

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: St. Francis Medical Center **License No.:** 53-11966-01
Docket No.: 030-03557 **Mail Control No.:** 471172
Type of Action: Notify **Date of Requested Action:** 10-27-06
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.

RITC

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	
<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>RITC</u>	Date: <u>11-13-06</u>

Applicant Information:

Control No. 471172

Name: St. Francis Medical Center	Type of Request: Amend Program Code(s):
Location: HI	License No.: 53-11966-01 Docket No.: 030-03557

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 11/13/06
 License Reviewer and Date



**St. Francis
Medical Center**

2230 Liliha Street • Phone (808) 547-6011
P.O. Box 30100 • Honolulu, Hawaii, 96820-0100

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DNMS

October 27, 2006

U.S. Nuclear Regulatory Commission, Region IV
611 Ryan Plaza Drive
Suite 400
Arlington, TX 76011-8064

ATE

SUBJECT: Notification
NRC License No.: 53-11966-01
Docket No.: 030-03557

Dear License Reviewer:

We have established three new areas for the routine use of diagnostic radiopharmaceuticals within the Cardiopulmonary Department of St. Francis Medical Center-West. The new camera room will be used for routine injections and patient imaging. Radiopharmaceuticals will not be prepared in this area. Unit doses will be prepared and measured within the main nuclear medicine area and transported to the Cardiopulmonary Department. Doses will be stored within the camera room until they are injected. Radioactive waste may be stored in the camera room within lead-lined sharps containers. The rooms marked "Injection Area" and "Treadmill #2" will be used for patient injections, but no radioactive materials will be stored in these areas. A diagram showing the locations of these rooms is enclosed.

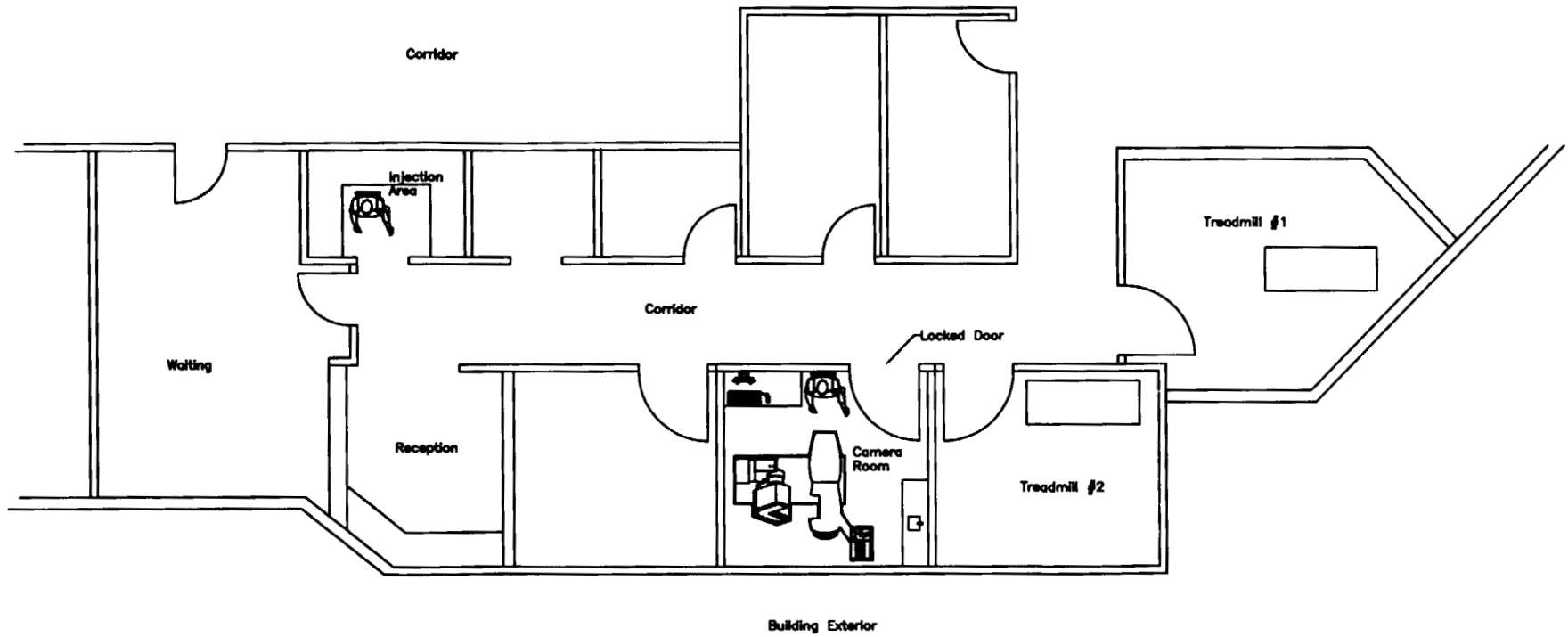
If you require any additional information, please contact our Radiation Safety Officer, Ronald Frick at 808-373-7009.

Sincerely,

ST. FRANCIS HEALTHCARE SYSTEM OF HAWAII

Sister Agnelle Ching, O.S.F.
Sister Agnelle Ching, O.S.F.
Chief Executive Officer

Enclosure



St. Francis Medical Center – West
 Cardiopulmonary Department, 2nd Floor

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 EX 2B
: Exp. Date: 20151031
: Fee Comments: CODE 21
: Decom Fin Assur Req'd: N
:-----

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ST. FRANCIS MEDICAL CTR.
Received Date: 20061102
Docket No: 3003557
Control No.: 471172
License No.: 53-11966-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed *Valerie P. ...*
Date 11-03-06

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 _____

11-13-06
DATE

This is to acknowledge the receipt of your letter/application dated 10-27-06, and to inform you that the initial processing, which includes an administrative 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 within — days.

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

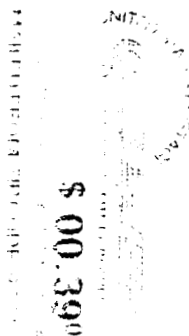
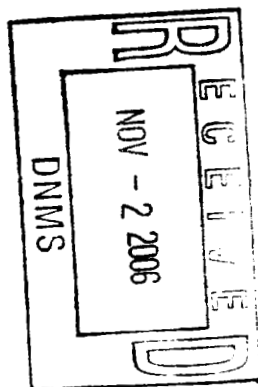
Your action has been assigned **Mail Control Number** 471172.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,
Colleen Murnahan
Licensing Assistant



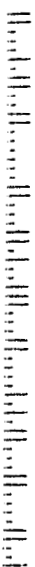
St. Francis Healthcare System
of Hawaii

P.O. Box 29380
Honolulu, Hawaii 96820-1780



U.S. Nuclear Regulatory Commission
Region IV
611 Ryan Plaza Drive
Suite 400
Arlington, TX 76011-8064

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