

ACCEPTANCE REVIEW MEMO

Licensee: Kona Community Hospital

License No.: 53-27729-01

Docket No.: 030-35998

Mail Control No.: 470480

Type of Action: Notify Date of Requested Action: 03-10-05

Reviewer Assigned: Date Assigned to Reviewer: 04-12-05

Reviewer(s) Who Cook-Torres-Walker
Performed Review:

Response Received	Deficiencies Noted During Acceptance Review
	1.
	2.
	3.
	4.

Reviewer's Initials: JAC

Date: 4/12/05

Branch Chief's and/or SR. HP's Initials: _____

Date: _____

- ☐ Yes ☐ No Action - decommissioning notification should be issued within 30 days.
- ☐ Yes ☐ No Termination request < 90 days from date of expiration
- ☐ Yes ☐ No Action 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

☒ Yes ☒ No

Non-Publicly Available, Sensitive if any item below is checked

- _____ Radionuclides, forms, and quantities
- _____ Location of RAM
- _____ Building drawings with locations of RAM
- _____ Security of RAM (locks, alarms, etc.)
- _____ SS&D Catalog information
- _____ Specifics of Emergency Plan (routes to and from RAM, response to security events, etc.)
- _____ Safeguards Information

Branch Chief's and/or Sr. HP's Initials: JAC

Date: 4/12/05

gm



KONA
COMMUNITY HOSPITAL
*Providing and Enhancing Accessible Comprehensive
Healthcare Services*

March 10, 2005

MAR 18 2005

Nuclear Materials Licensing Section
U.S. Nuclear Regulatory Commission, Region IV
611 Ryan Plaza Drive, Suite 400
Arlington, TX 76011-8064

Subject: Notification
NRC License No. 53-27729-01
Docket No. 030-35998

Dear License Reviewer:

Steven D. Stowell, M.D. is no longer working at our facility. Please remove his name from our license.

If you require any additional information, please contact our Radiation Safety Consultant, Ronald Frick, at 808 373-7009.

Thank you.

Sincerely,

KONA COMMUNITY HOSPITAL

Glenn Sparks
Assistant Administrator

Enclosures

cc: Sharon Nygard
Nuclear Medicine

KONA COMMUNITY HOSPITAL
HAWAII HEALTH SYSTEMS CORPORATION
P.O. Box 69
Kealahou, HI 96750
(808) 322-9311

1 7 0 4 8 0

APR 15 2005

This is to acknowledge the receipt of your letter/application dated 3-10-05, and to inform you that the initial processing, which includes an administrative review, has been performed.

DATE

☒ 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 _____ 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** 470480.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,

William Murnahan

Licensing Assistant

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LEMS USE)
INFORMATION FROM LTS

Program Code: 02120
Status Code: 0
Fee Category: 7C
Exp. Date: 20120630
Fee Comments:
Decom Fin Assur Regd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: KONA COMMUNITY HOSPITAL
Received Date: 20050318
Docket No: 3035998
Control No.: 470480
License No.: 53-27729-01
Action Type: Notifications

2. FEE ATTACHED

Amount:
Check No.:

3. COMMENTS

Signed Alfred M. Munk
Date 4/8/05

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