

DEC 05 2007



RAPID CITY
REGIONAL HOSPITAL

P.O. Box 6000 Rapid City, SD 57709 (605) 719-1000

December 5, 2007

United States Nuclear Regulatory Commission Region IV
License Division
611 Ryan Plaza Dr.
Suite 400
Arlington, TX 76011

Subject: Lower possession limit for Ir-192 sealed HDR sources.

We would like to make a change to our license # 40-00238-04.

We want to lower the possession limit (license item 6-E) of sealed Ir-192 sources used for High Dose Rate brachytherapy to read as follows: 2 sources neither of which can exceed 12 Ci. and the sum activity of both sources not to exceed 20.0 Ci.

If you have any further questions concerning this amendment request, please contact Lowell Husman at 605 719-8427 or Richard J. Crilly at 605-719-2369.

A handwritten signature in black ink, appearing to read "Richard J. Crilly".

Richard J. Crilly
Radiation Safety Officer
Rapid City Regional Hospital

471499



JOHN T. VUCUREVICH

REGIONAL CANCER CARE INSTITUTE

353 Fairmont Boulevard Rapid City, SD 57701 (605) 719-2300 FAX (605) 719-2310

September 5, 2007

United States Nuclear Regulatory Commission Region IV
License Division
611 Ryan Plaza Dr.
Suite 400
Arlington, TX 76011

Subject: Lower possession limit for Ir-192 sealed HDR sources.

We would like to make a change to our license # 40-00238-04.

We want to lower the possession limit (license item 6-E) of sealed Ir-192 sources used for High Dose Rate brachytherapy to read as follows: 2 sources neither of which can exceed 12 Ci. and the sum activity of both sources not to exceed 21.5 Ci.

If you have any further questions concerning this amendment request, please contact Lowell Husman at 605 719-8427 or Richard J. Crilly at 605-719-2369.

Richard J. Crilly
Radiation Safety Officer
Rapid City Regional Hospital

RECEIVED

SEP 07 2007

DNMS

No 471499

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Rapid City Regional Hospital, Inc. **License No.:** 40-00238-04

Docket No.: 030-03231 **Mail Control No.:** 471499

Type of Action: Amend **Date of Requested Action:** 08-05-07

Reviewer Assigned: Jackie Cook **ARM reviewer(s):** Cook

Response	Deficiencies Noted During Acceptance Review
	<input type="checkbox"/> Open ended possession limits. Limit possession. Submit inventory. <input checked="" type="checkbox"/> Delete IC license condition. <input type="checkbox"/> Split license from cover letter. Add SUNSI marking to license.
11/30/07	Reviewer: Clarify name change or change of control has not occurred <i>clarified with RSO + Director W.M. Rept via mail message to my phone</i>

Reviewer's Initials: JAC **Date:** 11/30/07

<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: JAC **Date:** SEP 11 2007

Pre-Licensing Screening

Applicant Information:

Control No. 471499

Name: Rapid City Regional Hospital, Inc.	Type of Request: Amend Program Code(s): 02230
Location: SD	License No.: 40-00238-04 Docket No.: 030-03231

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.	N
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.	N
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	N

Table of Risk Significant Quantities

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

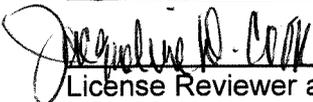
Radionuclide	Risk Significant Quantity (TBq ¹)	Risk Significant Quantity (Ci ¹)	Radionuclide	Risk Significant Quantity (TBq ¹)	Risk Significant Quantity (Ci ¹)
Am-241	0.6	16	Pm-147	400	11,000
Am-241/Be	0.6	16	Pu-238	0.6	16
Cf-252	0.2	5.4	Pu-239/Be	0.6	16
Cm-244	0.5	14	Ra-226 ²	0.4	11
Co-60	0.3	8.1	Se-75	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:


 SEP 11 2007
 License Reviewer and Date

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

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02230
: Status Code: 0
: Fee Category: 7C 3P
: Exp. Date: 20101031
: Fee Comments: CODE 23
: Decom Fin Assur Reqd: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: RAPID CITY REGIONAL HOSPITAL, INC.
Received Date: 20070907
Docket No: 3003231
Control No.: 471499
License No.: 40-00238-04
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: /

3. COMMENTS

Signed Colleen Murnahan
Date 9-11-07

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 _____