



RECEIVED  
REGION 1

'05 APR 22 P2 :25

U.S. Nuclear Regulatory Commission  
Region 1  
475 Allendale Road  
King of Prussia, Pennsylvania 19406

RE: License No. 37-09463-01 03003115

Date: April 5, 2005

To Whom it may Concern

We are adding another area and type of use to our radioactive materials license. The area of use is located off of the main Hospital campus.

The address of the new location is  
Mt. View Diagnostic Testing & Imaging Center  
2000 Village Drive  
Greensburg, PA. 15601

At this site, the new type of use will be PET/CT imaging.

The only planned NRC regulated radioisotope that will be used at this site is a Cs-137 dose calibrator source.

Attached are drawings illustrating shielding and room layouts for this new area of use.

If you have any questions, please contact our Radiation Safety Officer, Andrew G. Bukovitz, at 724-543-8669.

Sincerely,

Lou Sciuillo  
Chief Operating Officer

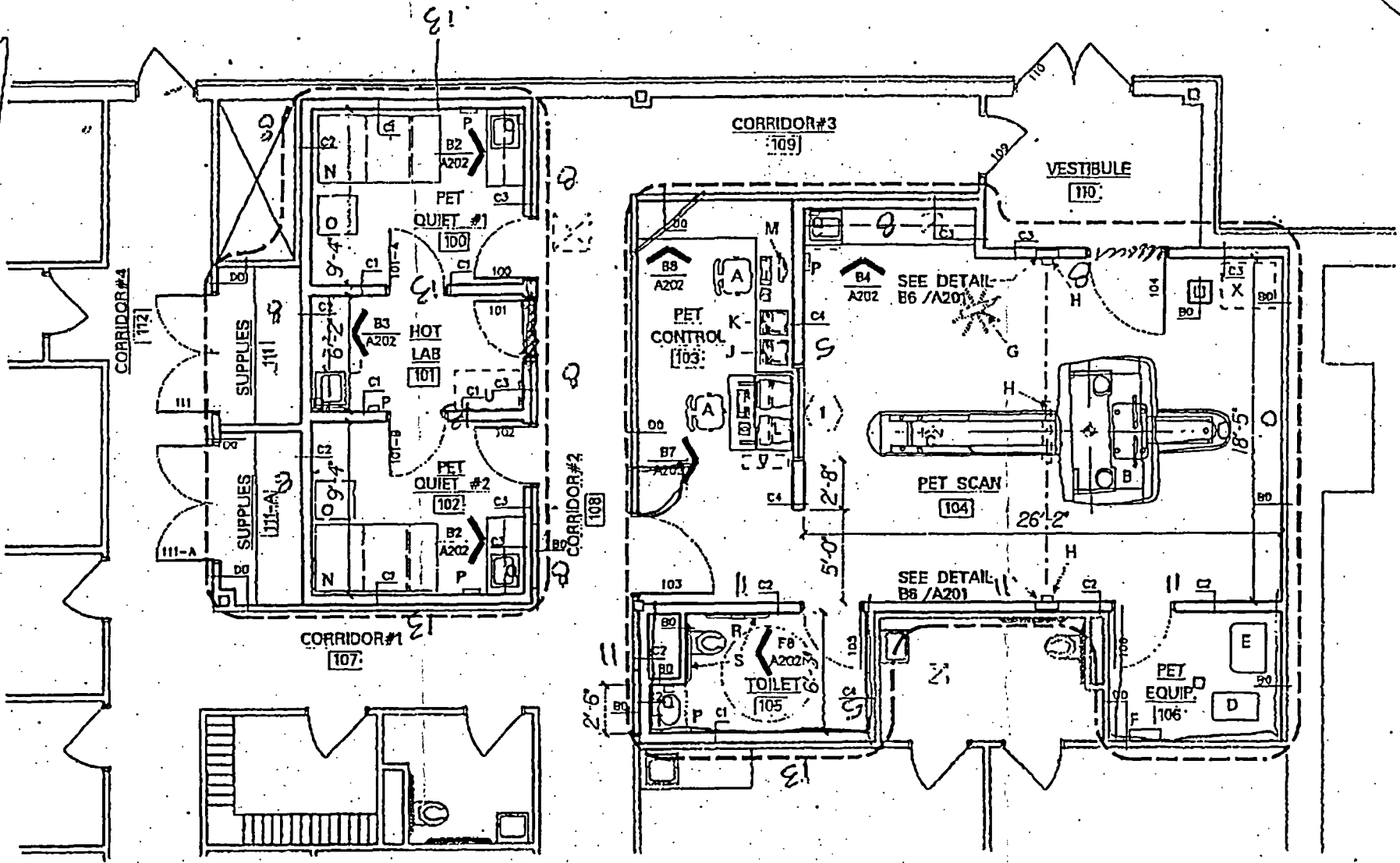
Frick Hospital

Latrobe Area Hospital

Westmoreland Regional Hospital

136925  
NMSS/RGNI MATERIALS-002

Family & Children Health Center



PARTITION /EQUIPMENT PLAN

D8

CORRIDOR#3

109

A

VESTIBULE

110



B4  
A202

SEE DETAIL  
B6 / A201

104

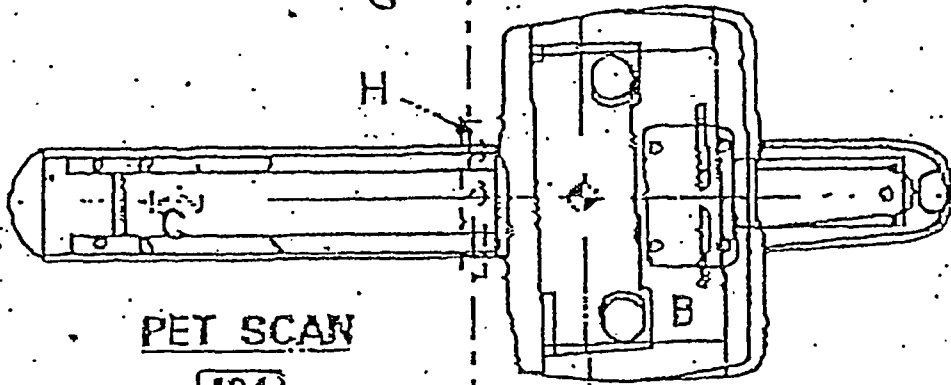
B0

C3  
X

801

B

H



PET SCAN

104

26' 2"

18'-5"

G

Door

5'-0"

