

ACCEPTANCE REVIEW MEMO

Licensee: Ivinson Memorial Hospital
License No.: 49-15978-01 **Docket No.:** 030-
Mail Control No.: 470725
Type of Action: Amend **Date of Requested Action:** 09-30-05
Reviewer Assigned: **Date Assigned to Reviewer:** 10-04-05
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
		<input checked="" type="checkbox"/> Radionuclides, forms, and quantities
		<input checked="" type="checkbox"/> Location of RAM
		<input checked="" type="checkbox"/> Building drawings with locations of RAM
		<input checked="" type="checkbox"/> Security of RAM (locks, alarms, etc.)
		<input checked="" type="checkbox"/> SS&D Catalog information
		<input checked="" type="checkbox"/> Specifics of Emergency Plan (routes to and from RAM, response to security events, etc.)
		<input checked="" type="checkbox"/> Safeguards Information

Branch Chief's and/or Sr. HP's Initials: RTZ **Date:** 10/4/05



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 Murnahan

FROM: GAIL VANBUREN

RE: NRC RAM Ammendment



Pages including cover sheet 4

4 7 0 7 2 5



Ivinson Memorial Hospital
We Care For You

Friday September 30, 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. Please remove Steven M. Jones as our current RSO. We would also like to remove Drs. Robert Knight and Richard Gotthoffer as authorized users from our current RAM as they are no longer providing services at Ivinson Memorial Hospital.

We would like our RAM to reflect a new Radiation Safety Officer and a new authorized user. As of September 30, 2005 Robert Stears, M.D. will be the RSO and authorized user. Dr. Stears has been ABR certified since November 1994. Dr. Stears has been RSO and is currently listed as an authorized user on the Radioactive Materials License in Sheridan, Wy., RAM 49-10982-02, Expiration 2011.

Attached is a copy of the letter delegating authority and acceptance of the responsibilities and duties as RSO for Dr. Stears. Attached also is his ABR.

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

Sincerely,

Nelson Toebbe, F.A.C.H.E.
President/CEO
(307) 742-2141 ext. 6125

Robert L. Stears, M.D.
Radiologist
(307) 742-2142 ext. 2247



Ivinson Memorial Hospital
We Care For You

To: Radiation Safety Officer
From: Chief Executive Officer
Date: September 30, 2005
Subject: Delegation of Authority

You, Robert Stears M.D., 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.

Handwritten signature of Nelson Toebbe in cursive.

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

I accept the responsibilities.

Handwritten signature of Robert L. Stears in cursive.

Robert L. Stears, M.D.

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

Robert Lebaron Stears, M.D.

*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 twenty-first day of November, 1994

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

Douglas Maynard, MD *William J. Jansell, MD* *Paul C. Carr, M.D.*
President Secretary-Treasurer Executive Director

470725

10-05-05

DATE

This is to acknowledge the receipt of your letter/application dated 9-30-05, 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** 470725.
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
and
Regional Licensing Sections

(FOR LEMS USE)

INFORMATION FROM LTS

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

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: IVINSON MEMORIAL HOSPITAL
Received Date: 20050930
Docket No.: 3010133
Control No.: 470725
License No.: 49-15978-01
Action Type: Amendment

2. FEE ATTACHED
Amount: _____
Check No.: _____

3. COMMENTS
Signed: Colleen Murrin
Date: 10/04/05

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 _____