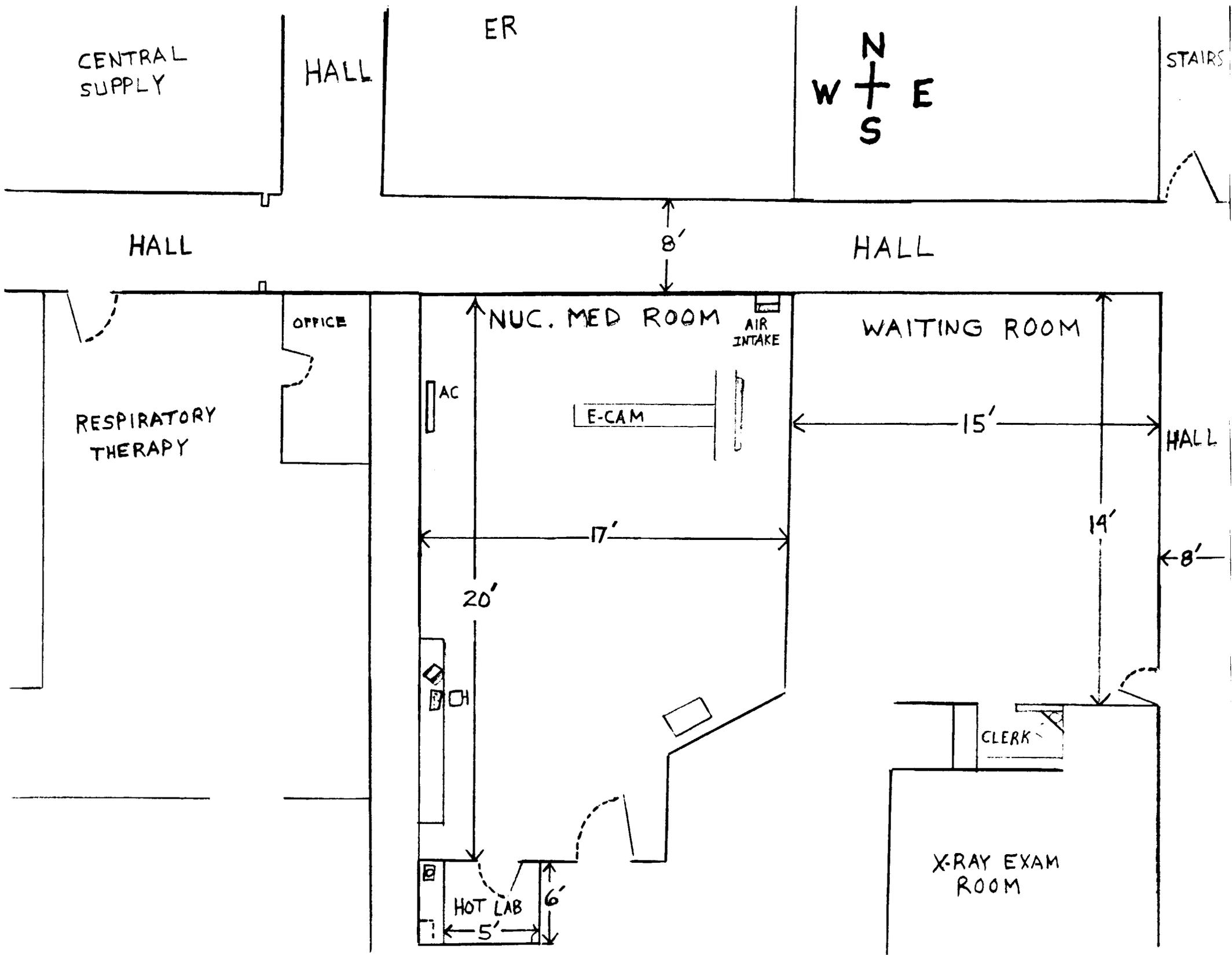


NRC FORM 313 (8-1999) 10 CFR 30, 32, 33 34, 35, 36, 39 and 40		U. S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3150-0120 EXPIRES 10/01/2005	
APPLICATION FOR MATERIAL LICENSE					
Estimated burden per response to comply with this mandatory information collection request: 7.4 hours. Submittal 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 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bps1@nrc.gov and to the Desk Officer, Office of Information and Regulatory Affairs, NE08-10202, (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.					
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.					
APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH: DIVISION OF INDUSTRIAL AND MEDICAL NUCLEAR SAFETY OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555-0001 ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS: IF YOU ARE LOCATED IN: 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 81 FORSYTH STREET, S.W. SUITE 237B5 ATLANTA, GEORGIA 30303-8031			IF YOU ARE LOCATED IN: 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 811 RYAN PLAZA DRIVE, SUITE 400 ARLINGTON, TX 75011-5064		
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 type="checkbox"/> B. AMENDMENT TO LICENSE NUMBER _____ <input checked="" type="checkbox"/> C. RENEWAL OF LICENSE NUMBER <u>24-17486-01</u>		2. NAME AND MAILING ADDRESS OF APPLICANT (include Zip code): PMHS 910 EAST REED STREET HIGHWAY 61 HAYTI, MO. 63851			
3. ADDRESS(ES) WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED: 910 EAST REED STREET HIGHWAY 61 HAYTI, MISSOURI 63851			4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION: DAVID BURTON TELEPHONE NUMBER: 573 359-3463		
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 Kerry Noble, CEO			SIGNATURE 		DATE 8/26/04
FOR NRC USE ONLY					
TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
			\$		
APPROVED BY: _____				DATE: _____	

313676

REC'D AUG 27 2004
 NUREG - 1556, Vol. 9

AUG 27



CENTRAL
SUPPLY

HALL

ER

N
W + E
S

STAIRS

HALL

8'

HALL

OFFICE

NUC. MED ROOM

AIR
INTAKE

WAITING ROOM

RESPIRATORY
THERAPY

E-CAM

15'

HALL

17'

14'

8'

20'

AC

HOT LAB

6'

5'

CLERK

X-RAY EXAM
ROOM

8-25-2004

Dear Colleen Casey:

I am providing you the following information to comply with the NRC license requirement to continue our program at Pemiscot Memorial Health System.

I did check with the post office about the street address. The correct mailing address is: PMHS

