

C.1 **Renewal** - Performance Evaluation Checklist

PERFORMANCE EVALUATION OF RENEWAL APPLICANT

Official Agency Record

Licensee: Latrobe Area Hospital

License or Docket No: 37-09463-01

Control No: 136397

Records for the 5 years preceding this renewal application were reviewed and/or appropriate staff were interviewed with respect to the following performance indicators:

| Performance Indicator | Conclusion | If YES, explain: |
|---|---|------------------|
| Escalated enforcement, or OI or OIG investigation occurred or ongoing | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| Lost control of licensed material presumed in public domain that is reportable or resulted in a violation | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| Unauthorized disposal or release of material that is reportable or resulted in a violation | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| An overexposure that resulted in a violation | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

If any of the above items are checked "YES," perform a Comprehensive Review using the applicable guidance contained in NUREG-1556. If all boxes are checked "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

The review should be comprehensive limited.

P. Gabriel
 Reviewer / Date

5-27-05
 Supervisor / Date
 (if exception granted)

C.2 Renewal – Limited Review Checklist

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: <u>Lanoke Area Hospital</u> | License No. <u>27-09463-01</u> |
| | Docket No. <u>0300345</u> |
| | Control No. <u>136397</u> |

- NRC-313 or appropriate equivalent signed and dated by senior licensee representative.
- Check the possession limits and confirm that any decommissioning financial assurance remains adequate.
- Licensee name and address match the current license.
- Place of use is a physical location (i.e., not P.O. Box, etc.)
- RSO and key personnel are appropriately qualified.
- Facilities and equipment are adequate.
- All uses qualify for a categorical exclusion in 10 CFR Part 51.
- Organizational 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.)
- NA New authorizations 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.
- Inspection records reviewed for issues to be resolved during licensing.

CONTINUED NEXT PAGE

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.

NA Major program change conforms with applicable regulations and NUREG-1556 guidance.

NA 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.

NA Change in Control (Ownership) conforms with applicable regulations and NUREG-1556 guidance. NOTE: Financial assurance documents can be affected by change of ownership.

✓ 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.

NA An obvious failure or a deficiency in a significant area resulted in a thorough review of that area. Document below.

✓ Additional information was requested, and an adequate response was received.
(circle request as appropriate: phone log (e-mail/ fax / letter/ 5-27-05)

NA 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:

C.3 New and Renewal – License Term Checklist

| LICENSE TERMS OF LESS THAN 10 YEARS Official Agency Record | | | |
|--|---|---|---------------|
| Licensee: <u>Latrobe Area Hospital</u> | License: <u>37-09463-d</u> Docket No: <u>03003115</u> Control No: <u>136397</u> | | |
| The application and license records were reviewed against the following criteria to determine if a reduced license term is appropriate: | | | |
| Criteria | YES | NO | Basis for YES |
| New high risk technology without extensive use or regulation experience by industry, or licensee, or NRC; | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Enforcement History – Severity Level I, II, or III violation due to serious programmatic deficiencies and not singular events, in preceding 3 years; | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Possession-Only (Permanent Shutdown) – License authorizes no activities other than possession and storage of licensed material (2-year term); | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Renewal received a Comprehensive Review; | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Other, specify: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 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: <u>10</u> years | | | |
| Additional Information or Explanation of Exception <hr/> <hr/> | | | |
| <u>[Signature]</u> Reviewer / Date | | <hr/> Supervisor / Date (if less than 10 years or exception) | |

C.5 Checklist for Determining When Significant Licensing Action Has Taken Place That May Require An Additional Onsite Inspection

CHECKLIST FOR DETERMINING WHEN SIGNIFICANT LICENSING ACTION HAS TAKEN PLACE THAT MAY REQUIRE AN ADDITIONAL ONSITE INSPECTION

If recent licensing actions have resulted in one of the following, regional management should determine the need for performing an onsite inspection prior to the next routine inspection:

1. Does the licensing action result in increased authorization for types and quantities of radioactive material that could result in a significant potential for increased radiation exposure to the public and occupational workers?

No
 Yes (*Describe*)

Note: This can be identified by a change to a higher priority, i.e. from a Priority 2 to a Priority 1 license. Another "rule-of-thumb" for identifying a significant change in this area would be an increase in the authorized quantity from a millicurie amount to a curie amount.

2. Does the licensing action authorize a physical move of a facility or authorize use at a temporary job site(s)?

No
 Yes

3. Does the licensing action authorize satellite facilities where material will be used or stored?

No
 Yes

4. Does the licensing action increase the types of uses or disposal (incineration) of radioactive materials?

No
 Yes

5. Does the licensing action significantly increase the number of authorized users?

No
 Yes