

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Bartlett Regional Hospital

License No.: 50-17686-01

Docket No.: 030-13158

Mail Control No.: 471297

Type of Action: Amend

Date of Requested Action: 03-12-07

Reviewer Assigned:

ARM reviewer(s): Torres

Response	Deficiencies Noted During Acceptance Review
	<ul style="list-style-type: none"> [] 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: _____

- 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: RTZ

Date: 3-16-07

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: RTZ

Date: 3-16-07

Pre-Licensing Screening

Applicant Information:

Control No. 471297

Name: Bartlett Regional Hospital	Type of Request: Amend Program Code(s):
Location: AK	License No.: 50-17686-01 Docket No.: 030-13158

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.	N
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) 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 3 16 07
 License Reviewer and Date

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 (907) 796-8900

March 12, 2007

United States Nuclear Regulatory Commission
Nuclear Materials Licensing Branch
Region IV
611 Ryan Plaza Drive, Suite 400
Arlington, TX 76011-8064

RECEIVED

MAR 14 2007

DNMS


*fax copy rec'd
on 3/12/07
cm*

Re: License 50-17686-01

Dear Sir/Madam:

NR
This is a request to amend our radioactive materials license to remove the old imaging room and hot lab as areas of use. A final status survey and survey map are attached. We wish to start renovation of this space as soon as possible and will appreciate your attention to this request. If you require additional information, please give us a call.

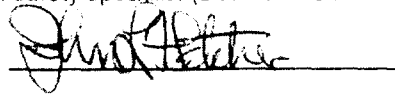
Sincerely,


James E. Richardson, CEO

Jrichardson@bartletthospital.org

Final Status Survey Report Contamination Survey

Facility Bartlett Memorial Hospital, Juneau, Alaska (50-17686-01)
Location Nuclear Medicine Imaging Department and Hot Lab
Date Samples taken March 1, 2007; samples measured March 9, 2007
By Samples obtained by William Van Liew
 Samples counted by John Fletcher, Radiation Safety Specialist (License ORE 90845)



Contamination wipe samples of 100 cm² areas were taken on the floor or counter top at each location noted on the map. Samples were measured with a ADC Medical, Model 300, Nuclear Spectrometer with scintillation well counter. This unit was satisfactorily performance tested on February 10, 2007.

Each sample was measured for 1 minute
 A wide window setting of 70 - 400 keV was used.
 Efficiency for detecting Cs-137 = 12%, Co-57 = 89%
 Minimal Detectable Activity = 0.0004 uCi or 900 disintegrations per minute
 Regulatory limit = 2200 dpm/100 cm²

Note: DPM conversion is determined using Cs-137 efficiency.
 All licensed materials have been moved to the new imaging room.

Sample location	Back-ground Counts	Sample Counts	Net Counts	DPM
1	108	113	5	42
2	108	104	-4	0
3	108	96	-12	0
4	108	91	-17	0
5	108	96	12	0
6	108	93	-15	0
7	108	99	-9	0
8	108	107	-1	0
9	108	110	2	17
10	108	104	-4	0
11	108	101	-7	0
12	108	95	-13	0
13	108	115	7	58
14	108	114	6	50
15	108	109	1	8
16	108	104	-4	0

Final Status Survey Report

Radiation Survey

Facility Bartlett Memorial Hospital, Juneau, Alaska (50-17686-01)
Location Nuclear Medicine Imaging Department and Hot Lab
Date March 1, 2007
By William Van Liew

