

## ACCEPTANCE REVIEW MEMO

**Licensee:** Memorial Hospital of Sweetwater Cty  
**License No.:** 49-17940-01      **Docket No.:** 030-13672  
**Mail Control No.:** 470647  
**Type of Action:** Amend    **Date of Requested Action:** 07-14-05  
**Reviewer Assigned:**              **Date Assigned to Reviewer:** 08-08-05  
**Reviewer(s) Who Performed Review:** Torres

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
		____ 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		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<b>Non-Publicly Available, Sensitive</b> if <u>any</u> 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:** RTT **Date:** 8/8/05

NRC FORM 313  
(4-2004)  
10 CFR 30, 32, 33,  
34, 35, 36, 39, and 40

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0120

EXPIRES: 10/31/2005

Estimated burden per response to comply with this mandatory collection request: 7 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F52), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0120), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

APPLICATION FOR MATERIAL LICENSE

INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.

APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:

DIVISION OF INDUSTRIAL AND MEDICAL NUCLEAR SAFETY  
OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS  
U.S. NUCLEAR REGULATORY COMMISSION  
WASHINGTON, DC 20555-0001

IF YOU ARE LOCATED IN:

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:

MATERIALS LICENSING BRANCH  
U.S. NUCLEAR REGULATORY COMMISSION, REGION III  
2443 WARRENVILLE ROAD, SUITE 210  
LISLE, IL 60532-4352

Aug 03 2005

ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:

IF YOU ARE LOCATED IN:

ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, MISSISSIPPI, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO:

LICENSING ASSISTANCE TEAM  
DIVISION OF NUCLEAR MATERIALS SAFETY  
U.S. NUCLEAR REGULATORY COMMISSION, REGION I  
475 ALLENDALE ROAD  
KING OF PRUSSIA, PA 19406-1415

ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING, SEND APPLICATIONS TO:

NUCLEAR MATERIALS LICENSING BRANCH  
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV  
611 RYAN PLAZA DRIVE, SUITE 400  
ARLINGTON, TX 76011-4005

PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.

1. THIS IS AN APPLICATION FOR (Check appropriate item)

- A. NEW LICENSE
- B. AMENDMENT TO LICENSE NUMBER 49-17940-01
- C. RENEWAL OF LICENSE NUMBER

2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code)

Frederick Matti, MD  
P.O. Box 2700  
Rock Springs, WY 82902

3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED

Memorial Hosp. of Sweetwater County  
P.O. Box 1359 1200 College Drive  
Rock Springs, WY 82901

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

Keith Carnahan, RSO RT (N)

TELEPHONE NUMBER  
307-352-8387

SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

5. RADIOACTIVE MATERIAL  
a. Element and mass number, b. chemical and/or physical form, and c. maximum amount which will be possessed at any one time

6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.

7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE.

8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.

9. FACILITIES AND EQUIPMENT.

10. RADIATION SAFETY PROGRAM.

11. WASTE MANAGEMENT.

12. LICENSE FEES (See 10 CFR 170 and Section 170.31)

FEE CATEGORY AMOUNT ENCLOSED \$

13. CERTIFICATION (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

CERTIFYING OFFICER - TYPED/PRINTED NAME AND TITLE

Kevin D. Hawk, Interim CEO

SIGNATURE

[Handwritten Signature]

DATE

7/14/05

FOR NRC USE ONLY

TYPE OF FEE FEE LOG FEE CATEGORY AMOUNT RECEIVED CHECK NUMBER COMMENTS

\$

APPROVED BY

DATE



July 11, 2005

Jacqueline D. Cook, Senior Health Physicist  
Nuclear Regulatory Commission  
611 Ryan Plaza Drive, Suite 400  
Arlington, TX 76011-8064

RE: Amendment Application: **NRC License 49-17040-01**

Dear Ms. Cook:

Please add Frederick Matti, M.D. as an authorized user for the above-captioned license for material identified in 10 CFR 25.100 and 35.200.

Please delete William Compton, M.D. as an authorized user, as he has permanently withdrawn his availability to work at this facility.

If you have any questions regarding this request, please feel free to contact me at (307) 352-8387.

Thank you for your attention to this request.

Sincerely,

A handwritten signature in cursive script that reads "Keith Carnahan".

Keith Carnahan, RSO  
Memorial Hospital of Sweetwater County  
1200 College Drive  
P.O. Box 1359  
Rock Springs, WY 82902-1359

kc:ch

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY**

1200 COLLEGE DRIVE • P.O. BOX 1359 • ROCK SPRINGS, WYOMING 82902

(307) 362-3711 • FAX (307) 362-8391 • (307) 875-7730

A STEP INTO THE FUTURE WITH EXCELLENCE IN HEALTH CARE

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# The American Board of Radiology

*Organized through the cooperation of the  
American College of Radiology, the American Roentgen Ray Society,  
the American Radium Society, the Radiological Society of North America,  
the Section on Radiology of the American Medical Association,  
the American Society for Therapeutic Radiology and Oncology, the Association of  
University Radiologists, and American Association of Physicists in Medicine*  
Hereby certifies that

**Frederick Leo Matti, MD**

*Has pursued an accepted course of graduate study  
and clinical work, has met certain standards and qualifications and  
has passed the examinations conducted under the authority of  
The American Board of Radiology*

*On this ninth day of June, 2004*

*Thereby demonstrating to the satisfaction of the Board  
that he is qualified to practice the specialty of*

**Diagnostic Radiology**



Certificate No. 49562

*William H. ...*  
President

*Philip O. Anderson MD*  
Secretary-Treasurer

*R.R. Hatten MD*  
Executive Director



Valid through 2014

AUG 10 2005

DATE

This is to acknowledge the receipt of your letter/application dated 7/14/05, 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:

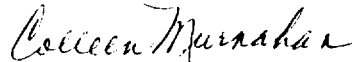
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The action you requested is normally processed within 90 days.

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 470647.  
When calling to inquire about this action, please refer to this mail control number.  
You may call me at 817-860-8103.

Sincerely,



Licensing Assistant

BETWEEN:

License Fee Management Branch, ARM  
Regional Licensing Sections

(FOR LFMS USE)  
-----  
INFORMATION FROM LTS  
-----  
: Program Code: 02120  
: Status Code: 0  
: Fee Category: 7C  
: Exp. Date: 20140630  
: Fee Comments: CODE 13  
: Decom Fin Assur Req'd: N  
: .....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: MEMORIAL HOSPITAL OF SWEETWATER CTY  
Received Date: 20050803  
Docket No: 3013672  
Control No.: 470647  
License No.: 49-17940-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.: \_\_\_\_\_

3. COMMENTS

Signed *William Murakawa*  
Date 8-05-05

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 \_\_\_\_\_

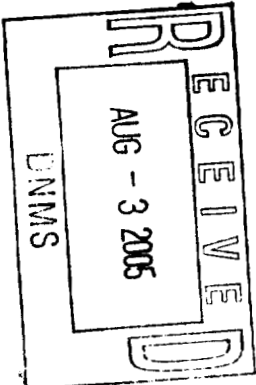
3. OTHER \_\_\_\_\_

Signed \_\_\_\_\_  
Date \_\_\_\_\_

MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
1200 COLLEGE DRIVE • P.O. BOX 1359 • ROCK SPRINGS, WYOMING 82902  
A STEP INTO THE FUTURE WITH EXCELLENCE IN HEALTH CARE



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