910 East Reed Street

Highway 61

Hayti, Missouri 63851

Please delete the following individuals from the license No. 24-17486-01:

Theodoro Manukbay, M.D.

Parviz Massarat, M.D.

I hope all the information & forms are proper and correct. I am sorry for not doing the job correct the first time. You have been very helpful & I appreciate it.

Thanks,
Gaul Buntz

APPENDIX C

Table C.2 outlines the detailed responses that may be made to Items 5 and 6 on Form 313 for type of radioactive material requested and purposes for which it will be used. For example, if the applicant is seeking a license for unsealed byproduct material under 10 CFR 35.100 or 35.200, then the applicant should check the "yes" column next to 10 CFR 35.100 and 35.200 in Table C.2. The table then indicates appropriate responses for that type of use. An applicant may copy the checklist and include it in the license application.

Table C.2 Items 5 and 6 on NRC Form 313: Radioactive Material And Use

(If using this checklist, check applicable rows and fill in details, and attach copy of checklist to the application.)

Yes	Radionuclide	Form or Manufacturer/ Model No.	Maximum Quantity	Purpose of Use
✓	Any byproduct material permitted by 10 CFR 35.100	Any	As needed	Any uptake, dilution, and excretion study permitted by 10 CFR 35.100.
✓	Any byproduct permitted by 10 CFR 35.200	Any	As needed	Any imaging and localization study permitted by 10 CFR 35.200.
N/A	Any byproduct material permitted by 10 CFR 35.300	Any	___ millicuries	Any radiopharmaceutical therapy procedure permitted by 10 CFR 35.300.
N/A	Iodine-131	Any	___ millicuries	Administration of I-131 sodium iodide.
N/A	Byproduct material permitted by 10 CFR 35.400 (Radionuclide _____)	Sealed source or device (Manufacturer _____, Model No. _____)	___ millicuries	Any brachytherapy procedure permitted by 10 CFR 35.400.
N/A	Byproduct material permitted by 10 CFR 35.400 (Radionuclide _____)	Sealed source or device (Manufacturer _____, Model No. _____)	___ millicuries	Any brachytherapy procedure permitted by 10 CFR 35.400.
N/A	Byproduct material permitted by 10 CFR 35.400 (Radionuclide _____)	Sealed source or device (Manufacturer _____, Model No. _____)	___ millicuries	Any brachytherapy procedure permitted by 10 CFR 35.400.
N/A	Byproduct material permitted by 10 CFR 35.400 (Radionuclide _____)	Sealed source or device (Manufacturer _____, Model No. _____)	___ millicuries	Any brachytherapy procedure permitted by 10 CFR 35.400.

