

ACCEPTANCE REVIEW MEMO

Licensee: Dept of Army (Evans Army Community Hosp)

License No.: 05-26854-01 **Docket No.:** 030-29534

Mail Control No.: 470542

Type of Action: Amend **Date of Requested Action:** 05-11-05

Reviewer Assigned: **Date Assigned to Reviewer:** 05-18-05

Reviewer(s) Who Performed Review: Torres - Walker

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

Reviewer's Initials: _____ **Date:** _____

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Action - decommissioning notification should be issued within 30 days.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Termination request < 90 days from date of expiration
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Action to be expedited
<input type="checkbox"/> Medical emergency <input type="checkbox"/> Licensee in noncompliance (i.e. no RSO, location of use/storage not on license, radioactive material in possession not on license) <input type="checkbox"/> National Security <input type="checkbox"/> Other (_____)		
Branch Chief's and/or Sr. HP's Initials: _____		Date: _____

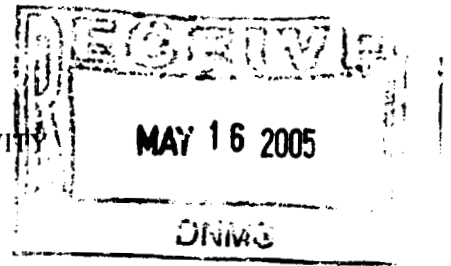
SISP Review		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Non-Publicly Available, Sensitive if <u>any</u> item below is checked <input checked="" type="checkbox"/> Radionuclides, forms, and quantities <input checked="" type="checkbox"/> Location of RAM <input checked="" type="checkbox"/> Building drawings with locations of RAM <input checked="" type="checkbox"/> Security of RAM (locks, alarms, etc.) <input checked="" type="checkbox"/> SS&D Catalog information <input checked="" type="checkbox"/> Specifics of Emergency Plan (routes to and from RAM, response to security events, etc.) <input checked="" type="checkbox"/> Safeguards Information
Branch Chief's and/or Sr. HP's Initials: <u>ATC</u>		Date: <u>5/18/05</u>



REPLY TO
ATTENTION OF

MCXE-PMC-RSO

DEPARTMENT OF THE ARMY
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
1650 Cochrane Circle
Fort Carson, Colorado 80913-4604



11 May 2005

MEMORANDUM FOR Nuclear Regulatory Commission Region IV, 611 Ryan Plaza Drive,
Suite 400, Arlington, TX 76011-8064

SUBJECT: Request for Amendment to NRC License #05-26854-01 (USAMEDDAC, Fort
Carson)

1. Radiation Safety Office (RSO), USAMEDDAC, Fort Carson, requests permission to file for an amendment to NRC License #05-26854-01.
2. The RSO requests that the following physician be deleted from the current license:
William H. Marshall, M.D.
3. POC is the undersigned at (719) 526-7047.

JENNIFER M. SMITH
CPT, MS, RSO
Chief, Radiation Safety

CF: Chief, Health Physics, Brooke Army Medical Center, Fort Sam Houston, TX 78234

MAY 19 2005

DATE

This is to acknowledge the receipt of your letter/application dated 5-11-05, 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 90 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 470542.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,

Colleen 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: EX 7C
: Exp. Date: 20130831
: Fee Comments: ARMY 170.11 (A) (5)
: Decom Fin Assur Reqd: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: ARMY, DEPARTMENT OF THE
Received Date: 20050516
Docket No: 3029534
Control No.: 470542
License No.: 05-26854-01
Action type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed *Colleen Munnick*
Date *8/17/05*

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 _____