

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Dept of Army - Evans Army
Comm Hosp

License No.: 05-26854-01

Docket No.: 030-29534

Mail Control No.: 471079

Type of Action: *Notification*

Date of Requested Action: 08-07-06

Reviewer
Assigned:

ARM reviewer(s): Torres

Response	Deficiencies Noted During Acceptance Review
	<ul style="list-style-type: none">[] Open ended possession limits. Limit possession. Submit inventory.[] Submit copies of most recent leak test results.[] Add - delete IC license condition. Add IC paragraph in cover letter.[] Split license from cover letter. Add SUNSI marking to license.[] Ask the licensee if they have any type-amount of EPAct Material.

Reviewer's Initials: _____

Date: _____

- ☐ Yes ☐ No Unrestricted release Group 2 or >: Transfer memo to FCDB within 10 days.
- ☐ Yes ☐ No Decommissioning notification should be completed within 30 days.
- ☐ Yes ☐ No Termination request < 90 days from date of expiration
- ☐ Yes ☐ No Expedite (medical emergency, no RSO, location of use/storage not on license, RAM in possession not on license, other)
- ☐ Yes ☐ 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: *R/T*

Date: *8/18/06*

Pre-Licensing Screening

Applicant Information:

Control No. 471079

Name: Dept of Army - Evans Army Comm Hosp	Type of Request: Amend Program Code(s):
Location: CO	License No.: 05-26854-01 Docket No.: 030-29534

STEP 1-Radioactive Materials and Quantities Requested:

Instructions for Step 1: Complete Step 1 for all applications. If all your responses in Step 1 are "No" then do not complete Step 2 (Screening Criteria). Sign and date the completed step-sheet and add it as the sensitive and non-publicly available OAR in ADAMS. If a "yes" response is indicated for any item in Step 1, also complete Step 2. If the type of use is subject to a Security Order or the requirements for increased controls, complete Step 3 (Item A or Item B) without delay.		Yes or No
A.	The request is from a new applicant.	NO
B.	NUREG-1556, Volume 20, Section 4.9 indicates a licensing site visit is needed for the requested type of use, e.g., (1) Type A broad scope license, (2) panoramic irradiator containing > 10000 curies, (3) manufacturers or distributors using unsealed radioactive material or significant quantities of sealed material, (4) radioactive waste brokers, (5) radioactive waste incinerators, (6) commercial nuclear laundries, and (7) any other application that in the judgement of the reviewer and cognizant supervisor involves complex technical issues, complex safety questions, or unprecedented issues that warrant a site visit.	NO
C.	The applicant requested certain radionuclides and quantities that equal or exceed the Risk Significant Quantity (TBq) values in the table, below, that have been "highlighted" by the reviewer	NO

Table of Risk Significant Quantities

(Category 2 Quantities, IAEA Safety Guide No. RS-G-1.9, Categorization of Radioactive Sources, August 2005)

Radionuclide	Risk Significant Quantity (TBq ¹)	Risk Significant Quantity (Ci ¹)	Radionuclide	Risk Significant Quantity (TBq ¹)	Risk Significant Quantity (Ci ¹)
Am-241	0.6	16	Pm-147	400	11,000
Am-241/Be	0.6	16	Pu-238	0.6	16
Cf-252	0.2	5.4	Pu-239/Be	0.6	16
Cm-244	0.5	14	Ra-226 ²	0.4	11
Co-60	0.3	8.1	Se-75	2	54
Cs-137	1	27	Sr-90 (Y-90)	10	270
Gd-153	10	270	Tm-170	200	5,400
Ir-192	0.8	22	Yb-169	3	81

¹ The primary values are TBq. The curie (Ci) values are for informational purposes only.
² The Atomic Energy Act, as amended by the Energy Policy Act of 2005, authorizes NRC to regulate Ra-226 and NRC is in the process of amending its regulations for discrete sources of Ra-226.

Calculations of the Total Activity or the Unity Rule are attached to document whether or not the screening criteria in Step 2 were also completed to evaluate the application. NOTE--If an amendment of an existing license is being requested, the calculations will include the previously authorized quantities for the radionuclide(s).	Yes, No, or Not Applicable (NA)
Total Activity--multiple activities are requested for a single radionuclide and the sum of the activities equals or exceeds the quantity of concern for the radionuclide	—
Unity Rule--multiple radionuclides are requested and the sum of the ratios equals or exceeds unity, e.g., [(total activity for radionuclide A) ÷ (risk significant quantity for radionuclide A)] + [(total activity for radionuclide B) ÷ (risk significant quantity for radionuclide B)] ≥ 1.0.	—

Signature and Date for Step 1:

