

ACCEPTANCE REVIEW MEMO

Licensee: Ivinson Memorial Hospital

License No.: 49-25978-01

Docket No.: 030-10133

Mail Control No.: 470652

Type of Action: Amend **Date of Requested Action:** 07-12-05

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	Non-Publicly Available, Sensitive 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: ATC **Date:** 8/8/05



Ivinson Memorial Hospital
 Imaging Department
 255 N. 30th Street
 Laramie, WY 82072
 (307) 742-2141 Extension 2333
 Fax (307) 721-4713

FAX COVER SHEET

TO: ~~Jack Whitten~~
 Colleen Myrnanhan

FROM: Gail VanBuren
 RAM 49-15978-01

RE: Change in RSO



Pages including cover sheet 4

IMPORTANT WARNING:

The information that follows is intended for the use of the person and/or entity to whom it is addressed. This information may be confidential and privileged; the disclosure of which is governed by applicable federal and state laws. If you are not the intended recipient you are hereby notified that any disclosure, dissemination, distribution or copying of this information is **STRICTLY PROHIBITED**.
IF YOU HAVE RECEIVED THIS MESSAGE BY ERROR
 PLEASE NOTIFY US AT (307) 742-2141 EXTENSION 2333. IMMEDIATELY AND DESTROY THE RELATED MATERIALS.



Iverson Memorial Hospital
We Care For You

Tuesday July 12, 2005

Radioactive license # 49-15978-01

U.S. Nuclear Regulatory Commission
Region IV
611 Ryan Plaza Drive Suite 400
Arlington, Texas 76011-8064

To Whom It May Concern:

We would like to amend our Radioactive Material license to reflect a new Radiation Safety Officer. The RSO as of July 12, 2005 will be Steven Jones, Radiological Physicist. He is ABR certified since July of 1985 and is also named RSO at McKee Medical Center: RAM Colo 314-01. Drs. Richard Gotthoffer and Robert Knight continue to be the authorized users.

Attached is a copy of the letter delegating authority and acceptance of the responsibilities and duties as RSO.

Please feel free to contact either of us if you have any questions.

Sincerely,

Nelson Toebbe, F.A.C.H.E.
President/CEO
(307) 742-2142 ext. 6125

Steven M. Jones, M.S., DABR
Radiological Physicist
(970) 222-0878



Iverson Memorial Hospital
We Care For You

To: Radiation Safety Officer
From: Chief Executive Officer
Date: July 12, 2005
Subject: Delegation of Authority

You, Steven M. Jones, have been appointed Radiation Safety Officer and are responsible for ensuring the safe use of radiation. You are responsible for managing the radiation protection program; identifying radiation protection problems; initiating, recommending, or providing corrective actions; verifying implementation of corrective actions; stopping unsafe activities and ensuring compliance with regulations. You are hereby delegated the authority necessary to meet those responsibilities, including prohibiting the use of byproduct material by employees who do not meet the necessary requirements and shutting down operation where justified by radiation safety. You are required to notify management if staff do not cooperate and do not address radiation safety issues. In addition, you are free to raise issues with the Nuclear Regulatory commission at anytime. It is estimated that you will spend 1-2 hours per week conducting radiation protection activities.

Nelson Toebbe, F.A.C.H.E.
President/Chief Executive Officer

I accept the above responsibilities.

Steven M. Jones, M.S.D.A.B.R.

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
and the American Society of Therapeutic Radiologists.
Hereby certifies that*

Steven M. Jones, M.S.

*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 sixth day of June, 1955

*Thereby demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of
Therapeutic Radiological Physics &
Diagnostic Radiological Physics*



James W. ...
President

John H. ...
Secretary

AUG 10 2005
DATE

This is to acknowledge the receipt of your letter/application dated 7/30/05, 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 470652.
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

(FOR LEMS USE)
INFORMATION FROM LTS

Program Code: 02121
Status Code: 0
Fee Category: 7C
Exp. Date: 20081031
Fee Comments: CODE 16
Decom Fin Assur Reqd: N

BETWEEN:
License Fee Management Branch, ARM
and
Regional Licensing Sections

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: IVINSON MEMORIAL HOSPITAL
Received Date: 20050801
Docket No.: 3010133
Control No.: 470652
License No.: 49-15978-01
Action Type: Amendment

2. FEE ATTACHED
Amount:
Check No.:

3. COMMENTS
Signed
Date 9-05-05

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 _____