

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: St. Francis Medical Center **License No.:** 53-11966-01
Docket No.: 030-03557 **Mail Control No.:** 471192
Type of Action: Amend **Date of Requested Action:** 12-01-06
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 EPAAct Material.

ATC

Reviewer's Initials: _____ **Date:** _____

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: ATC **Date:** 12/14/06

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: ATC **Date:** 12/14/06

Pre-Licensing Screening

Applicant Information:

Control No. 471192

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)

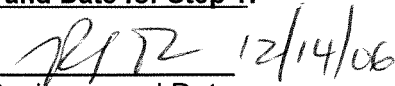
Radionuclide	Risk Significant Quantity (TBq ¹)	Risk Significant Quantity (Ci ¹)	Radionuclide	Risk Significant Quantity (TBq ¹)	Risk Significant Quantity (Ci ¹)
Am-241	0.6	16	Pm-147	400	11,000
Am-241/Be	0.6	16	Pu-238	0.6	16
Cf-252	0.2	5.4	Pu-239/Be	0.6	16
Cm-244	0.5	14	Ra-226 ²	0.4	11
Co-60	0.3	8.1	Se-75	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:



 License Reviewer and Date



St. Francis Medical Center
A Subsidiary of St. Francis Healthcare System of Hawaii

December 1, 2006

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

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

Subject: Change of Name and Ownership
NRC License No. 53-11966-01
Docket No. 030-03557

Dear License Reviewer:

We are writing to provide written notice of anticipated change in name and change in ownership of St. Francis Medical Center and St. Francis Medical Center - West.

Hawaii Medical Center, LLC has agreed to purchase substantially all of the assets of St. Francis Medical Center and St. Francis Medical Center - West. The parties expect to consummate the transaction on December 30, 2006.

There will be no change in location, no change in personnel named on the license, and no change in the license program. Hawaii Medical Center, LLC requests a new Nuclear Regulatory Commission Operating License, with the understanding that an inspection may be conducted at the discretion of the Director.

Should you require additional information, please contact Donald Wood, Imaging Director at (808) 547-6628.

Sincerely,

Donald Wood
Imaging Director
St. Francis Medical Center
St. Francis Medical Center - West

Enclosure

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:

Hawaii Medical Center LLC will acquire the acute hospital assets of St. Francis Medical Center and St. Francis Medical Center-West. Hawaii Medical Center LLC will also acquire certain St. Francis interests in joint venture entities which provide CT services, MRI, outpatient heart catheterization, and outpatient endoscopy.

B. No name change

New name of licensed organization: Hawaii Medical Center, LLC.

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) – including 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:

All survey results are within operating limits and below trigger levels. Survey activities are current.

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

[X] 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:

[X] 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 license program.

[] Description of the licensed program attached

OR

Hawaii Medical Center, LLC will abide by all constraints, conditions, requirements and commitments of St. Francis Medical Center

(transferee)

(transferor)

[Signature]
Signature/Title
Transferee
CEO/Pres

[Signature]
Signature/Title
Transferor

11/29/06
Date

11/29/06
date

OR

[] Not applicable (name change only)

[Signature]
Certifying Officer - Signature

11/28/06
Date

Danelo Canete, CEO/President
Certifying Officer - Typed Name and Title

(FOR LFMS USE)
INFORMATION FROM LTS

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

Program Code: 02120
Status Code: 0
Fee Category: 7C EX 2B
Exp. Date: 20151031
Fee Comments: CODE 21
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: ST. FRANCIS MEDICAL CTR.
Received Date: 20061201
Docket No: 3003557
Control No.: 471192
License No.: 53-11966-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed _____
Date 12-18-06

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 _____