8/18/06
 License Reviewer and Date



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
1650 Cochrane Circle
Fort Carson, Colorado 80913-4604

RECEIVED
AUG 10 2006
DNMS

RM MCXE-PMD-RSO (11-9k)

7 August 2006

MEMORANDUM FOR U.S. Nuclear Regulatory Commission Region IV, Material Radiation Protection
Section, 11 Ryan Plaza Drive, Suite 1000, Arlington, TX 76011

SUBJECT: Request Amendment to Nuclear Regulatory Commission (NRC) Byproduct Materials
License, No. 05-26854-01

1. Request that Evans Army Community Hospital's Byproduct Materials License No. 05-26854-01 be amended to add LTC Reed K. Smith as an authorized user.
2. LTC Smith has met the training requirements under 10 CFR 190, 10 CFR 35.290 and 10 CFR 35.390.
3. Point of contact for this action is the Radiation Safety Office.
 - a. Telephone: (719) 526-7361
 - b. Address: Department of the Army
Evans Army Community Hospital
Radiation Safety Office
ATTN: MCXE-PMD-RSO
1650 Cochrane Circle
Fort Carson, CO 80913-4604

Cyrus W. Partington
CYRUS W. PARTINGTON
M.D., F.A.C.R., F.A.C.N.M.
Radiation Safety Officer

1. In accordance with U.S. Nuclear Regulatory Commission broad scope byproduct material license Number 42-01368-01, Brooke Army Medical Center (BAMC) Memo 40-72, and Army Radiation Authorization (ARA) 42-01-16, the BAMC Radiation Control Committee (RCC) issues the following RCC Permit:

- a. Permit Number: **NM-RS-1**
- b. Permit Expiration Date: **Apr 2007**
- c. Permitted Individual: **LTC Reed K. Smith**
- d. Permitted Activities: **Authorized User (AU)** IAW Title 10 CFR Part 35.

2. The permitted individual is responsible for complying with the requirements of Title 10, Code of Federal Regulations, USNRC License 42-01368-01, Army Radioisotope Authorization 42-01-16, BAMC Memo No. 40-72, established operating procedures, and the conditions of this permit.

3. The permitted individual is authorized to prescribe, prepare and administer radiopharmaceuticals for medical research, medical diagnosis, and therapy as specified below:

	Requirement Met	Authorized Use
a.	10 CFR 35.100	Medical Use of Unsealed Byproduct Material for Uptake, Dilution, and Excretion Studies for Which a Written Directive is Not Required
b.	10 CFR 35.200	Medical Use of Unsealed Byproduct Material for Imaging and Localization Studies for Which a Written Directive is Not Required
c.	10 CFR 35.300	Medical Use of Unsealed Byproduct Material for Which a Written Directive is Required
d.	10 CFR 35.500	Medical Use of Sealed Sources for Diagnosis

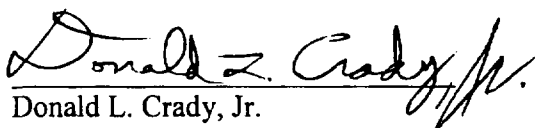
4. All preparation and administration of radiopharmaceuticals will be performed by the permitted individual, an individual supervised by the permitted individual IAW 35.27, or a student under the direct control of the permitted individual or a supervised individual. The permitted individual will ensure the addendum to the Nuclear Medicine Service ARSO permit lists all individuals supervising when the updated addendum is forwarded to the RSO.

5. Students administering radiopharmaceuticals shall be under the direct control of an individual authorized to administer radiopharmaceuticals. Direct control requires that the authorized individual observe and control every aspect of the student's actions. The authorized individual is responsible for the action and omission of the individual under their direct control.

6. The permitted individual shall immediately report unsafe conditions, loss of accountability of radioactive materials, or violations of operating procedures, regulatory requirements, or the conditions of this permit to the Radiation Safety Officer.

7. The permitted individual shall comply with the HPS013 SOP. All I-131 therapies in excess of 33 mCi are admitted as inpatients, overnight unless prior RCC approval is obtained for immediately release.

APPROVED BY THE RCC electronically in: Apr 06 (Tracking Number RCC-0602-004)



Donald L. Crady, Jr.

