

ACCEPTANCE REVIEW MEMO

Licensee: Hawaii Pacific Health, Inc.

License No.: 53-23297-01

Docket No.: 030-31200

Mail Control No.: 470669

Type of Action: Notify **Date of Requested Action:** 08-01-05

Reviewer Assigned: **Date Assigned to Reviewer:** 08-22-05

Reviewer(s) Who Performed Review: Cook-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 (_____)

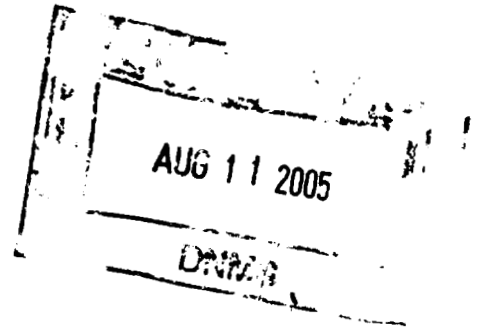
Branch Chief's and/or Sr. HP's Initials: _____ **Date:** _____

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: HTC **Date:** 8/22/05



August 1, 2005



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

Subject: Notification
NCR License No. 53-232977-01
Docket No. 030-31200

Dear License Reviewer:

Our Radiation Safety Committee has approved Venerando Seguritan, M.D., as an authorized user for byproduct materials listed in 10 CFR 35.100 and 35.200. Dr. Seguritan is certified in Diagnostic Radiology by the American Board of Radiology. This certification was obtained within the past seven years. A copy of this certification is enclosed.

If you require additional information, please contact our Radiation Safety Officer, Ronald Frick, at 808/373-7009.

Sincerely,

A handwritten signature in black ink, appearing to read "Raymond Vara, Jr." with a stylized flourish at the end.

Raymond Vara, Jr.
Chief Executive Officer

Enclosure

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 Physicians in Medicine*

Honors certifies that

Venerando Salazar Seguritan, 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 fifth day of November, 2001

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

Diagnostic Radiology

with Added Qualifications in

Vascular & Interventional Radiology



Certificate No. 42677

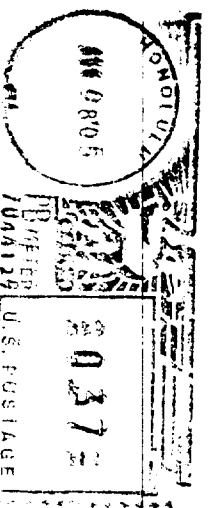
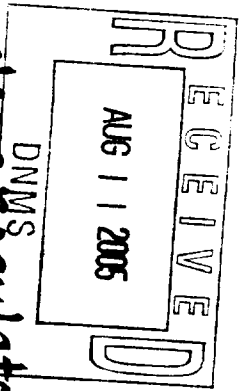
R.P. Heston, M.D.
President

Norm A. Fischl, M.D.
Secretary-Treasurer

M. [Signature], M.D.
Executive Director



Valid through 2011



U.S. Nuclear Regulatory Commission
Region IV

611 Ryan Plaza Dr., Suite 400
Arlington, TX 76011-8064

76011+4005-00 0012

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AUG 23 2005

DATE

This is to acknowledge the receipt of your letter/application dated 8/11/05, 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 _____ 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 470669.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,

Calleen Munnahan

Licensing Assistant

BETWEEN:

License Fee Management Branch, ARM
Regional Licensing Sections

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: HAWAII PACIFIC HEALTH, INC.
Received Date: 20050811
Docket No: 3031200
Control No.: 470669
License No.: 53-23297-01
Action Type: Notifications

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed *Gregory Munnick*
Date 8/23/05

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 _____

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02120
Status Code: 0
Fee Category: 7C 3E
Exp. Date: 20150531
Fee Comments: 3E EFF 5/5/95
Decom Fin Assur Reqd: N