

## ACCEPTANCE REVIEW MEMO (ARM)

**Licensee:** Sanford Medical Center dba  
 Sanford USD Medical Center      **License No.:** 40-12378-01  
  
**Docket No.:** 030-03249      **Mail Control No.:** 471345  
  
**Type of Action:** Amend      **Date of Requested Action:** 04-18-07  
  
**Reviewer Assigned:**      **ARM reviewer(s):** Torres

Response	Deficiencies Noted During Acceptance Review
	<input type="checkbox"/> Open ended possession limits. Limit possession. Submit inventory. <input type="checkbox"/> Submit copies of most recent leak test results. <input type="checkbox"/> Add - delete IC license condition. Add IC paragraph in cover letter. <input type="checkbox"/> Split license from cover letter. Add SUNSI marking to license. <input type="checkbox"/> Ask the licensee if they have any type-amount of EPAct Material.
	<i>Note: Reviewer might want to issue corrected copy.</i>

**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:**   PITC        **Date:**   4-26-07





1305 W 18TH ST  
PO BOX 5039  
SIOUX FALLS SD 57117-5039  
Phone: (605) 333-1000  
www.sanfordhealth.org

April 16, 2007

Via FAX 1.817.860.6765

U.S. Nuclear Regulatory Commission, Region IV  
Nuclear Materials Licensing Branch  
Attn: James L. Montgomery  
611 Ryan Plaza Drive, Suite #400  
Arlington, TX 76011

RECEIVED  
APR 23 2007  
DNMS

Dear Mr. Montgomery:

We request a change for the addressee of all license-related mail from the US Nuclear Regulatory Commission to Sanford USD Medical Center (NRC License#40-12378-01). The new Management Representative to the Radiation Safety Committee is Karen Tobin, the new Vice President for the Heart & Vascular Center of Excellence at Sanford USD Medical Center. Mr. Ronald E. Terry has resigned as Vice President and is no longer affiliated with Sanford or NRC License 40-12378-01. All other personnel are still in place and there are no program changes associated with the departure of Mr. Terry.

Thank you for your attention to this matter. Do not hesitate to contact me if there are any questions at 605-333-6375.

Sincerely,

Karen Tobin, Vice President  
Heart & Vascular Center of Excellence  
Management Representative to the Radiation Safety Committee

Follow-up to fax sent  
April 18, 2007.

David DROS  
Exec Asst  
605-333-6375



## Facsimile Transmittal Cover Sheet

<b>TO:</b>	U.S. Nuclear Regulatory Commission, Region IV Nuclear Materials Licensing Branch ATTN: James L. Montgomery 611 Ryan Plaza Drive, Suite 400 Arlington, TX 76011
<b>Phone:</b>	
<b>Fax:</b>	817-860-8263
<b>Date:</b>	April 18, 2007
<b>FROM:</b>	<b>SANFORD MEDICAL CENTER</b> (formerly Sioux Valley Hospital USD Medical Center) Administration ATTN: Karen Tobin, VP of Heart & Vascular Center of Excellence 1305 W. 18 <sup>th</sup> Street – PO Box 5039 Sioux Falls, South Dakota 57117-5039
<b>Phone:</b>	605-333-6375
<b>Fax:</b>	605-333-1531

<b>Total Pages Transmitted:</b>	2	(Including Cover Sheet)
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<p><b>Remarks:</b> Mr. Montgomery,</p> <p>Hard copie to follow via USPS certified mail.</p> <p>Please feel free to call me if you have any questions.</p> <p>Sincerely, David Oros Executive Assistant Sanford Medical Center Administration 605-333-6375 Fax: 605-333-1531</p>
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**If you have any problems receiving this facsimile transmission, please call  
David Oros at 605-333-6375.**



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PO BOX 5039  
SIOUX FALLS SD 57117-5039  
Phone: (605) 333-1000  
www.sanfordhealth.org

April 16, 2007

Via FAX 1.817.860.8263

U.S. Nuclear Regulatory Commission, Region IV  
Nuclear Materials Licensing Branch  
Attn: James L. Montgomery  
611 Ryan Plaza Drive, Suite #400  
Arlington, TX 76011

Dear Mr. Montgomery:

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Sincerely,

Karen Tobin, Vice President  
Heart & Vascular Center of Excellence  
Management Representative to the Radiation Safety Committee

(FOR LFMS USE)  
INFORMATION FROM LTS

Program Code: 02230  
Status Code: 0  
Fee Category: 7C  
Exp. Date: 20150930  
Fee Comments: CODE 23  
Decom Fin Assur Req: N

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

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
Applicant/Licensee: SANFORD MEDICAL CENTER

Received Date: 20070423  
Docket No: 3003249  
Control No.: 471345  
License No.: 40-12378-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: /  
Check No.: /

3. COMMENTS

Signed *William J. ...*  
Date 4-25-07

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 \_\_\_\_\_



REFER TO  
SIOUX VALLEY HOSPITAL  
1305 W 18TH ST  
PO BOX 5039  
SIOUX FALLS SD 57117-5039

RETURN SERVICE REQUESTED



7005 1A20 0007 9665 6785

Return Receipt Requested

40-12378-01  
(030-63249)  
A 7 1 3 A 5

U.S. Nuclear Regulatory Commission, Reg IV  
Nuclear Materials Licensing Branch  
Attn: James L. Montgomery  
611 Ryan Plaza Drive, Suite #400  
Arlington, TX 76011

76011#4005 0001

