

ACCEPTANCE REVIEW MEMO (ARM)

Licensee:	St. Vincent Healthcare	License No.: 25-07553-01
Docket No.:	030-02396	Mail Control No.: 471138
Type of Action:	Amend	Date of Requested Action: 10-05-06
Reviewer Assigned:	Torres	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.
10/17/06	Submit delegation of authority letter to become RSO., Vol 9, App I

RTR

Requested info. 10/16/06. Received info. 10/17/06

Reviewer's Initials: RTR Date: 10/17/06

<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		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Non-Publicly Available, Sensitive if <u>any</u> 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: <u>RTR</u>		
Date: <u>10/16/06</u>		

Pre-Licensing Screening

Applicant Information:

Control No. 471138

Name: St. Vincent Healthcare	Type of Request: Amend Program Code(s):
Location: MT	License No.: 25-07553-01 Docket No.: 030-02396

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:

RTZ 10/16/06
 License Reviewer and Date



RECEIVED

OCT 10 2006

DNMS

RITC

October 5, 2006

Re: License # 25-07553-01

Roberto J. Torres, Senior Health Physicist
Nuclear Materials Licensing Branch
United States Nuclear Regulatory Commission
Region IV
611 Ryan Plaza Drive, Suite 400
Arlington, TX 76011-8064

Dear Mr. Torres,

This letter is an amendment request for license number 25-07553-01.

Effective immediately, I have appointed Christopher K. Fitz, J.D., M.S. as Radiation Safety Officer. Mr. Fitz is currently the RSO for Billings Clinic, NRC license number 25-01051-01. Mr. Fitz served as the RSO for St. Vincent Healthcare from February 2004 until December 2005.

Please contact Jerry Siebenaller Director of Radiology at 406-237-8177 if you have questions regarding this appointment.

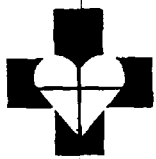
FAX 406-237-4393

Best regards,


Jack Bell, COO/EVP
St. Vincent Healthcare

cc: Jerry Siebenaller

Medicine
to the
Highest Power



**St. Vincent
Healthcare**

RADIOLOGY DEPT.

Front Office TELEFAX # (406) 237-4393

File Room TELEFAX # (406) 237-4384

1233 North 30th Street, Billings, MT 59101

TELEFAX TRANSMISSION HEADER

Date: 10/17/06 # Pages: (Excluding this page) 1

Destination: USNRC Sent by: Chris Fitz

Roberto Torres If any transmission problems arise, please call :

817-860-8188 406-672-6756

Regarding: Delegation of Authority for Chris Fitz

Comments: License # 25-07553-01

Thank you

Chris Fitz

CONFIDENTIALITY NOTICE

This facsimile transmission (&/or the documents accompanying it) may contain confidential information belonging to the sender which may be protected by the Montana Health Care Information Act. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this information is strictly prohibited. If you have received this transmission in error, please immediately notify us by telephone to arrange for return of the documents at our cost. THANK YOU.

Reply by calling: 406-237-4344



Memorandum

Date: 10/05/06
To: Radiation Safety Officer
Cc: Affected Department Directors
From: Jack Bell, COO/ Executive Vice-President
RE: Delegation of Authority

You, Chris Fitz, have been appointed Radiation Safety Officer and are responsible for ensuring the safe use of radiation. You are responsible for managing the radiation protection program; identifying radiation protection problems; initiating, recommending, or providing corrective actions; verifying implementation of corrective actions; stopping unsafe activities; and ensuring compliance with regulations. You are hereby delegated the authority necessary to meet those responsibilities, including prohibiting the use of byproduct material by employees who do not meet the necessary requirements and shutting down operations where justified by radiation safety. You are required to notify management if staff do not cooperate and do not address radiation safety issues. In addition, you are free to raise issues with the Nuclear Regulatory Commission at anytime. It is estimated that you will spend 16 hours per week conducting radiation protection activities.