Table C.2 (continued)

Yes	Radionuclide	Form or Manufacturer/ Model No.	Maximum Quantity	Purpose of Use
N/A	Strontium-90	Sealed source or device (Manufacturer _____, Model No._____)	___ millicuries	Treatment of superficial eye conditions using an applicator distributed pursuant to 10 CFR 32.74 and permitted by 10 CFR 35.400.
N/A	Byproduct material permitted by 10 CFR 35.500 Check all that apply: <input type="checkbox"/> Gd-153; <input type="checkbox"/> I-125; <input type="checkbox"/> Other, describe	Sealed source or device (Manufacturer _____, Model No._____)	___ curies per source and ___ curies total	Diagnostic medical use of sealed sources permitted by 10 CFR 35.500 in compatible devices registered pursuant to 10 CFR 30.32(g).
N/A	Iridium-192	Sealed source or device (Manufacturer _____, Model No._____)	___ curies per source and ___ curies total	One source for medical use permitted by 10 CFR 35.600, in a Manufacturer _____ Model No. _____ remote afterloading brachytherapy device. One source in its shipping container as necessary for replacement of the source in the remote afterloader device.
N/A	Cobalt-60	Sealed source or device (Manufacturer _____, Model No._____)	___ curies per source and ___ curies total	One source for medical use permitted by 10 CFR 35.600, in a Manufacturer _____ Model No. _____ teletherapy unit. One source in its shipping container as necessary for replacement of the source in the teletherapy unit.

Table C.2 (continued)

Yes	Radionuclide	Form or Manufacturer/ Model No.	Maximum Quantity	Purpose of Use
N/A	Cobalt-60	Sealed source or device (Manufacturer _____, Model No. _____)	___ curies per source and ___ curies total	For medical use permitted by 10 CFR 35.600, in a Manufacturer _____ Model No. _____ stereotactic radiosurgery device. Sources in the shipping container as necessary for replacement of the sources in the stereotactic radiosurgery device.
N/A	Any byproduct material under 10 CFR 31.11	Prepackaged kits	___ millicuries	<i>In vitro</i> studies.
N/A	Depleted uranium	Metal	___ kilograms	Shielding in a teletherapy unit.
N/A	Depleted uranium	Metal	___ kilograms	Shielding in a linear accelerator.
N/A	Any radionuclide in excess of 30 millicuries for use in calibration, transmission, and reference sources. (List radionuclide: _____)	Sealed source or device (Manufacturer _____, Model No. _____)	___ millicuries	For use in a Manufacturer _____ Model No. _____ for calibration and checking of licensee's survey instruments.
N/A	Americium-241	Sealed source or device (Manufacturer _____, Model No. _____)	___ millicuries per source and ___ millicuries total	Use as an anatomical marker.
N/A	Plutonium (principal radionuclide Pu-238)	Sealed sources	___ millicuries per source and ___ grams total	As a component of Manufacturer _____ Model No. _____, nuclear-powered cardiac pacemakers for clinical evaluation in accordance with manufacturer's protocol dated _____. This authorization includes: follow-up, explantation, recovery, disposal, and implantation.
N/A	Other	Form or Manufacturer/ Model No. _____	___ millicuries	Purpose of use _____.

APPENDIX C

Table C.3 is a checklist that may be used to identify the attached documents that the applicant is supplying for items for which a response is required. For example, an applicant may fill in the name(s) of Radiation Safety Officer in Table C.3 and then check the boxes indicating which documents pertaining to the RSO are being included in the license application. An applicant may copy the checklist and include it in the license application.

Table C.3 Items 7 through 11 on NRC Form 313: Training & Experience, Facilities & Equipment, Radiation Protection Program, and Waste Disposal

(Check all applicable rows and fill in details and attach a copy of the checklist to the application or provide information separately.)

