

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Brookings Hosp & Brookview Manor **License No.:** 40-19823-01
Docket No.: 030-19289 **Mail Control No.:** 461243
Type of Action: Amend **Date of Requested Action:** 01-22-07
Reviewer Assigned: **ARM reviewer(s):** Cook

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.
	1. Need preceptor attestation for Dr. Swanson as new RSO. 2. Need Delegation of Authority for Dr. Swanson.

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

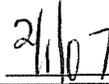
Specific guidance for medical, industrial and academic (above Category 3):

- _____ 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:



Date:



Pre-Licensing Screening

Applicant Information:

Control No. 461243

Name: Brookings Hosp & Brookview Manor	Type of Request: Amend Program Code(s):	
Location: SD	License No.: 40-19823-01	Docket No.: 030-19289

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

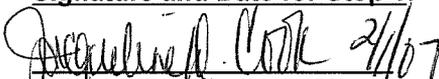
(Category 2 Quantities, IAEA Safety Guide No. RS-G-1.9, Categorization of Radioactive Sources, August 2005)

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

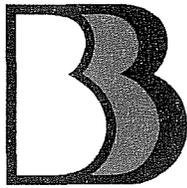
¹ The primary values are TBq. The curie (Ci) values are for informational purposes only.
² The Atomic Energy Act, as amended by the Energy Policy Act of 2005, authorizes NRC to regulate Ra-226 and NRC is in the process of amending its regulations for discrete sources of Ra-226.

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:

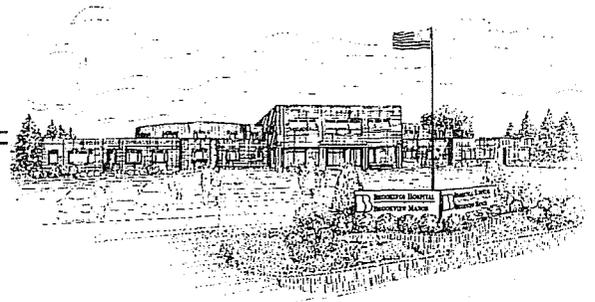

 License Reviewer and Date 2/1/07

MC



BROOKINGS HEALTH SYSTEM

300 TWENTY-SECOND AVENUE
BROOKINGS, S.D. 57006-2496
Phone: 605-696-9000
FAX 605-696-7770
www.brookingshospital.org



January 22, 2007 *7 CM*

RECEIVED

JAN 25 2007

DNMS

U.S. Nuclear Regulatory Commission
Nuclear Materials Licensing Station
Region IV
611 Ryan Plaza Drive Suite 400
Arlington, TX 70611-8064

RE: License #40-19823-01
Docket #030-19289

Dear Sir/Madam:

I am writing this letter in regard to License Number 40-19823-01 Docket 030-19289 for the Brookings Health System.

The following changes need to be made:

1. Under conditions number 11, please remove Dr. Steven Olson as the current Radiation Safety Officer.
2. Under conditions number 11, please add Dr. David Swanson as our new Radiation Safety Officer. Dr. David Swanson is Board Certified and an authorized user at both Brookings Hospital, in Brookings and Avera McKennan Hospital in Sioux Falls. *40-16571-01*

Should you have additional questions regarding this change, please call.

Sincerely,

Vern Carda
CEO

OPERATIONAL UNITS:

Brookings Hospital
605-696-9000

Brookview Manor
605-696-7710

Brookhaven Estates
605-696-9000

Home Health
605-696-7700

HEARTH
605-696-7700

Hospice
605-696-7700

Ambulance Service
911

No 4 7 1 2 4 3

Ms. Vaughn,

Thank you for giving me a call back. Please look over the following deficiencies regarding the request dated January 22, 2007, for Dr. David Swanson to be added as the new RSO. If you have any questions, please give me a call back.

We recognize that Dr. Swanson is an Authorized User for Brookings Health System and Avera McKennan Hospital in Sioux Falls. The regulations in 10 CFR 35.50 have recently changed regarding authorizing of an RSO. If the individual has not previously been authorized as a RSO, then we must receive a written attestation stating that the individual has achieved a level of radiation safety knowledge sufficient to function independently as a RSO. These regulations may be located on our Medical Toolkit website at:

<http://www.nrc.gov/materials/miau/med-use-toolkit.html>

or , more specifically on the regulatory page for 10 CFR 35.50:

<http://www.nrc.gov/reading-rm/doc-collections/cfr/part035/part035-0050.html>

I have attached an NRC Form 313A for RSO (which may also be obtained from our Medical Toolkit website). Please have the preceptor complete **Part II** of this form for Dr. Swanson. If Dr. Olson is the preceptor, then he may document the 35.300 uses that Dr. Swanson is authorized for at Avera McKennan Hospital, since both physicians are Authorized Users at that hospital.

Additionally, we need a Delegation of Authority from the CEO at Brookings Health System for Dr. Swanson. I have attached a sample form which may be used to document this authorization.

Also, can you please clarify whether Dr. Olson is remaining as an Authorized User on the license?

