

**Official Use Only - Security-Related Information**

**ACCEPTANCE REVIEW MEMO (ARM)**

**Licensee:** Central Peninsula General Hospital

**License No.:** 50-29075-01

**Docket No.:** 030-33614

**Mail Control No.:** 471556

**Type of Action:** 4 - Amendment

**Date of Requested Action:** 11/1/07

**Reviewer Assigned:** T6

**ARM reviewer(s):** Rachel S. Browder

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:** \_\_\_\_\_

- ☐ Yes ☐ No    Unrestricted release Group 2 or >: Transfer memo to FCDB within 10 days.  
☐ Yes ☐ No    Decommissioning notification should be completed within 30 days.  
☐ Yes ☐ No    Termination request < 90 days from date of expiration  
☒ Yes ☐ No    Expedite (no RSO)  
☐ Yes ☐ No    TAR needed to complete action.

**Branch Chief's and/or**

**HP's Initials:**

*RSBrowder*

**Date:**

*11-5-07*

**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:**

*RSBrowder*

**Date:**

*11-5-07*

**Pre-Licensing Screening**

NOV - 2 2007



# central peninsula hospital

250 Hospital Place, Soldotna, AK 99689 • (907) 714-4404 • www.cpgn.org

**CONFIDENTIAL FAX TRANSMITTAL**

To:	Rachael Browder	From:	Margaret Stroup
Fax:	817.860.8263	Pages:	3
Phone:	817.276.6552	Date:	11/1/2007
Re:	Emergent License Ammendment	CC:	Jack Cook
<input type="checkbox"/> Urgent <input type="checkbox"/> For Review <input type="checkbox"/> Please Comment <input type="checkbox"/> Please Reply <input type="checkbox"/> Please Recycle			

• Comments: Select this text and delete it or replace it with your own. To save changes to this template for future use, choose Save As from the File menu. In the Save As Type box, choose Document Template. Next time you want to use it, choose New from the File menu, and then double-click your template.

Please give me a call if I can provide anything else to expedite this process. My information to be RSO will follow in a few days.

**IMPORTANT NOTICE TO RECIPIENT**

The documents accompanying this transmission contain confidential information belonging to Central Peninsula General Hospital that is legally privileged. The information is intended only for the use of the individual or entity above. The authorized recipient of this information is prohibited from re-disclosing this information to any other party and is required to destroy the information after its stated use has been fulfilled.

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NOV - 2 2007

November 1, 2007

U.S. NRC Region IV  
Texas Health Resources Tower  
611 Ryan Plaza, Suite 400  
Arlington, TX 76011-4005

RE: License Number 50-29075-01

To Whom It May Concern:

We would like to remove Dr. Mark McVee, David S. Shea, and Dcan K. Rigby from License number 50-29075-01 as authorized user and Radiation Safety Officer.

We would like to have Dr. William Roberts added as Radiation Safety Office on an emergent basis during our transition period of adding a new RSO to our license.

Thank you so much for your help today.

Sincerely,

Margaret Stroup, BS  
Imaging Director  
Central Peninsula Hospital

907.714.4590

CPH is a  
member of  
the Planetree  
Alliance.

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No 4 7 1 5 5 6

NOV-01-2007 10:56 From:

From: 9072350278

Page: 1/1

Date: 11/1/2007 2:23:47 PM

To: 619072350278, 1230

Page: 2/2



NOV - 2 2007

November 1, 2007

Memo To: Radiation Safety Officer

From: Ryan K. Smith, Chief Executive Officer

Subject: Delegation of Authority

You have been appointed Radiation Safety Officer and are responsible for ensuring the safe use of radiation. You are responsible for managing the radiation protection program; identifying radiation protection problems; initiating, recommending, or providing corrective actions; verifying implementation of corrective actions; stopping unsafe activities; and ensuring compliance with regulations. You are hereby delegated the authority necessary to meet those responsibilities, including prohibiting the use of byproduct material by employees who do not meet the necessary requirements and shutting down operations where justified by radiation safety. You are required to notify management of situations where staff are not cooperating and not addressing radiation safety issues. In addition, you are free to raise issues with the Nuclear Regulatory Commission at anytime. It is estimated that you will spend 5 hours per week conducting radiation protection activities.

Ryan K. Smith,  
CEO

I accept the above responsibilities,

*William S. Roberts M.D.*  
Signature of Radiation Safety Officer

Until Feb 1, 2008. (Three month  
appointment. WSR)

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the Planetree  
Alliance.

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714-4697

No 471556

**From:** "Stroup, Margaret" <mstroup@cpgh.org>  
**To:** <rsb3@nrc.gov>  
**Date:** 11/05/2007 1:29:23 PM  
**Subject:** Ammendment

Would you please remove Maureen Filipek from license Number 50-29075-01 in leu of Dr. Rigby which was previously removed. The only authorized user remaining should be Dr. William Roberts. I have dug around and found Amendment No. 09. Thank you so much for your help.

Margaret Stroup, BS  
Imaging Director  
Central Peninsula Hospital  
907.714.4590 Phone  
907.714.4995 Fax  
mstroup@cpgh.org

**Mail Envelope Properties** (472F6EF6.EEC : 9 : 16108)

**Subject:** Ammendment  
**Creation Date** 11/05/2007 1:28:00 PM  
**From:** "Stroup, Margaret" <mstroup@cpgh.org>

**Created By:** mstroup@cpgh.org

**Recipients**

nrc.gov  
ARL\_PO.ARL\_DO  
RSB3 (Rachel Browder)

**Post Office**  
ARL\_PO.ARL\_DO

**Route**  
nrc.gov

<b>Files</b>	<b>Size</b>	<b>Date &amp; Time</b>
MESSAGE	393	11/05/2007 1:28:00 PM
TEXT.htm	1169	
Mime.822	3335	

**Options**

**Expiration Date:** None  
**Priority:** Standard  
**ReplyRequested:** No  
**Return Notification:** None

**Concealed Subject:** No  
**Security:** Standard

**Junk Mail Handling Evaluation Results**

Sender: mstroup@cpgh.org  
Message is eligible for Junk Mail handling  
This message was not classified as Junk Mail  
Sender e-mail address is not in recipient's personal address book

**Junk Mail settings when this message was delivered**

Junk List is not enabled  
Junk Mail using personal address books is not enabled  
Block List is enabled

(FOR LFMS USE)  
INFORMATION FROM LTS  
-----

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

```

.....
Program Code: 02121
Status Code: 0
Fee Category: 7C
Exp. Date: 20140831
Fee Comments:
Decom Fin Assur Reqd: N
.....

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LICENSE FEE TRANSMITTAL

### A. REGION

- |                         |                                    |
|-------------------------|------------------------------------|
| 1. APPLICATION ATTACHED | CENTRAL PENINSULA GENERAL HOSPITAL |
| Applicant/Licensee:     | 20071102                           |
| Received Date:          | 3033614                            |
| Docket No.:             | 471556                             |
| Control No.:            | 50-29075-01                        |
| License No.:            | Amendment                          |
| Action Type:            |                                    |

2. FEE ATTACHED  
Amount: \_\_\_\_\_  
Check No.: \_\_\_\_\_

- ### 3. COMMENTS

Signed \_\_\_\_\_  
Date 11-26-09

- 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 \_\_\_\_\_