Frank Aio - Special Imaging Coordinator

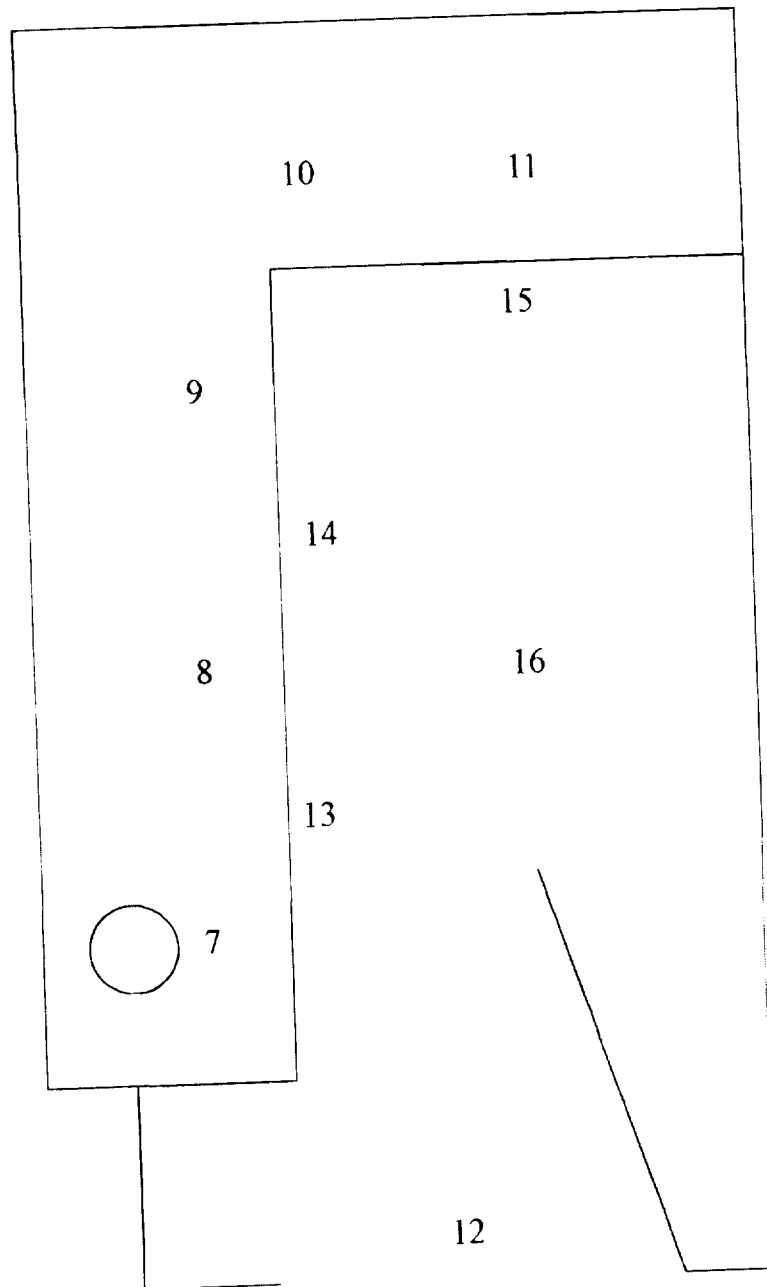
Radiation survey instrument:
Ludlum Model 14C #106623 with 44-9 Pancake, calibrated December 20, 2006

Survey location	Back-ground mR/hr	Survey mR/hr
1	0.02	0.02
2	0.02	0.02
3	0.02	0.02
4	0.02	0.02
5	0.02	0.02
6	0.02	0.02
7	0.02	0.02
8	0.02	0.02
9	0.02	0.02
10	0.02	0.02
11	0.02	0.02
12	0.02	0.02
13	0.02	0.02
14	0.02	0.02
15	0.02	0.02
16	0.02	0.02

Results: The contamination and radiation surveys determined that no source of radiation is present in the nuclear medicine department and hot lab.