SEE DETAIL  
B5 / A201

E

H



TOILET

105

PET  
EQUIP.  
105

E

B0

D

F

105

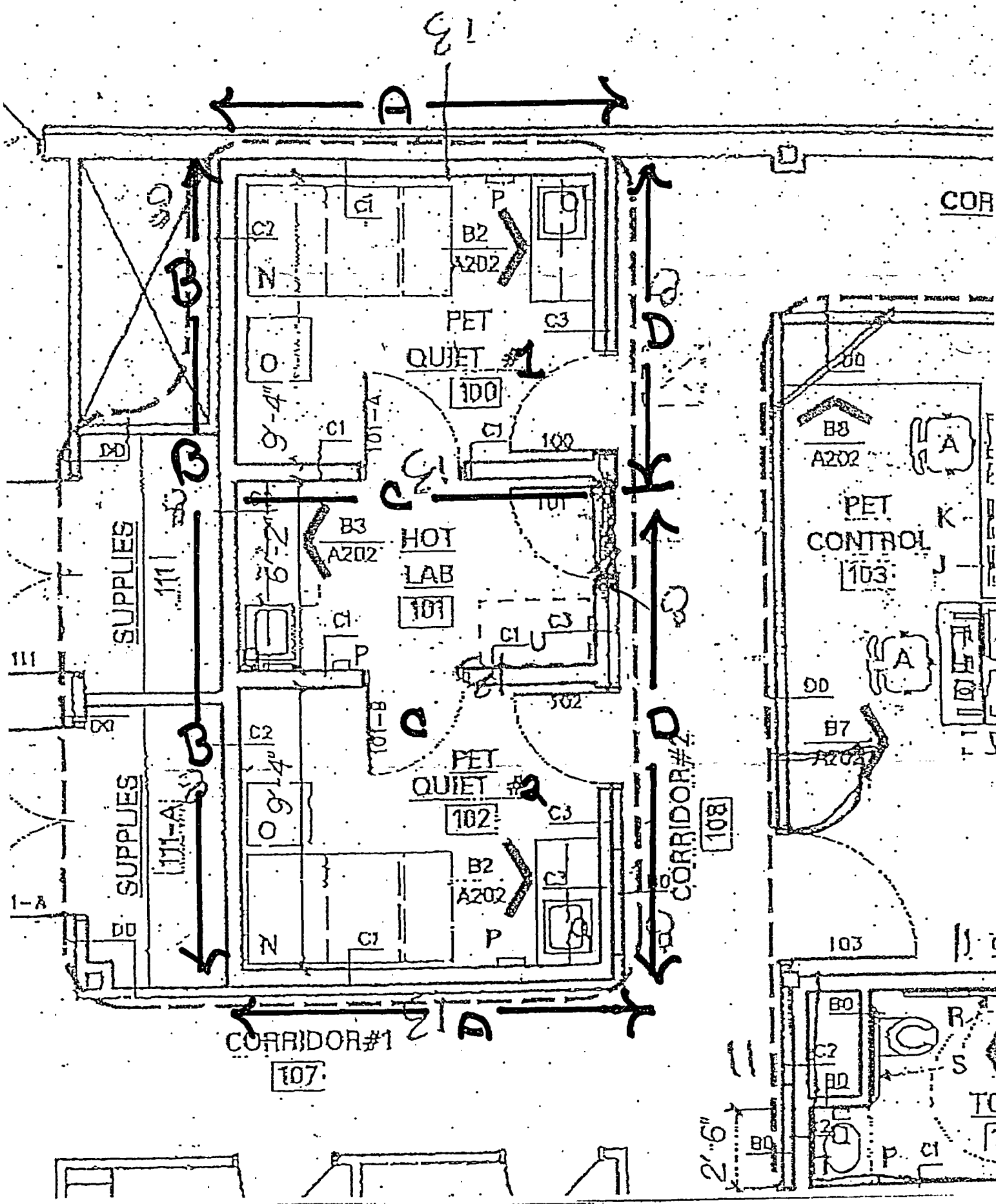
106

80

K

F

K



81

COR

SUPPLIES

SUPPLIES

CORRIDOR#1

107

HOT LAB

101

PET QUIET #2

102

B2 A202

PET QUIET #1

100

100

101

102

102

PET CONTROL

103

B7 A202

103

CORRIDOR#2

108

2'-6"

B0

C2 B0

B0

P C1

C

R

S

IC

1

## QUIET ROOM 1

Wall	lead thickness(cm)	(inches)
A	1.8	11/16
B	1.4	9/16
C	1.9	12/16
D	1.1	7/16

## QUIET-ROOM-2

Wall	lead thickness(cm)	(inches)
A	1.8	11/16
B	1.4	9/16
C	1.9	12/16
D	1.1	7/16

## PET SCAN ROOM

Wall	lead thickness(cm)	(inches)
A	1.0	7/16
B	0.6	4/16
C	0.2	1/16
D	1.75	11/16
E	1.1	7/16
F	1.0	6/16

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

4/5/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 37-09463-01  
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 136925.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (R1)  
(6-98)

Sincerely,  
Licensing Assistance Team Leader

BETWEEN: : (FOR LFMS USE)  
 : INFORMATION FROM LTS  
 : -----  
 :  
 License Fee Management Branch, ARM : Program Code: 02230  
 and : Status Code: 2  
 Regional Licensing Sections : Fee Category: 7C  
 : Exp. Date: 20050228  
 : Fee Comments: CODE 23  
 : Decom Fin Assur Req: N  
 : ::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION 4

1. APPLICATION ATTACHED  
 Applicant/Licensee: LATROBE AREA HOSPITAL  
 Received Date: 20050422  
 Docket No: 3003115  
 Control No.: 136925  
 License No.: 37-09463-01  
 Action Type: Amendment

2. FEE ATTACHED  
 Amount:             
 Check No.:           

3. COMMENTS

Signed Melissa Jund  
 Date 4/29/2005

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 \_\_\_\_\_