

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Straub Clinic & Hospital **License No.:** 53-18126-01
Docket No.: 03014529 **Mail Control No.:** 471035
Type of Action: Notification **Date of Requested Action:** 07-12-06
Reviewer Assigned: **ARM reviewer(s):** Cook

Response	Deficiencies Noted During Acceptance Review
	<input type="checkbox"/> Open ended possession limits. Limit possession. Submit inventory. <input type="checkbox"/> Submit copies of most recent leak test results. <input type="checkbox"/> Add - delete IC license condition. Add IC paragraph in cover letter. <input type="checkbox"/> Split license from cover letter. Add SUNSI marking to license. <input type="checkbox"/> Ask the licensee if they have any type-amount of EPAct Material.
	REVIEWER NOTE: Send acknowledgement letter.

Reviewer's Initials: _____ **Date:** _____

<input type="checkbox"/> Yes <input type="checkbox"/> No	Unrestricted release Group 2 or >: Transfer memo to FCDB within 10 days.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Decommissioning notification should be completed 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	Expedite (medical emergency, no RSO, location of use/storage not on license, RAM in possession not on license, other)
<input type="checkbox"/> Yes <input type="checkbox"/> No	TAR needed to complete action.

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

SUNSI Screening according to RIS 2005-31

Yes No **Non-Publicly Available, Sensitive** if any item below is checked

General guidance:

- _____ RAM = or > than Category 3 (Table 1, RIS 2005-31), use Unity Rule
- _____ Exact location of RAM (whether = or > than Category 3 or not)
- _____ Design of structure and/or equipment (site specific)
- _____ Information on nearby facilities
- _____ Detailed design drawings and/or performance information
- _____ Emergency planning and/or fire protection systems

Specific guidance for medical, industrial and academic (above Category 3):

- _____ RAM quantities and inventory
- _____ Manufacturer's name and model number of sealed sources & devices
- _____ Site drawings with exact location of RAM, description of facility
- _____ RAM security program information (locks, alarms, etc.)
- _____ Emergency Plan specifics (routes to/from RAM, response to security events)
- _____ Vulnerability/security assessment/accident-safety analysis/risk assess
- _____ Mailing lists related to security response

Branch Chief's and/or Sr. HP's Initials: *JAC* **Date:** 7/21/06

Straub
CLINIC & HOSPITAL

888 SOUTH KING STREET
HONOLULU, HAWAII 96813
(808) 522-4000

July 12, 2006

U.S. Nuclear Regulatory Commission
Region IV
Material Radiation Protection Section
611 Ryan Plaza Drive, Suite 400
Arlington, TX. 76011

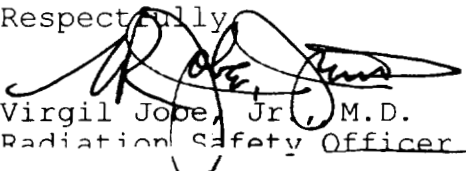
RE: BYPRODUCT MATERIALS LICENSE 53-18126-01.

To whom it may concern:

This letter is to request that future correspondence and mailings from the NRC be addressed to Art Gladstone, Chief Operations Officer, as management representative at our facility. This is a change from Edwina Lee, VP, Hospital Operations.

Thank you for your attention to this matter. If you should have any questions concerning this request, please feel free to contact me at (808) 522-4501.

Respectfully,

 ZACK
Virgil Jope, Jr., M.D.
Radiation Safety Officer

RECEIVED
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DNMS

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471035

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LEMS USE)
INFORMATION FROM LTS

Program Code: 02120
Status Code: 0
Fee Category: 7C
Exp. Date: 20150531
Fee Comments:
Decom Fin Assur Req'd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: STRAUB CLINIC & HOSPITAL
Received Date: 20060718
Docket No: 3014529
Control No.: 471035
License No.: 53-18126-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed *Allen P. ...*
Date 7-20-06

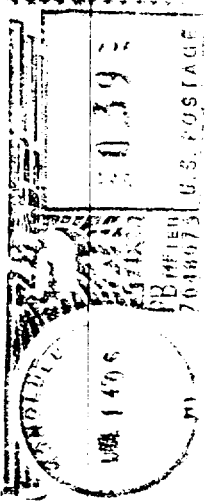
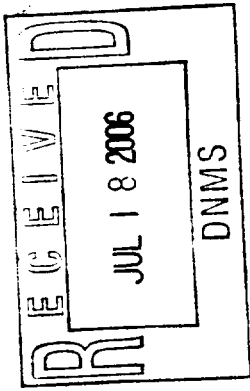
B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered / __/)

- 1. Fee Category and Amount: _____
- 2. Correct Fee Paid. Application may be processed for:
Amendment _____
Renewal _____
License _____
- 3. OTHER _____

Signed _____
Date _____

Straub CLINIC & HOSPITAL

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888 South King Street
Homoloh, HI 96813



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