Item Number and Title	Suggested Response	Check box to indicate material included in application
Item 7: Radiation Safety Officer Name: <u>JAMES HAZEL</u>	Previous license number (if issued by NRC) or a copy of the license (if issued by an Agreement State) that authorized the uses requested and on which the individual was specifically named as the RSO.	<input type="checkbox"/>
	OR	
	Copy of the certification(s) for the board(s) recognized by NRC and as applicable to the types of use for which he or she has RSO responsibilities.	<input type="checkbox"/>
	OR	
	Description of the training and experience specified in 10 CFR 35.900(b).	<input type="checkbox"/>
	OR	
Description of the training and experience specified in 10 CFR 35.50(b) demonstrating that the proposed RSO is qualified by training and experience as applicable to the types of use for which he or she has RSO responsibilities.	<input type="checkbox"/>	
AND		
Written certification, signed by a preceptor RSO, that the above training and experience has been satisfactorily completed and that a level of radiation safety knowledge sufficient to function independently as an RSO for a medical use licensee has been achieved.	<input type="checkbox"/>	
AND		
If applicable, description of recent related continuing education and experience as required by 10 CFR 35.59.	<input type="checkbox"/>	

Table C.3 (continued)

Item Number and Title	Suggested Response	Check box to indicate material included in application
<p>Item 7: Authorized Users Names and Requested Uses for Each Individual _____</p> <p>Please delete: Theodoro Manukbay Parviz Massarat</p>	<p>Previous license number (if issued by NRC) or a copy of the license (if issued by an Agreement State) on which the physician was specifically named as an AU for the uses requested.</p> <p style="text-align: center;">OR</p> <p>Copy of the certification(s) for the board(s) recognized by NRC under 10 CFR Part 35, Subparts D, E, F, G, H, and as applicable to the use requested.</p> <p style="text-align: center;">OR</p> <p>Description of the training and experience identified in 10 CFR Part 35 Subpart J demonstrating that the proposed AU is qualified by training and experience for the use requested.</p> <p style="text-align: center;">OR</p> <p>A description of the training and experience identified in 10 CFR Part 35 Subparts D, E, F, G, and H demonstrating that the proposed AU is qualified by training and experience for the use requested:</p> <p style="text-align: center;">AND</p> <p>Written certification, signed by a preceptor physician AU, that the above training and experience has been satisfactorily completed and that a level of competency sufficient to function independently as an AU for the medical uses authorized has been achieved.</p> <p style="text-align: center;">AND</p> <p>If applicable, description of recent related continuing education and experience as required by 10 CFR 35.59.</p>	<p><input checked="" type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>Item 7: Authorized Nuclear Pharmacists</p> <p>Names: <u>N/A</u></p>	<p>Previous license number (if issued by NRC) or a copy of the license (if issued by an Agreement State) on which the individual was specifically named ANP.</p> <p style="text-align: center;">OR</p> <p>Copy of the certification(s) for the radiopharmacy board(s) recognized by NRC under 10 CFR 35.55(a) or 10 CFR 35.980(a).</p> <p style="text-align: center;">OR</p> <p>Description of the training and experience demonstrating that the proposed ANP is qualified by training and experience.</p> <p style="text-align: center;">AND</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

Table C.3 (continued)

