

## ACCEPTANCE REVIEW MEMO (ARM)

**Licensee:** Memorial Hospital of Laramie County      **License No.:** 49-01380-01  
**Docket No.:** 030-03496      **Mail Control No.:** 471120  
**Type of Action:** Amend      **Date of Requested Action:** 09-06-06  
**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:** \_\_\_\_\_

<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:** RTC      **Date:** 9/21/06





WEST BUILDING  
214 E. 23rd Street  
Cheyenne, Wyoming 82001  
307/634-CARE (307/634-2273)

# UNITED MEDICAL CENTER

People Caring for People

EAST BUILDING  
2600 E. 18th Street  
Cheyenne, Wyoming 82001  
307/632-6411

RECEIVED

SEP 12 2006

DNMS

*RTC*

06 September 6, 2006

Mrs. Jacqueline Cook, Health Physicist  
~~Nuclear Regulatory Commission, Region IV~~  
611 Ryan Plaza Drive, Suite 400  
Arlington, Texas 76011-8064

Effective September 29, 2006, Memorial Hospital of Laramie County will change its trade name from United Medical Center to Cheyenne Regional Medical Center. We have reviewed the information in IN 89-25, Rev. 1 and have determined the information is not applicable to this amendment request. This is a name change only and does not represent a transfer of ownership, a change in corporate structure, or a change in the control of licensed activities. Our mailing address will remain 214 East 23<sup>rd</sup> Street, Cheyenne, WY 82001.

Please call Todd Christensen, facility Radiation Safety Officer at (307) 633-7838, if you have any questions concerning this amendment request.

Sincerely yours,

Charles F. Harms,  
CEO.

9-22-06

DATE

This is to acknowledge the receipt of your letter/application dated 9-06-06, 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 90 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** 471120.

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

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

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

Program Code: 02120  
Status Code: 0  
Fee Category: 7C 2B  
Exp. Date: 20150331  
Fee Comments: CODE 13  
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED MEMORIAL HOSPITAL OF LARAMIE CTY.

Applicant/Licensee: 20060912  
Received Date: 3003496  
Docket No: 471120  
Control No.: 49-01380-01  
License No.:  
Action Type: Amendment

2. FEE ATTACHED

Amount: /  
Check No.: /

3. COMMENTS

Signed *Allyson Munk*  
Date 9-28-06

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 \_\_\_\_\_