

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Providence Cancer Therapy Center **License No.:** 50-17838-01
Docket No.: 030-13426 **Mail Control No.:** 471457
Type of Action: Notify **Date of Requested Action:** 07-13-07
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. |
| | |

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: *RTZ* **Date:** AUG - 7 2007

Pre-Licensing Screening

Applicant Information:

Control No. 471457

| | |
|--|---|
| Name: Providence Cancer Therapy Center | Type of Request: Notify Program Code(s): |
| Location: AK | License No.: 50-17838-01 Docket No.: 030-13426 |

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. | 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 | No |

Table of Risk Significant Quantities

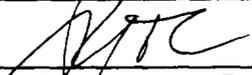
(Category 2 Quantities, IAEA Safety Guide No. RS-G-1.9, Categorization of Radioactive Sources, August 2005)

| 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

AUG - 7 2007

PROVIDENCE
CANCER THERAPY CENTER

July 13, 2007

L. Rodney Cook, M.D. Director, Radiation Oncology

Patricia Brown, MSHS, PA-C Oncology Physician Assistant

James Montgomery
Health Physicist
U.S. Nuclear Regulatory Commission
Region IV
611 Ryan Plaza, Suite 400
Arlington TX 76011

Attention: Nuclear Materials Licensing Branch

RE: Removal of Ravindra P. Rao as an Authorized Medical Physicist from the
Radioactive Materials License #50-17838-01

Dear Mr. Montgomery

This notice is to inform you that Ravindra P. Rao is no longer employed at Providence
Alaska Medical Center. In our next amendment could you please remove him from our
Radioactive Materials License.

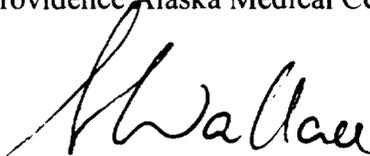
If you need additional details, please do not hesitate to call Christopher Galloway,
Manager Cancer Therapy Center at (907) 261-6084 or Steven Wallace, Senior Chief
Medical Physicist at (907) 261-3186.

Thank you for your assistance during this process.

Sincerely,



Dr L. R. Cook, Radiation Safety Officer
Providence Alaska Medical Center



Dr. S. A. Wallace, Senior Chief Medical Physicist
Providence Alaska Medical Center



Mr. B. Lamoureux, Administrator
Providence Alaska Medical Center



The Commitment Continues

3200 Providence Drive • P.O. Box 196604 • Anchorage, Alaska 99519-6604 • Phone (907) 261-3186 • Fax (907) 261-3665

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PROVIDENCE
CANCER THERAPY CENTER

July 13, 2007

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Dr L. R. Cook, Radiation Safety Officer
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Dr. S. A. Wallace, Senior Chief Medical Physicist
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Providence Alaska Medical Center



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The Commitment Continues

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471457

AUG - 8 2007

DATE

This is to acknowledge the receipt of your letter/application dated
7-13-07, 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 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** 471457.
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 LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 02230
: Status Code: 0
: Fee Category: 7C 3P EX 2B
: Exp. Date: 20150331
: Fee Comments: CODE 21
: Decom Fin Assur Req'd: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: PROVIDENCE HOSPITAL
Received Date: 20070731
Docket No.: 3013426
Control No.: 471457
License No.: 50-17838-01
Action Type: Notifications

2. FEE ATTACHED

Amount: _____
Check No.: /

3. COMMENTS

Signed Cecelia M. Murrison
Date 8-01-07

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 _____

PROVIDENCE
CANCER THERAPY CENTER

3200 Providence Drive • P.O. Box 196604
Anchorage, Alaska 99519-6604

4099844312200



\$3.37
FIRST CLASS
POSTAGE WILL BE PAID BY ADDRESSEE
PERMIT NO. 1000 ANCHORAGE, AK
PSN 7500-1000

James Montgomery
Health Physicist
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611 Ryan Plaza, Suite 400
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No. 47145^A
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ANCHORAGE, AK 99519-6604