Thank you for your assistance in this matter.

If you have any questions regarding these deficiencies, please contact me by either email or telephone at 817-276-6552.

Sincerely,
Rachel Browder

Rachel Browder, Health Physicist
NRC Region IV/DNMS/NMLB
(817) 276-6552
rsb3@nrc.gov

Mail Envelope Properties (45D5C15D.3B1 : 22 : 59485)

Subject: Deficiencies regarding license amendment dated January 22, 2007
Creation Date 02/16/2007 8:36:13 AM
From: Rachel Browder

Created By: RSB3@nrc.gov

Recipients

brookingshospital.org
AM

jvaughn(jvaughn@brookingshospital.org)

Action

Transferred

Date & Time

02/16/2007 8:36:25

Post Office

Delivered

Route

brookingshospital.org

Files

MESSAGE

nrc313a(rso).pdf

SCAN1395.pdf

Size

3513

27796

43708

Date & Time

02/16/2007 8:36:13 AM

02/12/2007 3:14:56 PM

02/12/2007 3:15:06 PM

Options

Auto Delete:

No

Expiration Date:

None

Notify Recipients:

Yes

Priority:

Standard

ReplyRequested:

No

Return Notification:

None

Concealed Subject:

No

Security:

Standard

To Be Delivered:

Immediate

Status Tracking:

Delivered & Opened

Ms. Vaughn,

I'm following up on the status of the information requested on February 16, that is required to authorize Dr. Swanson as the new RSO. I will need the information by April 25 to continue with the request; otherwise, I will have to void the action.

Please give me a call if you have any questions.

Sincerely,
Rachel Browder

Rachel Browder, Health Physicist
NRC Region IV/DNMS/NMLB
(817) 276-6552
rsb3@nrc.gov

Mail Envelope Properties (4613FC7C.3B1 : 22 : 59485)

Subject: Deficiencies regarding license amendment dated January 22, 2007
Creation Date 04/04/2007 2:29:00 PM
From: Rachel Browder

Created By: RSB3@nrc.gov

Recipients	Action	Date & Time
brookingshospital.org PM jvaughn (jvaughn@brookingshospital.org)	Transferred	04/04/2007 2:29:22

Post Office	Delivered	Route
		brookingshospital.org

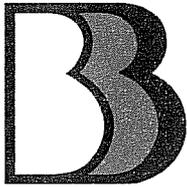
Files	Size	Date & Time
MESSAGE	1243	04/04/2007 2:29:00 PM
nrc313a(rso).pdf	27796	02/12/2007 3:14:56 PM
SCAN1395.pdf	43708	02/12/2007 3:15:06 PM

Options

Auto Delete:	No
Expiration Date:	None
Notify Recipients:	Yes
Priority:	Standard
ReplyRequested:	No
Return Notification:	None

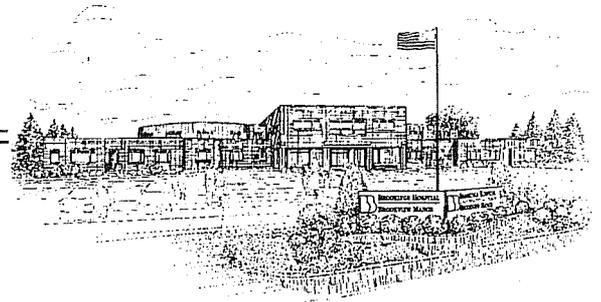
Concealed Subject:	No
Security:	Standard

To Be Delivered:	Immediate
Status Tracking:	Delivered & Opened



BROOKINGS HEALTH SYSTEM

300 TWENTY-SECOND AVENUE
BROOKINGS, S.D. 57006-2496
Phone: 605-696-9000
FAX 605-696-7770
www.brookingshospital.org



April 3, 2007

RECEIVED

APR 11 2007

DNMS

U.S. Nuclear Regulatory Commission
Nuclear Materials Licensing Station
Region IV
611 Ryan Plaza Drive Suite 400
Arlington, TX 70611-8064

RE: License #40-19823-01
Docket #030-19289

Dear Sir/Madam:

I am writing this letter in regard to License Number 40-19823-01 Docket 030-19289 for the Brookings Health System.

Please disregard previous communication regarding a change in our radiation safety officer. Dr. Steven Olson, our current Radiation Safety Officer, has agreed to continue on in this capacity.

Should you have additional questions regarding this change, please call.

Sincerely,

Vern Carda
CEO

OPERATIONAL UNITS:

Brookings Hospital
605-696-9000

Brookview Manor
605-696-7710

Brookhaven Estates
605-696-9000

Home Health
605-696-7700

HEARTH
605-696-7700

Hospice
605-696-7700

Ambulance Service
911

(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
Exp. Date: 20130831
Fee Comments: CODE 14
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: BROOKINGS HOSP. & BROOKVIEW MANOR
Received Date: 20070125
Docket No.: 3019289
Control No.: 471243
License No.: 40-19823-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed
Date

Colleen M. Quacken
01.30.07

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

