ACCEPTANCE REVIEW MEMO (ARM)

Licensee:	Teton County Hospital District	License No.: 49-18276-01							
Docket No.:	030-14770	Mail Control No.: 471100							
Type of Actio	on: Notify	Date of Requested Action: 08-22-06							
Reviewer Assigned:		ARM reviewer(s): Torres							
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 EPAct Material. 								
	<u></u>								
Reviewer's Ir	nitials:	Date:							
□Yes □No	Unrestricted release Group 2 o	r >: Transfer memo to FCDB within 10 days.							
☐Yes ☐No		hould be completed within 30 days.							
☐Yes ☐No	,	•							
│□Yes □No	☐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	1.							
Branch Chie	ef's and/or Sr. HP's Initials:	Date:							
	SUNSI Screening accor	_							
General quid	•	tive 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:

アJTこ Date: 9-11-06

Pre-Licensing Screening

Applicant information:		Control No. 47 100	
Name: Teton County Hospital District	Type of Request: Notify Program Code(s):		
Location: MV	License No : 49-18276-01	Docket No : 030-14770	

STEP 1-Radioactive Materials and Quantities Requested:

TET 1-Additional Materials and Additions Additions							
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.							
Α.	The request is from a new applicant.	7					
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.	2					
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 (TBq¹)	Risk Significant Quantity (Ci ¹)	Radionuclide	Risk Significant Quantity (TBq¹)	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-226²	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	
lr-192	0.8	22	Yb-169	3	81	

The primary values are TBq. The curie (Ci) values are for informational purposes only.

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 Rulemultiple 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:

RITC 9-11-06

License Reviewer and Date

ST. JOHN'S MEDICAL CENTER SOMEONICES

RECEIVED

AUG 2 5 2006

DNMS

August 22, 2006

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

Subject: Remove Stan Trachtenberg, M.D. as an authorized user.

To Whom It May Concern:

We wish to notify you that Stan Trachtenberg no longer practices Nuclear Medicine at this facility. Please remove him from our NRC license.

Most Sincerely,

Robert Berlin, M.D.

Radiologist, Radiation Safety Officer

	9-13-06
	DATE
to inf	is to acknowledge the receipt of your letter/application dated 8-22-06, and orm you that the initial processing, which includes an acceptance review, has been rmed.
X	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.
0	Please provide to this office within 30 days of your receipt of this card:
The a	action you requested is normally processed indays.
	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.
Whe	action has been assigned Mail Control Number 47/100
	Sincerely,

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Signed Date	3. OTHER	2. Correct Fee Paid. Application may be processed for: Amendment Renewal License	1. Fee Category and Amount:	B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered //)	Signed Gellen Muruahan Date 4.6.06	3. COMMENTS	2. FEE ATTACHED Amount: Check No.:	1. APPLICATION ATTACHED Applicant/Licensee: TETON COUNTY HOSPITAL DISTRICT Received Date: 20060825 Docket No: 3014770 Control No.: 471100 License No.: 49-18276-01 Action Type: Notifications	A. REGION	LICENSE FEE TRANSMITTAL	License Fee Management Branch, ARM : Program Code: 02120 : Status Code: 0 Regional Licensing Sections : Exp. Date: 20110930 : Fee Comments: CODE 16 : Decom Fin Assur Reqd: N ::::::::::::::::::::::::::::::::::	ETWEEN: (FOR LFMS USE) INFORMATION FROM LTS
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