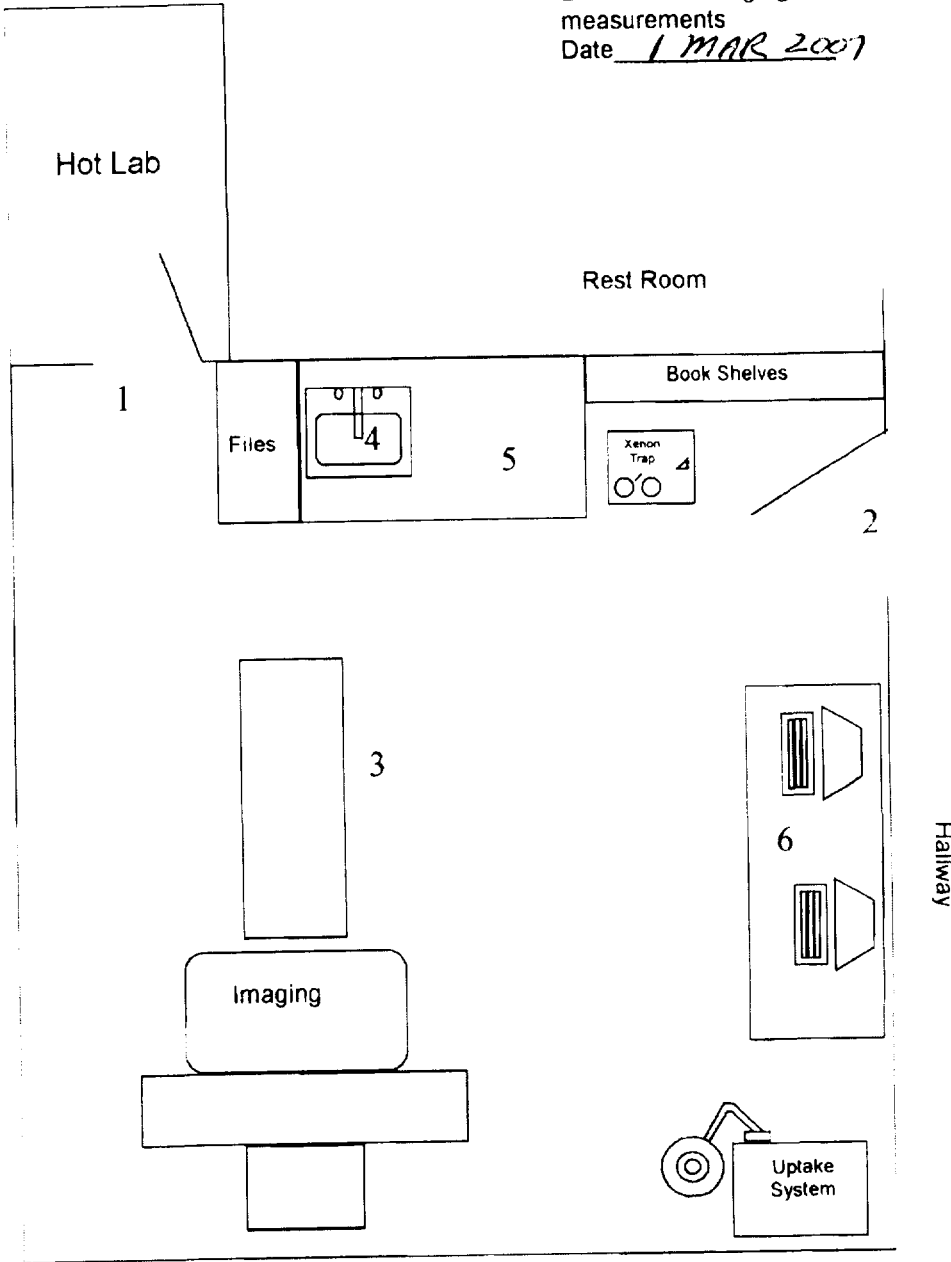
Nuclear Medicine Hot Lab Bartlett Regional Hospital
Juneau, Alaska
License: 50-17686-01

Final Status Survey Locations
Date 1 MAR 2007



Nuclear Medicine Dept.
Bartlett Regional Hospital
Juneau, Alaska
License: 50-17686-01

Final Status Survey
Locations of imaging room survey
measurements
Date 1 MAR 2007



Bartlett Regional Hospital

3260 HOSPITAL DRIVE. JUNEAU, ALASKA 99801

Please deliver this fax as soon as possible. The information contained in the facsimile message may be PRIVELEGED and CONFIDENTIAL information intended for the use of the individual or entity named below. If you have received this communication in error, please notify us immediately by telephone.

