

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Dept of H & H Serv (Phoenix) **License No.:** 02-19495-01
Docket No.: 030-17788 **Mail Control No.:** 471335
Type of Action: Amend **Date of Requested Action:** 04-09-2007

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: RT **Date:** 4-19-07



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

April 9, 2007

Phoenix Area Indian Health Service
Two Renaissance Square
40 North Central Avenue
Phoenix, Arizona 85004

RECEIVED

APR 13 2007

DNMS

U.S. Nuclear Regulatory Commission
Region 4
611 Ryan Plaza Drive, Suite 400
Arlington, Texas 76011-8064

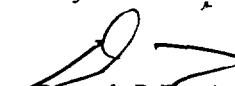
Re: License No. 02-19495-01, ~~Control No. 468346~~, Docket No. 030-17788
cm

Gentlemen:

This letter is to inform you that Kevin Chadwick, the Radiation Protection Officer named in the above referenced license, is no longer the Radiation Protection Officer effective immediately. I, John Riegel, am his replacement. This letter shall also serve as a request for amendment of the license to reference me as the new Radiation Protection Officer. Except for the change contained herein, this organization's current program requirements are accurately reflected by the request for license amendment dated July 17, 1992, and Amendment Number 9 granted July 29, 1992. We agree to continue to operate in accordance with these documents and with applicable NCR regulations,

It is my understanding that as a government agency, the Phoenix Area Indian Health Service is not required to pay any fees to process this amendment. Please contact me if any further information is needed.

Sincerely


John Riegel, P.E., Acting Director
Division of Sanitation Facilities Construction
Office of Env. Health and Engineering

4 7 1 3 3 5

ROBERTO TORRES

From JOHN RIEGEL
Phone (602) 364-5056
Fax #

7540-01-317 7368 5099-101 GENERAL SERVICES ADMINISTRATION

P.01/01

602 364 5057

APR-19-2007 12:35

TOTAL P.01

TROXLER ELECTRONIC LABORATORIES, INC.

HEREBY CERTIFIES THAT

JOHN P. RIEGEL

of

U.S. PUBLIC HEALTH SERVICE

HAS SUCCESSFULLY COMPLETED THE TROXLER ELECTRONIC LABORATORIES, INC. TRAINING COURSE FOR THE USE OF NUCLEAR TESTING EQUIPMENT.

SUBJECTS INCLUDED IN THIS COURSE WERE AS FOLLOWS:

Radiological Safety

- | | |
|--|---|
| 1. Principles and practices of radiation protection. | 5. Radioactivity measurement standardisation and monitoring techniques and instruments. |
| 2. Leak testing procedures. | 6. Accident and incident procedures. |
| 3. Mathematics and calculations basic to the use and measurement of radioactivity. | 7. Procedures for nuclear gauge storage and transportation. |
| 4. Biological effects of radiation. | 8. General safety precautions. |

Gauge Operation

- | | |
|-------------------------|----------------------|
| 1. Instrument theory | 4. Field application |
| 2. Operating procedures | 5. Gauge calibration |
| 3. Maintenance | |

Michael E. Sunday
INSTRUCTOR

7/26/83

DATE

W.F. TROXLER

PRESIDENT

No 03172

APR 20 2007

DATE

This is to acknowledge the receipt of your letter/application dated 4-9-2007, 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** 471335.
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

(FOR LEMS USE)
INFORMATION FROM LTS

Program Code: 03121
Status Code: 0
Fee Category: 3P
Exp. Date: 20110430
Fee Comments:
Decom Fin Assur Req'd: N

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

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: HEALTH & HUMAN SERVICES, DEPT. OF
Received Date: 20070413
Docket No.: 3017788
Control No.: 471335
License No.: 02-19495-01
Action Type: Amendment

2. FEE ATTACHED
Amount: _____
Check No.: _____

Signed *Allyson Musick*
Date *4-18-07*

3. COMMENTS
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 _____

DEPARTMENT OF
HEALTH AND HUMAN SERVICES
INDIAN HEALTH SERVICE
PHOENIX AREA INDIAN HEALTH SERVICE
TWO RENAISSANCE SQUARE
40 NORTH CENTRAL AVENUE, SUITE 800
PHOENIX, ARIZONA 85004

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, \$300



UNITED STATES POSTAGE
02 14
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U.S. Nuclear Regulatory Commission
Region 4
611 Ryan Plaza Drive, Suite 400
Arlington, Texas 76011-8064

02-19495-01
030-17788

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