

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: University of Alaska - Fairbanks **License No.:** 50-02430-01
Docket No.: 030-01179 **Mail Control No.:** 471083
Type of Action: Amend **Date of Requested Action:** 08-08-06
Reviewer Assigned: **ARM reviewer(s):** Torres

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'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: JTC

Date: 8/18/06



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The Graduate School

304 Signers' Hall, P.O. Box 757560, Fairbanks, Alaska 99775-7560

RECEIVED

AUG 14 2006

DNMS

August 8, 2006

RTC
Nuclear Materials Licensing Section
U.S. Nuclear Regulatory Commission, Region IV
611 Ryan Plaza Drive, Suite 300
Arlington TX 76011

Licensing Section Staff:

This letter is to advise you of changes to the administration of the Radiation Safety Program for our Type B Broad Scope license, # 50-02430-07, docket # 030-01179.

Dr. Susan Henrichs remains Radiation Safety officer, although she plans to leave that position sometime in the Fall of 2006. (She will remain with UAF in other capacities.) Meanwhile, she has been working with staff of Environmental Health and Safety and Risk Management (EH&S&RM) at UAF. They will assume full responsibility for the Radiation Safety Program once they become fully familiar with all of its aspects. When the new Radiation Safety Officer is appointed you will be advised of the individual who is named.

There have been some changes in the higher administration responsible for safety and compliance at UAF. EH&S&RM was formerly headed by Mr. Terry Dowdy. He was recently replaced by Mr. William Krause. The Vice Chancellor of Administrative Services, Mr. Mark Neumayr, resigned and was replaced by Mr. Joe Trubacz on an interim basis. Ms. Ros Bailey will take the position of Vice Chancellor of Administrative Services about August 28, 2006.

Sincerely,

A handwritten signature in black ink, appearing to read 'Susan Henrichs', written in a cursive style.

Susan M. Henrichs
Radiation Safety Officer

1 4 7 1 0 8 3

AUG 21 2006
DATE

This is to acknowledge the receipt of your letter/application dated 08-08-06, 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** 471083.
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: 01110
..... Status Code : 0
..... Fee Category: EX 3L
..... Exp. Date: 20100331
..... Fee Comments: 170.11(A) (4)
..... Decom Fin Assur Req'd: Y
.....
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A. REGION

- Signed _____
Date 8-16-06

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

- Signed _____
Date _____



Hendricks
University of Alaska Fairbanks
Office of the Graduate School
304 Signers' Hall
P.O. Box 757560
Fairbanks, Alaska
99775-7560



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Arlington TX 76011

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