

ACCEPTANCE REVIEW MEMO

Licensee: Hot Springs County Memorial Hosp.
License No.: 49-26949-01 **Docket No.:** 030-30651
Mail Control No.: 470962
Type of Action: Amend **Date of Requested Action:** 04-11-06
Reviewer Assigned: Rachel **Date Assigned to Reviewer:** 04-25-06
Reviewer(s) Who Performed Review: Torres

Response Received	Deficiencies Noted During Acceptance Review
✓	1. Submit Delegation of Authority letter for the new RSO.
	2.
	3.
	4.

Reviewer's Initials: RSB **Date:** 6/7/06
Branch Chief's and/or SR. HP's Initials: N/A **Date:** N/A

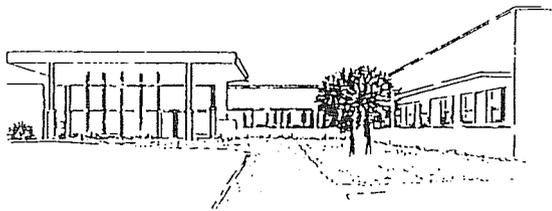
Yes No Action - decommissioning notification should be issued within 30 days.
 Yes No Termination request < 90 days from date of expiration
 Yes No Action to be expedited
 _____ Medical emergency
 _____ Licensee in noncompliance (i.e. no RSO, location of use/storage not on license, radioactive material in possession not on license)
 _____ National Security
 _____ Other (_____)

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

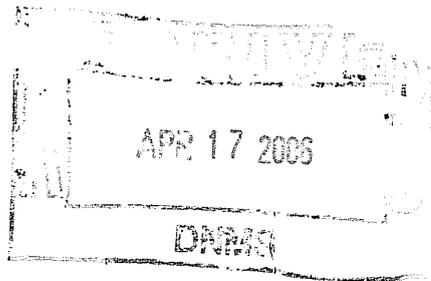
~~SANS~~ ~~SISP~~ Review

Yes No **Non-Publicly Available, Sensitive** if any 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: RITZ **Date:** 4/25/06



Hot Springs County Memorial Hospital
Professionals. . .Caring for Our Community



150 East Arapahoe
Thermopolis, Wyoming 82443

Phone: 307/864-3121
Fax: 307/864-3222

From: Daryl Mathern, Director DI
Hot Springs County Memorial Hospital
150 E Arapahoe St
Thermopolis, Wy 82443

4/11/2006

To: Nuclear Regulatory Commission
Region IV
611 Ryan Plaza Dr.
Suite 400
Arlington, TX 76011-4005

Subject: License Amendment(Change RSO)
License #49-26949-01
Docket #030-30651

Ladies/Gentlemen:

We would like to amend our NRC License to reflect that Dr. James R. Taylor, MD (authorized User) will be the Radiation Safety Officer.

Dr. Thomas McCallum is semi-retiring but will still be and authorized user . Thank you for your timeliness on this matter. If any Questions, please call 307-864-3121, ext 147. Thank You.

Respectfully,

Daryl T. Mathern, CNMT
Director Nuclear Medicine

Cc: Administration

h 470962

facsimile
TRANSMITTAL

U.S. Nuclear Regulatory Commission

Region IV

611 Ryan Plaza Drive, Suite 400

Arlington, Texas 76011

DIVISION OF NUCLEAR MATERIALS SAFETY

May 12, 2006

Name: Mr. Daryl T. Mathern, CNMT

Organization: Hot Springs County Memorial Hospital

Fax: 307-864-3222

Phone: 307-864-3121 x147

From: Rachel S. Browder

Phone: 817-276-6552

FAX: 817-860-8263

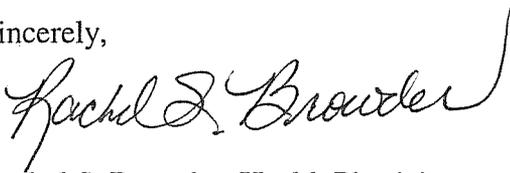
Subject: Sample Delegation of Authority Letter

License No.: 49-26949-01 **Docket No.:** 030-30651 **Control No.:** 470962

I have reviewed your request dated April 11, 2006, to name Dr. James R. Taylor, MD as the Radiation Safety Officer. Please submit a Delegation of Authority letter, as required by 10 CFR 35.24(b), so I can continue with the review to authorize Dr. Taylor as the new Radiation Safety Officer. Following is a sample Delegation of Authority letter as documented in NUREG-1556, Volume 9, "Program Specific Guidance About Medical Use Licenses."

If there are any questions, please contact me at the above listed telephone number. Please respond to this fax within 10 business days of receipt. In your response, please include the docket, license and control numbers as indicated above.

Sincerely,



Rachel S. Browder, Health Physicist
DNMS/NMLB

Model Delegation of Authority

Memo To: Radiation Safety Officer

From: Chief Executive Officer

Subject: Delegation of Authority

You, _____, 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 operations 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 any time. It is estimated that you will spend _____ hours per week conducting radiation protection activities. I accept the above responsibilities,

Signature of Management Representative

Signature of Radiation Safety Officer

Date

Date

cc: Affected department heads

JUN 7 2006

Hospital Fax Numbers



Hot Springs County Memorial Hospital

150 East Arapahoe
Thermopolis, Wyoming 82443
(307) 864-3121

- ADMINISTRATION 864-5050
- AMBULATORY 864-5039
- EMERGENCY ROOM 864-5017
- HOME HEALTH 864-5471
- LABORATORY 864-5051
- MEDICAL RECORDS 864-5007
- NURSING 864-5053
- PHARMACY 864-5052
- RADIOLOGY 864-~~5051~~ 5029
- RESPIRATORY THERAPY 864-5008

FACSIMILE

DATE & TIME:

6-7-06

TO:

Rachel Browder

LOCATION:

NRC

FAX #:

1-817-860-8263

FROM:

Daryl Mathew

COMMENTS:
(PT. ID., WHAT WAS SENT)

Delegation of Authority

Thanks - Daryl

NO. OF PAGES (INCLUDING COVER):

2

This transmission is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and or exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of the communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone listed above and return the original message to us at the address, also listed above, via the U.S. Postal Service.

Thank you for your cooperation.

Model Delegation of Authority

Memo To: Radiation Safety Officer
From: Chief Executive Officer
Subject: Delegation of Authority

JUN 07 2006

You, James Taylor, 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 operations 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 any time. It is estimated that you will spend 3-5 hours per week conducting radiation protection activities.

I accept the above responsibilities,

Tuesday J. O'Connell 10
Signature of Management Representative

[Signature]
Signature of Radiation Safety Officer

10-14-03
Date

10/14/03
Date

cc: Affected department heads

(FOR LEMS USE)
INFORMATION FROM LFS

Program Code: 02120
Status Code: 0
Fee Category: 7C
Exp. Date: 20150331
Fee Comments:
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: HOT SPRINGS COUNTY MEMORIAL HOSP.
Received Date: 20060417
Docket No.: 3030651
Control No.: 470962
License No.: 49-26949-01
Action Type: Amendment

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

3. COMMENTS
Signed _____
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 _____