

# ACCEPTANCE REVIEW MEMO (ARM)

**Licensee:** Magic Valley Regional Medical Center      **License No.:** 11-27082-01  
**Docket No.:** 030-32236      **Mail Control No.:** 471036  
**Type of Action:** Amend      **Date of Requested Action:** 07-05-06  
**Reviewer Assigned:** Jackie      **ARM reviewer(s):** Cook

Response	Deficiencies Noted During Acceptance Review
	[ ] 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 EAct Material.
8/2/06	Clarify if there will be two separate licenses. Spoke w/ Jeff Fourbrinks, RSO for St. Luke's Regional Medical Center and he told me they are going to keep the 2 licenses separate.

**Reviewer's Initials:** JAC      **Date:** 8/2/06

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:** JAC      **Date:** 7/2/06

ADAMS # MLO62370140  
 Template \_\_\_\_\_  
 Date 8/2/06 QC'd by SM

## Pre-Licensing Screening

### Applicant Information:

Control No. 471036

Name: Magic Valley Regional Medical Center	Type of Request: Amend Program Code(s):
Location: ID	License No.: 11-27082-01      Docket No.: 030-32236

### STEP 1--Radioactive Materials and Quantities Requested:

<b>Instructions for Step 1: Complete Step 1 for all applications.</b> 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.	N
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.	N
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	N

### Table of Risk Significant Quantities

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

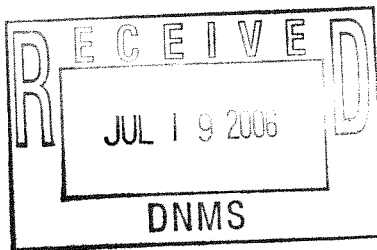
Radionuclide	Risk Significant Quantity (TBq) <sup>1</sup>	Risk Significant Quantity (Ci) <sup>1</sup>	Radionuclide	Risk Significant Quantity (TBq) <sup>1</sup>	Risk Significant Quantity (Ci) <sup>1</sup>
Am-241	0.6	16	Pm-147	400	11,000
Am-241/Be	0.6	16	Pu-238	0.6	16
Cf-252	0.2	5.4	Pu-239/Be	0.6	16
Cm-244	0.5	14	Ra-226 <sup>2</sup>	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

<sup>1</sup> The primary values are TBq. The curie (Ci) values are for informational purposes only.  
<sup>2</sup> 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. <b>NOTE--If an amendment of an existing license is being requested, the calculations will include the previously authorized quantities for the radionuclide(s).</b>	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:

*Jacqueline D. Cook*  
 License Reviewer and Date



July 5, 2006

Nuclear Regulatory Commission Region IV  
611 Ryan Plaza Drive, Suite 400  
Arlington, TX 76011-4005

RE: Notice of Name Change license #11-27082-01

Dear Sirs,

On July 1, 2006 our facility merged with an existing hospital, St. Lukes Regional Medical Center. As a result of the merge our name has changed from Magic Valley Regional Medical Center to the new name St. Lukes Magic Valley Regional Medical Center.

There has been no other change to our operations or personnel regarding control over licensed activities. Our facility will continue to operate under the guidelines outlined in our license #11-27082-01. The only change is in the facility name.

If further information is required, please contact John Kee, CEO at (208) 737-2103 and we will promptly send any other documentation that is necessary.

Thank you for your attention to this matter.

Sincerely yours,

A handwritten signature in black ink that reads "John Kee".

John Kee, CEO  
St. Lukes Magic Valley Regional Medical Center  
650 Addison Ave. W.  
Twin Falls, ID 83301  
(208) 737-2103

rh/enclosures

Information Required for Change of Control and/or Change of Ownership  
(to include a name change)  
Source: NUREG-1556, Volume 15

Please provide the following information concerning changes of control (transferor and/or transferee, as appropriate). If any items are not applicable, so state.

1. Provide a complete description of the transaction (i.e., transfer of stocks or assets, or merger). Indicate whether the name has changed and include the new name. Include the name and telephone number of a licensee contact who NRC may contact if more information is needed.

A. Description of the transaction:

*merger*

B.  No name change

New name of licensed organization: *St. Lukes Magic Valley Regional Medical Center*

C.  No change in contact

New contact: \_\_\_\_\_

New telephone number: \_\_\_\_\_

2. Describe any changes in personnel or duties that relate to the licensed program. Include training and experience for new personnel.

A.  No changes in personnel having control over licensed activities.

Changes in personnel having control over licensed activities (e.g. officers of a corporation):

B.  No changes in personnel named in the license.

Changes in personnel named in the license (e.g. RSO, AUs) - include training, experience and responsibilities:

3. Describe, in detail, any changes in the organization, location, facilities, equipment or procedures that relate to the licensed program.

Organization:

Equipment:

Location:

Procedures:

Facility:

Not applicable

4. Describe the status of the surveillance program (i.e., surveys, wipe tests, quality control) at the present time and the expected status at the time that control is to be transferred.

A. Description of the status of all surveillance program:

B. Surveillance Items & Records: calibrations, leak tests, surveys, inventories, and accountability requirements will be current at the time of transfer

Yes       No (explain)

5. Confirm that all records concerning the safe and effective decommissioning of the facility will be transferred to the transferee or to NRC, as appropriate. These records include documentation of surveys of ambient radiation levels and fixed and/or removable contamination, including methods and sensitivity.

Records transferred to:

New licensee       NRC for license termination       Not applicable

6. Confirm that the transferee will abide by all constraints, conditions, requirements and commitments of the transferor or that the transferee will submit a complete description of the proposed licensed program.

St Lukes Magic Valley Regional <sup>Medical Center</sup> will abide by all constraints, conditions, requirements and commitments of Magic Valley Regional Medical Center  
(transferee company) (transferor company)

John Kee  
Signature/Title  
Transferee Official

7-7-2006  
date

John Spunked  
Signature/Title  
Transferor Official

7-10-2006  
date

OR

Description of proposed licensed program from transferee attached (with signature)

OR

Not applicable (name change only)

\_\_\_\_\_  
Certifying Officer - Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Certifying Officer - Typed name and title

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

BETWEEN:  
License Fee Management Branch, ARM  
and  
Regional Licensing Sections

.....  
Program Code: 02120  
Status Code: 0  
Fee Category: 7C  
Exp. Date: 20110331  
Fee Comments:  
Decom Fin Assur Regd: N  
.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
Applicant/Licensee: MAGIC VALLEY REG. MEDICAL CENTER  
Received Date: 20060719  
Docket No.: 3032236  
Control No.: 471036  
License No.: 11-27082-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.: \_\_\_\_\_

3. COMMENTS

Signed *Valerie Mendenhall*  
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 \_\_\_\_\_

Slmiveme  
150 Addison Ave W  
Twin Falls ID 83301

JUL 1 10 06  
ID

POSTAGE  
\$0.635  
7127690

RECEIVED  
JUL 19 2006  
DNMS

NRC Region IV  
611 Ryan Plaza Dr. Ste 400  
Arlington TX 76010-4005