I accept the above responsibilities,

A handwritten signature in black ink, appearing to be "Chris Fitz", written over a horizontal line.

Radiation Safety Officer

A handwritten signature in black ink, appearing to be "Jack Bell", written over a horizontal line.

Jack Bell, COO/ Executive Vice-President

U.S. NUCLEAR REGULATORY COMMISSION
Region IV
611 Ryan Plaza Drive, Suite 400
Arlington, Texas 76011

DIVISION OF NUCLEAR MATERIALS SAFETY

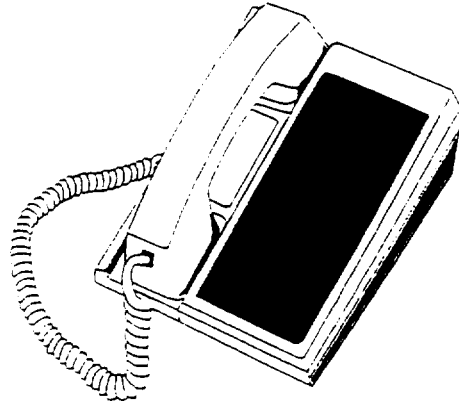
DATE/TIME: 10-17-06

PRIORITY:

Immediately

1 Hour

2-4 Hours



MESSAGE TO: Jerry Siebenaller - Director of Radiology

MESSAGE FROM: Roberto J. Torres

NUMBER OF PAGES: 2 PLUS TRANSMITTAL SHEET

TELECOPY NUMBER: 406-237-4393 VERIFICATION NUMBER: 817-860-8189

CONTACT: _____

SPECIAL INSTRUCTIONS/ATTACHMENTS:

Request for additional information in support of license amendment.

Transmitted and Verified by:

DISPOSITION:

Return to Originator: _____

Place in Mail: _____

Other: _____

NAME

DATE

From: Roberto Torres
Subject: Request for additional information in support of license amendment

Mr. Siebenaller:

This email acknowledges receipt of Mr. Bell's letter dated October 5, 2006 requesting to add Christopher Fitz as Radiation Safety Officer to St. Vincent's Healthcare license. To proceed with the amendment please submit the following information.

1. Delegation of authority letter from St. Vincent's COO (Mr. Bell) to Christopher Fitz. A delegation of authority template letter is attached.

Thank you.

10/17/06

DATE

This is to acknowledge the receipt of your letter/application dated 10-05-06, 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** 471138.

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 Murchan
Licensing Assistant

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02240
Status Code: 0
Fee Category: 7C
Exp. Date: 20150430
Fee Comments: CODE 21
Decom Fin Assur Req'd: N

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

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: ST. VINCENT HEALTHCARE
Received Date: 20061010
Docket No: 3002396
Control No.: 471138
License No.: 25-07553-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed *Allyson D. Munahan*
Date 07/29/06

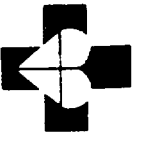
B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered / __/)

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for:
Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____

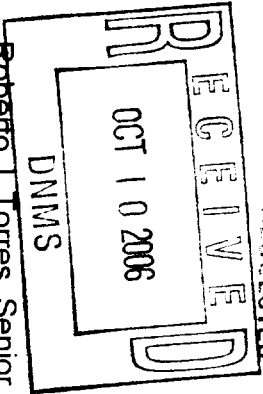


St. Vincent Healthcare

Sisters of Charity of Leavenworth Health System

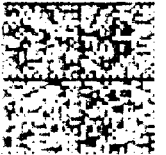
P. O. Box 35200 Billings, MT 59107-5200

RETURN SERVICE
REQUESTED



Roberto J. Torres, Senior Health Physicist
Nuclear Materials Licensing Branch
United States Nuclear Regulatory Commission
Region IV
611 Ryan Plaza Drive, Suite 400
Arlington, TX 76011-8064

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