CPT, MS

Recorder, Radiation Control Committee

Date: 1 MAY 06

NRC FORM 313A (10-2002)	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2005	
TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT			
PART I -- TRAINING AND EXPERIENCE			
Note: Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations.			
1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50) Reed Smith Authorized User, 10 CFR 35.190, 35.290 and 35.390			
2. For Physicians, Podiatrists, Dentists, Pharmacists -- State or Territory Where Licensed Nebraska			
3. CERTIFICATION			
Specialty Board	Category	Month and Year Certified	
American Board of Family Physicians American Board of Nuclear Medicine		July 1996 Pending	
<i>Stop here when using Board Certification to meet 10 CFR Part 35 training and experience requirements.</i>			
4. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)			
Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	Brooke Army Medical Center Wilford Hall Medical Center UTSA Medical Center	120	(1)
Radiation Protection	" "	120	(1)
Mathematics Pertaining to the Use and Measurement of Radioactivity	" "	120	(1)
Radiation Biology	" "	120	(1)
Chemistry of Byproduct Material for Medical Use	" "	120	(1)
OTHER		Total Hours: 600	
(1) Nuclear Medicine Fellowship Program 1 July 2001-30 June 2003			

471079

NRC FORM 313A
(10-2002)

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

U.S. NUCLEAR REGULATORY COMMISSION

5a. WORK EXPERIENCE WITH RADIATION

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	(2)	(3)	(1) 250
Calibrating instruments used to determine the activity of dosages, and performing checks for proper operation of survey meters	(2)	(3)	(1) 250
Calculating, measuring, and safely preparing patient or human research subject dosages	(2)	(3)	(1) 250
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	(2)	(3)	(1) 250
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	(2)	(3)	(1) 250
eluting generator systems, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs	(2)	(3)	(1) 250
(2) Dr Yong Bradley			TOTAL: 1500
(3) Brooke Army Medical Center 42-01368-01			

5b. SUPERVISED CLINICAL CASE EXPERIENCE

Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience
I-131	Oral administration	22 (7)	(2)	(3)	(1) 15
Sm-153	Parenteral administration	4	(2)	(3)	(1) 3
Y-90	Parenteral administration	3	(2)	(3)	(1) 2.5
Tc-99m	Parenteral administration	5	(2)	(3)	(1) (4)
F18-FDG	Parenteral administration	20	(2)	(3)	(1) 15
(4) minimum of	40 hours of Tc-99m	experience			
(7) min 3 >33	mCi				

NRC FORM 313A (10-2002)		U.S. NUCLEAR REGULATORY COMMISSION	
TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)			
6. FORMAL TRAINING (applies to Medical Physicists and Therapy Physicians)			
Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Materials License Number	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education) and the Applicable Regulation (e.g., 10 CFR 35.490)
7. RADIATION SAFETY OFFICER -- ONE-YEAR FULL-TIME WORK EXPERIENCE			
<input type="checkbox"/> YES Completed 1-year of full-time radiation safety experience (in areas identified in Item 5a) under supervision <input type="checkbox"/> N/A of _____ the RSO for License No. _____			
8. MEDICAL PHYSICIST -- ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE			
<input type="checkbox"/> YES Completed 1-year of full-time training in therapeutic radiological physics under the supervision of <input type="checkbox"/> N/A _____ who meets requirements for Authorized Medical Physicists; and <input type="checkbox"/> YES Completed 1-year of full-time work experience (for areas identified in item 5a) for _____ <input type="checkbox"/> N/A modality(ies) under the supervision of _____ who meets requirements of Authorized Medical Physicists for _____ modality(ies).			
9. SUPERVISING INDIVIDUAL -- IDENTIFICATION AND QUALIFICATIONS			
The training and experience indicated above was obtained under the supervision of (if more than one supervising individual is needed to meet requirements in 10 CFR 35, provide the following information for each):			
A. Name of Supervisor Dr Yong Bradley		B. Supervisor is:	
		<input checked="" type="checkbox"/> Authorized User <input type="checkbox"/> Authorized Medical Physicist <input type="checkbox"/> Radiation Safety Officer <input type="checkbox"/> Authorized Nuclear Pharmacist	
C. Supervisor meets requirements of Part 35, Section(s) 35.190, 35.290, and 35.390			
for medical uses in Part 35, Section(s) 35.100, 35.200, 35.300			
D. Address Brooke Army Medical Center 3851 Roger Brooke Dr. Ft Sam Houston, TX 78234		E. Materials License Number 42-01368-01	

NRC FORM 313A
(10-2002)

U.S. NUCLEAR REGULATORY COMMISSION

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

PART II -- PRECEPTOR STATEMENT

Note: This part must be completed by the individual's preceptor. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. This part is not required to meet the training requirements in 10 CFR 35.590.

Item 10 must be completed for Nuclear Pharmacists meeting the requirements of 10 CFR Part 35, Subpart J. Preceptors do not have to complete Items 11a, 11b, or the certifying statements for other individuals meeting the requirements of 10 CFR Part 35, Subpart J.

