

## ACCEPTANCE REVIEW MEMO (ARM)

**Licensee:** Montana Heart Center  
 Cardiology
                         
 **License No.:** 25-29220-01  
  
**Docket No.:** 030-37118
                         
 **Mail Control No.:** 471260  
  
**Type of Action:** Amend
                         
 **Date of Requested Action:** 02-12-07  
  
**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.

**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:** ATPC **Date:** 2-16-07

## Pre-Licensing Screening

### Applicant Information:

Control No. 471260

Name: Montana Heart Center Cardiology	Type of Request: Amend Program Code(s):
Location: MT	License No.: 25-29220-01      Docket No.: 030-37118

### STEP 1—Radioactive Materials and Quantities Requested:

<b>Instructions for Step 1: Complete Step 1 for all applications.</b> 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.	Y
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.	N
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 (TBq) <sup>1</sup>	Risk Significant Quantity (Ci) <sup>1</sup>	Radionuclide	Risk Significant Quantity (TBq) <sup>1</sup>	Risk Significant Quantity (Ci) <sup>1</sup>
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 <sup>2</sup>	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

<sup>1</sup> The primary values are TBq. The curie (Ci) values are for informational purposes only.

<sup>2</sup> 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. <b>NOTE—If an amendment of an existing license is being requested, the calculations will include the previously authorized quantities for the radionuclide(s).</b>	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:

[Signature] 2-16-07

License Reviewer and Date

FAX

**TO: MR. ROBERTO J. TORRES**

FAX NUMBER : 1-817-860-8188

**FROM: KIM RYAN-O'HARA**

FAX NUMBER: 406-327-4582

**DATE: FEBRUARY 12, 2007**

REGARDING: CHANGE OF CONTROL AND/OR CHANGE OF OWNERSHIP

TOTAL NUMBER OF PAGES INCLUDING COVER:4

PHONE NUMBER FOR FOLLOW-UP: 406-327-4567

**COMMENTS: I AM FAXING THE APPENDIX F FORM THAT YOU REQUESTED IN YOUR E-MAIL OF 1/22/2007 REGARDING POSSILBE CHANGE OF CONTROL AND/OR CHANE OF OWNERSHIP FOR MHCC LICENSE # 25-29220-01. THANK YOU.**

*RTZ*

**COMMUNITY MEDICAL CENTER  
NUCLEAR MEDICINE  
2827 FORT MISSOULA ROAD  
MISSOULA, MONTANA 59804  
(406) 728-4100**

4 7 1 2 6 0

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: Please see attached document for complete description.

B.  No name change

New name of licensed organization: \_\_\_\_\_

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): Please refer to attached description in response to 1.A.

B.  No changes in personnel named in the license.

Changes in personnel named in the license (e.g. RSO, AUs) - include 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: Refer to description for 1A.  Equipment: NA

Location: NA  Procedures: NA

Facility: NA  Not applicable

**Attachment:****1. A. Description of the transaction:**

On May 1, 2006, Montana Heart Center Cardiology (MHCC) began conducting the nuclear cardiology business at the Montana Heart Center under RAM license #25-29220-01. Prior to May 1, 2006, the nuclear cardiology business at the Montana Heart Center was conducted as a joint venture between MHCC and Community Medical Center (CMC) under CMC's RAM license #25-18361-01. The Montana Heart Center was considered a mobile site for CMC and activities were conducted in accordance with CMC's license conditions.

A legal review of the post-May 1, 2006 business arrangement revealed irregularities. On October 25, 2006, the nuclear cardiology business reverted back to being conducted under CMC's license #25-18361-01, with CMC acting as a mobile service provider to the Montana Heart Center. This arrangement will stay in place until the legal issues are resolved.

**CONTACT INFORMATION:**

Kim Ryan-O'Hara, CNMT, RT(N), NCT  
(406) 327-4657 or [kryanohara@communitymed.org](mailto:kryanohara@communitymed.org)

James H. Brewer, Ph.D., (RSO)  
(406) 581-9867 or [jbrewer@littleappletech.com](mailto:jbrewer@littleappletech.com)

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:

The surveillance program is current and up to date.

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

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:

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 licensed program.

Community Medical Center will abide by all constraints, conditions, requirements and commitments of Montana Heart Center Cardiology.  
(transferee company) (transferor company)

[Signature]  
Signature/Title: Tom Reisinger  
Transferee Official: CEO, CMC  
1-24-07  
date

[Signature]  
Signature/Title: Executive Director  
Transferor Official  
1-29-07  
date

OR

[ ] Description of proposed licensed program from transferee attached (with signature)

OR

[ ] Not applicable (name change only)

\_\_\_\_\_  
Certifying Officer - Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Certifying Officer - Typed name and title

FEB 20 2007

This is to acknowledge the receipt of your letter/application dated 2-12-07, and to inform you that the initial processing, which includes an administrative review, has been performed.

DATE

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:

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The action you requested is normally processed within 90 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** 471260.  
When calling to inquire about this action, please refer to this mail control number.  
You may call me at 817-860-8103.

Sincerely,

  
Licensing Assistant

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

(FOR LFMS USE)  
INFORMATION FROM LTS

Program Code: 02201  
Status Code: 0  
Fee Category: 7C  
Exp. Date: 20160228  
Fee Comments:  
Decom Fin Assur Req'd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: MONTANA HEART CENTER CARDIOLOGY  
Received Date: 20070212  
Docket No.: 3037118  
Control No.: 471260  
License No.: 25-29220-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.: \_\_\_\_\_

3. COMMENTS

Signed *Collette M. ...*  
Date 02-15-07

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 \_\_\_\_\_