

# ACCEPTANCE REVIEW MEMO

**Licensee:** Queen's Medical Center, The  
**License No.:** 53-16533-02      **Docket No.:** 030-14522  
**Mail Control No.:** 470953  
**Type of Action:** Amend    **Date of Requested Action:** 04-06-06  
**Reviewer Assigned:**                      **Date Assigned to Reviewer:** 04-25-06  
**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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Action to be expedited
<input type="checkbox"/> Medical emergency <input type="checkbox"/> Licensee in noncompliance (i.e. no RSO, location of use/storage not on license, radioactive material in possession not on license) <input type="checkbox"/> National Security <input checked="" type="checkbox"/> Other ( <u>MEDICAL Necessity</u> )		
<b>Branch Chief's and/or Sr. HP's Initials:</b> <u>RJTC</u>		<b>Date:</b> <u>4/25/06</u>

<del>SUNSI</del> <del>SISF</del> Review		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<b>Non-Publicly Available, Sensitive</b> if <u>any</u> item below is checked
<input type="checkbox"/> Radionuclides, forms, and quantities <input type="checkbox"/> Location of RAM <input type="checkbox"/> Building drawings with locations of RAM <input type="checkbox"/> Security of RAM (locks, alarms, etc.) <input type="checkbox"/> SS&D Catalog information <input type="checkbox"/> Specifics of Emergency Plan (routes to and from RAM, response to security events, etc.) <input type="checkbox"/> Safeguards Information		
<b>Branch Chief's and/or Sr. HP's Initials:</b> <u>RJTC</u>		<b>Date:</b> <u>4/25/06</u>



# THE QUEEN'S MEDICAL CENTER

1301 Punchbowl Street ▪ Honolulu, Hawaii 96813 ▪ Phone (808) 538-9011 ▪ FAX: (808) 547-4646 ▪ [www.queens.org](http://www.queens.org)

April 6, 2006 - REVISED

USNRC Region IV  
611 Ryan Plaza Drive, Suite 400  
Arlington, TX 76011-8064

FAX 817-860-8263

Docket: 030-14522  
License: 53-16533-02

Greetings:

Please amend our license to include two more brachytherapy sources listed in Item 7.D:

- I-125 seed produced by Medi-Physics as Model 6711
- I-125 seed produced by Medi-Physics as Model 6733
- I-125 seed produced by Medi-Physics as Model 7000

Thank You,

Scott Dube  
Radiation Safety Officer

(808) 547-4884  
[sdube@queens.org](mailto:sdube@queens.org)

APR 7 2006  
QMC



# THE QUEEN'S MEDICAL CENTER

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Thank You,

*Scott Dube*

Scott Dube  
Radiation Safety Officer

(808) 547-4884  
sdube@queens.org

*4/10/06: Received call from Steven Kenner who is a representative of GE Medical Systems. Want to ship brachytherapy source to Queens that is the same model as 3M Health Physics 6711; however, Acuren (Medi-Physics) bought out 3M years ago & want to ship sources to Queens. This amendment request will be processed accordingly.*

*Jackie*

Founded in 1859 by Queen Emma and King Kamehameha IV

470953



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April 6, 2006 - REVISION NUMBER 2 ✓

USNRC Region IV  
611 Ryan Plaza Drive, Suite 400  
Arlington, TX 76011-8064

FAX 817-860-8263

Docket: 030-14522  
License: 53-16533-02

Greetings:

Please amend our license Item 7.D as follows:

Change the name of the manufacturer of the listed I-125 seed Model 6711 from "3M Health Physics Services" to "Medi-Physics"

Add the I-125 seed produced by Medi-Physics as Model 6733

Add the I-125 seed produced by Medi-Physics as Model 7000

Thank You,

*Scott Dube*

Scott Dube  
Radiation Safety Officer

(808) 547-4884  
sdube@queens.org

4-26-06  
DATE

This is to acknowledge the receipt of your letter/application dated 04-06-06, 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 470953.  
When calling to inquire about this action, please refer to this mail control number.  
You may call me at 817-860-8103.

Sincerely,

*Celene Murnehan*  
Licensing Assistant

Program Code: 02230  
Status Code: 0  
Fee Category: 7C 3E 3M  
Exp. Date: 20141231  
Fee Comments: CODE 23  
Decom Fin Assur Reqd: N

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED QUEEN'S MEDICAL CENTER, THE  
Applicant/Licensee: 20060407  
Received Date: 3014522  
Docket No.: 470953  
Control No.: 53-16533-02  
License No.:  
Action Type: Amendment

2. FEE ATTACHED  
Amount:             
Check No.:           

Signed *William J. P... ..*  
Date 4-21-06

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 \_\_\_\_\_