☐ YES 10. The individual named in item 1 has satisfactorily completed the training requirements in
☐ N/A 10 CFR 35.980 and is competent to independently operate a nuclear pharmacy.

☒ YES 11a. The individual named in Item 1 has satisfactorily completed the requirements in Part 35, Section(s)
☐ N/A and Paragraph(s) 35.190c, 35.290c, 35.390c.

☒ YES 11b. The individual named in Item 1. is competent to independently function as an authorized
☐ N/A user _____ for 35.100, 35.200, 35.300 uses (or units).

12. PRECEPTOR APPROVAL AND CERTIFICATION

☐ I certify the approval of item 10 and certify I am an Authorized Nuclear Pharmacist;

or

☐ I certify the approval of items 11a and 11b, and certify I am an Authorized Nuclear Pharmacist;

or

☒ I certify the approval of Items 11a and 11b, and I certify that I meet the requirements of 35.190, 35.290, and 35.390
or equivalent Agreement State requirements to be a preceptor authorized user _____

for the following uses (or units) of byproduct material: 35.100, 35.200, and 35.300

A. Address

Brooke Army Medical Center
3851 Roger Brooke Dr.
Ft Sam Houston, TX 78234

B. Materials License Number

42-01368-01

C. NAME OF PRECEPTOR (print clearly)

Dr Yong Bradley

D. SIGNATURE - PRECEPTOR



E. DATE

07/17/2003

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AUG 21 2006

DATE

This is to acknowledge the receipt of your letter/application dated 08-07-06, and to inform you that the initial processing, which includes an acceptance 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 in _____ days.

☐ A copy of your action has been forwarded to the NRC Office of the Chief Financial Officer, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 471079.

When you call to inquire about this action, please refer to this mail control number.

You may call me at 817-860-8103.

Sincerely,

Colleen Murnahan
Licensing Assistant

:
 : (FOR LEMS USE)
 : INFORMATION FROM LTS
 : -----

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Program Code: 02120
Status Code: 0
Fee Category: EX 7C
Exp. Date: 20130831
Fee Comments: ARMY 170.11(A) (5)
Decom Fin Assur Req'd: N
.....

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A. REGION

Applicant/Licensee:	ARMY, DEPAR
Received Date:	20060810
Docket No.:	3029534
Control No.:	471079
License No.:	05-26854-01
Action Type:	Amendment

3. COMMENTS

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

2. Correct Fee Paid. Application may be processed for:

3. OTHER

Signed _____
Date _____

DI	RI	MI	UI	QUANTITY	SUPPLY	DIS	PRO	P	R	RD	EA	RI	OCM	UNIT PRICE	DOLLARS	CTS	MARK FOR	SHIP FROM	SHIP TO
1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0
2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1
3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2
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NSN EA000001 W51HVA 6221 TR01 03
 EVANS ARMY COMM HOSP
 MEDICAL SUPPLY OFFICE
 MCXE-LOG, BLDG 7500
 FT. CARSON, CO 80913
 U.S. Nuclear Regulatory Comm.
 Region IV, Material Radiation
 Protection Section
 11 Ryan Plaza Dr. STE# 1000
 Arlington, TX. 76011
 (817) 860-8189

5 DOC DATE	6 NMFC	7 FRT RATE	8 TYPE CARGO	9 PS
10 QTY RECD	11 UP	12 UNIT WEIGHT	13 UNIT CUBE	14 UFC
15 ST				
16 FREIGHT CLASSIFICATION NOMENCLATURE				
17 ITEM NOMENCLATURE				
18 TV CONT				
19 NO CONT				
20 TOTAL WEIGHT				
21 TOTAL CUBE				
22 RECEIVED BY				
23 DATE RECEIVED				

JANET D. HINKLE
 SUPERVISOR, MSO
 (719) 526-7795

TAC: AMMT

Ship Date: 09AUG06
 ActWgt: 1.0 LB MAN
 System#: 0659270/CAFE2308
 Account: S 080900244

(817) 860-8189

LATORY COMM

DEL RADIATION

R STE 1000

11 AUG 10 2006

FedEx
 Express



Delivery Address
 Barcode

BILL SENDER

NRNIGHT

Form 8040 0201

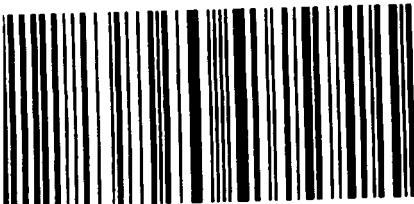
DFW

A1

-US

XH FWHA

THU
 Deliver By:
 10AUG06



154254-354 NRIT 02/06

PREVIOUS EDITION MAY BE USED