Date: March 12, 2007**TOTAL # OF PAGES: 6****TO: NRC
Materials Licensing Branch****PHONE #
FAX # 817-860-8188****FROM: Nuclear Medicine Dept****PHONE # 907-796-8820
FAX # 907-796-8843****Attention: Materials Licensing Branch**

Here is the survey information from our old nuclear medicine lab that we are decommissioning. You will receive a hard copy of all these pages via FedEx. If this can be expedited with a faxed conformation of decommissioning we would greatly appreciate it.

Sincerely,**Frank Sis, RT,
Special Imaging Coordinator**

MAR 16 2007

DATE

This is to acknowledge the receipt of your letter/application dated 3-12-07, 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 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** 471297.
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

NO POUCH NEEDED.
See back for peel and stick application instructions.

RECIPIENT: PEEL HERE

1 From This portion can be removed for Recipient's records

Date 05/07 FedEx Tracking Number **854193449699**

Sender's Name WILLIAM HAY Phone 307 766 8800

Company WILLIAM HAY

Address 3650 HOSKEL BLVD Dept./Room/Station

City WILMINGTON State AK ZIP 99801-7009

2 Your Internal Billing Reference

3 To

Recipient's Name _____ Phone _____

Company _____

Recipient's Address _____ Dept./Room/Station

We cannot deliver to PO boxes or PO ZIP codes

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City _____ State AK ZIP 99801-7009



8541 9344 9699

Recipient's Copy

4a Express Package Service To use Saturday delivery, see Section 6. Packages up to 150 lbs.

FedEx Priority Overnight FedEx Standard Overnight FedEx First Overnight

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FedEx 4Day Freight* FedEx 5Day Freight FedEx 7Day Freight

FedEx International Economy FedEx International Priority FedEx International Express

FedEx Home Delivery FedEx SmartPost FedEx Retail Pickup

FedEx Mail Boxes Etc. FedEx ShipStation FedEx ShipStation Pro

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5 Packaging FedEx Pak* FedEx FedEx Tube Other

FedEx Large Pak, Small Pak, Envelope* FedEx Large Pak, Small Pak, Envelope* FedEx Large Pak, Small Pak, Envelope*

6 Special Handling SATURDAY Delivery HOLD Weekend HOLD Saturday

Overnight, FedEx 2Day, FedEx 1Day Freight, and FedEx 2Day Freight to select ZIP codes

Does this shipment contain dangerous goods? Yes No

Payment Bill to: Sender Recipient Third Party Credit Card Cash/Check

8 NEW Residential Delivery Signature Options No Signature Direct Signature Indirect Signature

Required Signature Signature Signature

Signature Signature Signature

Signature Signature Signature

Signature Signature Signature

Signature Signature Signature

Signature Signature Signature



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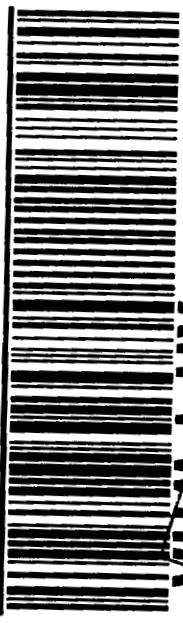
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TRK# **8541 9344 9699**

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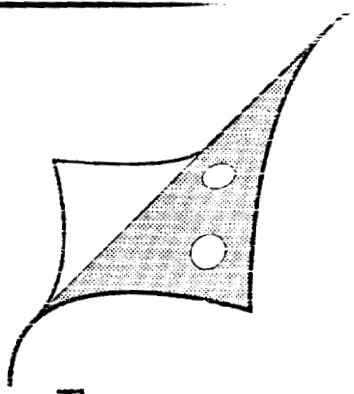
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XHFEVWHA



Peel and Stick FedEx US Airbill

1. Complete front page of the Airbill.
2. Retain "Sender's Copy" for your records.
3. Remove label backing.
4. Adhere Airbill to front of package.
Please DO NOT remove "FedEx Copy."



PEEL FROM THIS CORNER.