

## PERFORMANCE EVALUATION OF RENEWAL APPLICANT

### Official Agency Record

Licensee: St. Francis Medical Center - West

License No.: 53-29004-01

Control No: 470437

Records for the 4 years preceding this renewal application were reviewed and/or appropriate staff were interviewed with respect to the following performance indicators:

Performance Indicator	Conclusion	Explanation
Escalated enforcement, or OI or OIG investigation occurred or ongoing	NO	03/2005 inspection - no violations 02/2002 inspection - no violations
Lost control of licensed material presumed in public domain that is reportable or resulted in a violation	NO	None according to search performed on Nuclear Materials Event Database.
Unauthorized disposal or release of material that is reportable or resulted in a violation	NO	None according to search performed on Nuclear Materials Event Database.
An overexposure that resulted in a violation	NO	None according to search performed on Nuclear Materials Event Database.

If any of the above items are answered "YES", perform a Comprehensive Review using the applicable guidance contained in NUREG-1556. If all boxes are answered "NO", perform a Limited Review. An exception must be approved by a supervisor, documented on this form, or a copy of the documentation must be attached to this document for placement in the docket file.

Additional Information or Explanation of Exception

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The review should be limited

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The review should be comprehensive

      

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Roberto J. Torres, Senior Health Physicist  
June 30, 2005

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Supervisor/date  
(if exception granted)

## RENEWAL--LIMITED REVIEW CHECKLIST

Use either a check mark to designate a satisfactory response, "NA" to designate not applicable or "D" to designate deficiency, as appropriate. Document areas receiving a focused or thorough review at the end of the checklist.

Licensee: St. Francis Medical Center - West	License No. <u>53-29004-01</u> Docket No. <u>030-31426</u> Control No. <u>470437</u>
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- T   NRC-313 or appropriate equivalent signed and dated by senior licensee representative.
- T   Check the possession limits and confirm that any decommissioning financial assurance remains adequate.
- T   Licensee name and address match the current license.
- T   Place of use is a physical location (i.e., not P.O. Box, etc.)
- T   RSO and key personnel are appropriately qualified.
- T   Facilities and equipment are adequate.
- T   All uses qualify for a categorical exclusion in 10 CFR Part 51; specifically 51.22(c)(14)(iv).
- T   Organization structure conforms with applicable regulations and NUREG-1556 guidance. Reviewers are reminded licensees have the flexibility to provide information equivalent to that requested in NUREG-1556. (Appropriate individuals are present and are assigned necessary authority & responsibility.)
- N/A  New authorization requested by the licensee and any major program elements that require change as a result of the new authorization structure conform with applicable regulations and NUREG-1556 guidance.
- T   Inspection records reviewed for issues to be resolved during licensing.

**RENEWAL--LIMITED REVIEW CHECKLIST**  
(continued)

Major program changes, new high risk technology programs, and changes in control/ownership normally require only a focused review of the specific changes. If these changes are so extensive that a Comprehensive Review of the entire application is needed, obtain Branch Chief approval before proceeding. Each of the following three items must be marked with NA or a check and the change briefly identified.

<u>  N/A  </u>	<i>Major program change conforms with applicable regulations and NUREG-1556 guidance.</i>
<u>  N/A  </u>	<i>New high risk technology program conforms with regulations for similar technologies, guidance provided for similar technologies in NUREG-1556 guidance, and specific licensing conditions for the new technology.</i>
<u>  N/A  </u>	<i>Change in Control (Ownership) conforms with applicable regulations and NUREG-1556 guidance. NOTE: Financial assurance documents can be affected by change of ownership.</i>
<u>  T  </u>	A brief overview of the remainder of the application found that the major areas discussed in the guidance on the contents of the application from the appropriate NUREG-1556 series are present.
<u>  N/A  </u>	An obvious failure or a deficiency in a significant area resulted in a thorough review of that area. Document below.
<u>  N/A  </u>	Additional information was requested, and an adequate response was received.
<u>  N/A  </u>	A Comprehensive Review was conducted, and the reason for changing from a Limited Review to a Comprehensive Review is documented on the "Performance and Limited Review Check List."

**Area(s) of Focused or Thorough Review:**

**LICENSE TERMS OF LESS THAN 10 YEARS**  
**Official Agency Record**

Licensee: St. Francis Medical Center - West	License No: <u>53-29004-01</u> Docket No: <u>030-31426</u> Control No: <u>470437</u>
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The application and license records were reviewed against the following criteria to determine if a reduced license term is appropriate:

Criteria	YES	NO	Explanation
New high risk technology without extensive use or regulation experience by industry, or licensee, or NRC;		T	
Enforcement History - Severity Level I, II, or III violation due to serious programmatic deficiencies and not singular events, in preceding 3 years;		T	03/2005 inspection - no violations 02/2002 inspection - no violations
Possession-Only (Permanent Shutdown) - License authorizes no activities other than possession and storage of licensed material (2-year term);		T	
Renewal received a Comprehensive Review;		T	
Other, specify:			

If any of the above items are checked "YES", describe the basis above, determine the license term (usually 5 years) and document the determination below. All exceptions must be approved by a supervisor and a copy of that documentation attached to this checklist for placement in the docket.

Assigned License Term: 10 years

Additional Information or Explanation of Exception

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 Roberto J. Torres  
 Senior Health Physicist  
 June 30, 2005

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 Supervisor/Date (if exception granted)  
 Chief NMLB  
 (if less than 10 years or exception)