

# **facsimile**

TRANSMITTAL

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U.S. Nuclear Regulatory Commission  
Region IV  
611 Ryan Plaza Drive, Suite 400  
Arlington, Texas 76011  
**DIVISION OF NUCLEAR MATERIALS SAFETY**

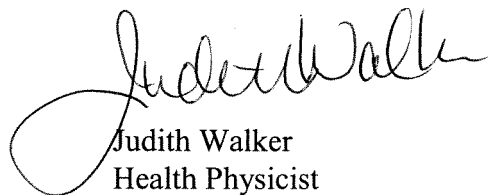
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**Name:** Christopher Fitz, Radiation Safety Officer  
**Licensee:** St. Vincent Healthcare  
**License No.:** 25-07553-01  
**Docket No.:** 030-02396  
**Mail Control No.:** 470226  
**Phone:** 406-672-6756  
**Fax:** 406-657-3746

**From:** Judith Walker (817-860-8299) 817-860-8263 fax  
**Date:** March 22, 2005  
**Subject:** License Renewal  
**Pages:** 2 (including cover)

Mr. Fitz:

Per your application dated October 21, 2004, the items on the next page are deficiencies which require your response. Please respond to this fax no later than close of business Tuesday, April 19, 2005. Our fax number is 817-860-8263. If you have any questions regarding this fax, please call me at 817-860-8299. When responding to this fax, please include the license, docket, and control numbers located at the top of this page. Thank you for your cooperation and assistance in expediting this matter.



Judith Walker  
Health Physicist

- (1) Please specify the Authorized User(s) for the Strontium-90 source.
- (2) Please specify the maximum amount for byproduct material permitted by 10 CFR 31.11.
- (3) Please commit to the procedures for liquid brachytherapy sources and devices. These procedures can be located at:

**<http://www.nrc.gov/materials/miau/med-use-toolkit/liquid-brach.html>**

- (4) Please commit to the following statement: “We reserve the right to upgrade our survey instruments as necessary as long as they are adequate to measure the type and level of radiation for which they are used.”

- (5) Please provide the following on the facility diagrams:

- For the St. Vincent Healthcare facility: room numbers (drawing 2 did not have room numbers), description of areas above, and below therapy treatment rooms; indicate whether the room is a restricted or unrestricted area as defined in 10 CFR 20.1003.
- **For the Yellowstone Medical Facility:** scale drawing (indicated scale used), description of areas above, and below therapy treatment rooms; indicate whether the room is a restricted or unrestricted area as defined in 10 CFR 20.1003.
- 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.).