Item Number and Title	Suggested Response	Check box to indicate material included in application
<p>Item 7: Authorized Medical Physicists</p> <p>Names: <u>N/A</u></p>	<p>Previous license number (if issued by NRC) or a copy of the license (if issued by an Agreement State) on which the individual was specifically named as an AMP for the units requested.</p> <p style="text-align: center;">OR</p> <p>Copy of the certification(s) for the board(s) recognized by NRC in 10 CFR 35.51(a) or 10 CFR 35.961(a) or (b).</p> <p style="text-align: center;">OR</p> <p>Description of the training and experience demonstrating that the proposed AMP is qualified by training and experience identified in 10 CFR 35.961(c) for the units requested.</p> <p style="text-align: center;">OR</p> <p>Description of the training and experience demonstrating that the proposed AMP is qualified by training and experience identified in 10 CFR 35.51(b) for the units requested.</p> <p style="text-align: center;">AND</p> <p>Written certification, signed by a preceptor AMP, that the above training and experience has been satisfactorily completed and that a level of competency sufficient to function independently as an AMP has been achieved.</p> <p style="text-align: center;">AND</p> <p>If applicable, description of recent related continuing education and experience as required by 10 CFR 35.59.</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>Item 9: Facility Diagram</p>	<p>A diagram is enclosed that describes the facilities and identifies activities conducted in all contiguous areas surrounding the area(s) of use. The following information is included:</p> <ul style="list-style-type: none"> • Drawings should be to scale, and indicate the scale used. • Location, room numbers, and principal use of each room or area where byproduct material is prepared, used or stored, as provided above under the heading "Discussion"; • Location, room numbers, and principal use of each adjacent room (e.g., office, file, toilet, closet, hallway), including areas above, beside, and below therapy treatment rooms; indicate whether the room is a restricted or unrestricted area as defined in 10 CFR 20.1003; and • Provide shielding calculations and include information about the type, thickness, and density of any necessary shielding to enable independent verification of shielding calculations, including a description of any portable shields used (e.g., shielding of proposed patient rooms used for implant therapy including the dimensions of any portable shield, if one is used; source storage safe, etc.). 	<p><input checked="" type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

Table C.3 (continued)

Item Number and Title	Suggested Response	Check box to indicate material included in application
N/A	In addition to the above, for teletherapy and GSR facilities, applicants should provide the directions of primary beam usage for teletherapy units and, in the case of an isocentric unit, the plane of beam rotation.	<input type="checkbox"/>

Table C.3 (continued)

Item Number and Title	Suggested Response	Check box to indicate material included in application
Item 10. Safety Procedures and Instructions N/A	Attached procedures required by 10 CFR 35.610	<input type="checkbox"/>
Item 10: Occupational Dose	<p>A statement that: "Either we will perform a prospective evaluation demonstrating that unmonitored individuals are not likely to receive, in one year, a radiation dose in excess of 10% of the allowable limits in 10 CFR Part 20 or we will provide dosimetry that meets the requirements listed under "Criteria" in NUREG-1556, Vol. 9, "Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Medical Use Licensees," dated October 2002."</p> <p style="text-align: center;">OR</p> <p>A description of an alternative method for demonstrating compliance with the referenced regulations.</p>	<p><input checked="" type="checkbox"/></p> <p><input type="checkbox"/></p>
Item 10: Area Surveys	A statement that: "We have developed and will implement and maintain written procedures for area surveys in accordance with 10 CFR 20.1101 that meet the requirements of 10 CFR 20.1501 and 10 CFR 35.70."	<input checked="" type="checkbox"/>
Item 10: Safe Use of Unsealed Licensed Material	A statement that: "We have developed and will implement and maintain procedures for safe use of unsealed byproduct material that meet the requirements of 10 CFR 20.1101 and 10 CFR 20.1301."	<input checked="" type="checkbox"/>
Item 10: Spill Procedures	A statement that: "We have developed and will implement and maintain written procedures for safe response to spills of licensed material in accordance with 10 CFR 20.1101."	<input checked="" type="checkbox"/>
Item 10: Installation, Maintenance, Adjustment, Repair, and Inspection of Therapy Devices Containing Sealed Sources N/A	<p>Name of the proposed employee and types of activities requested:</p> <hr/> <p style="text-align: center;">AND</p> <p>Description of the training and experience demonstrating that the proposed employee is qualified by training and experience for the use requested.</p> <p style="text-align: center;">AND</p> <p>Copy of the manufacturer's training certification and an outline of the training in procedures to be followed.</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
Item 10: Minimization of Contamination N/A	A response is not required under the following condition: the NRC will consider that the above criteria have been met if the information provided in applicant's responses satisfy the criteria in Sections 8.14, 8.15, 8.20, 8.24, 8.26, and 8.28, on the topics: Facility and Equipment; Facility Diagram; Radiation Protection Program; Safety Program; and Waste Management.	N/A

Table C.3 (continued)

Item Number and Title	Suggested Response	Check box to indicate material included in application
Item 1 f: Waste Management N/A	A statement that: "We have developed and will implement and maintain written waste disposal procedures for licensed material in accordance with 10 CFR 20.1101, that also meet the requirements of the applicable section of Subpart K to 10 CFR Part 20 and 10 CFR 35.92."	<input type="checkbox"/>