ACCEPTANCE REVIEW MEMO (ARM)

Dept of H & H Serv (Phoenix) Licensee:

Docket No.: 030-17788 License No.: 02-19495-01

Date of Requested Action: 04-09-2007

Mail Control No.: 471335

Type of Action: Amend

A

| Reviewer |
|-----------|
| Assigned: |

| ARM | rev | iewer | (s) |): T | orres | |
|-----|-----|-------|-----|------|-------|--|
| | | | | | | |

| 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:

| Branch Chiefe | and/or Sr. HP's Initials | |
|---------------|--|-----------------|
| □Yes □No | TAR needed to complete action. | |
| □Yes □No | Expedite (medical emergency, no RSO, location of use/stora license, RAM in possession not on license, other) | ge not on |
| □Yes □No | Termination request < 90 days from date of expiration | |
| □Yes □No | Decommissioning notification should be completed within 30 | days. |
| □Yes □No | Unrestricted release Group 2 or >: Transfer memo to FCDB | within 10 days. |
| | | |

Branch Chief's and/or Sr. HP's Initials:

| Date: | _ |
|-------|---|
| | |

| SUNSI Screening according to RIS 2005-31 |
|---|
| □Yes ^[] No Non-Publicly Available, Sensitive if <u>any</u> 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: March Date: 4-19-07 |

Pre-Licensing Screening

Applicant Information

| Applicant Information: | | Control No. 471335 |
|---|--|-----------------------|
| Name: Dept of Health & Human Services (Phoenix) | Type of Request: Amend Program Code(s): | |
| Location: AZ | License No.: 02-19495-01 | Docket No.: 030-17788 |

STEP 1-Radioactive Materials and Quantities Requested:

| (Scree "yes" re | tions for Step 1: <u>Complete Step 1 for all applications</u> . If all your responses in Step 1 are "No" then do not complete Step 2 ning Criteria). Sign and date the completed step-sheet and add it as the sensitive and non-publicly available OAR in ADAMS. If a esponse 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 ments for increased controls, complete Step 3 (Item A or Item B) without delay. | Yes or No |
|--------------------|--|-------------------|
| Α. | 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 | \mathcal{N}_{v} |

Table of Risk Significant Quantities

| 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 |

The primary values are TBq. The curie (Ci) values are for informational purposes only. 1 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 Rulemultiple 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)] \geq 1.0. | |

Signature and Date for Step 1:

R 419-07

License Reviewer and Date



DEPARTMENT OF HEALTH & HUMAN SERVICES

April 9, 2007

Public Health Service

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

U.S. Nuclear Regulatory Commission Region 4 611 Ryan Plaza Drive, Suite 400 Arlington, Texas 76011-8064 APR 1 3 2007

RECEIVED

DNMS

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

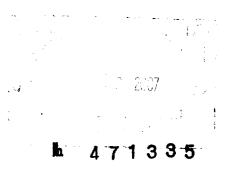
Gentlemen:

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



| CENERAL SERVICES ADVINISTRATION CENERAL SERVICES ADVINISTRATION MEREBY CERTIFIES THAT | |
|--|-----------------|
| 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: <u>Radiological Safety</u> 1. Principles and practices of radiation protection. 2. Leak testing procedures. 3. Mathematics and calculations basic to the use and measurement of 3. Procedures for nuclear gauge storage | |
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| | |
| 4. Biological effects of radiation. 4. Biological effects of radiation. 5. Ceneral safety precautions. | |
| Gauge Operation | |
| 1. Instrument theory 4. Field application | 225 |
| 2. Operating procedures 5. Gauge calibration | |
| 3. Maintenance | |
| W.F. TROXLER | |
| DATE PRESIDENT | |

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.

X

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,

Colleen Munchan

NRC FORM 532 (RIV) (10-2006)

Licensing Assistant

| Signed Date | | Fee Catego | Signed <i>Cultures II.</i> Date <u>H./////</u> // B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone | 3. COMMENTS ' | 2. FEE ATTACHED Amount: Check No.: | 1. APPLICATION ATTACHED Applicant/Licensee: HEALTH & HUMAN Received Date: 20070413 Docket No: 3017788 Control No.: 471335 License No.: 02-19495-01 Action Type: Amendment | A. REGION | LICENSE FEE TRANSMITTAL | BETWEEN: License Fee Management Branch, ARM and Regional Licensing Sections |
|-------------|-------------------|------------|--|---------------|--|---|-----------|-------------------------|--|
| | be processed for: | | <pre>k when milestone 03 is entered /_/)</pre> | | | HUMAN SERVICES, DEPT. OF -01 | | | (FOR LFMS USE) INFORMATION FROM LTS |

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



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

030 - 17788 02-19495-01

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