



January 15, 2008

From: Karen L. Beemer
West Park Hospital
707 Sheridan Ave.
Cody, WY 82414

To: NRC
C/O Jacque Cook

RE: License #49-18230, Docket # 030-14695
License Amendments Requested.

We would like to request the following amendments to our license:

1. Please remove Dr. James Raymond from our license.

Thank you,

A handwritten signature in black ink, appearing to read "Karen", with a long horizontal flourish extending to the right.

Karen L. Beemer

Checklist to Ensure That Radioactive Material Will Be Used as Intended

Applicant Information:

Control No. 471625

Name: West Park Hospital	Type of Request: Notify Program Code(s): 02120	
Location: WY	License No.: 49-18230-01	Docket No.: 030-14695

STEP 1, ITEM A - INITIAL SCREENING

Instructions for Step 1: Complete Step 1 for all applications. If Step 1, Items A and B, are "YES" then do not complete Step 2. Sign and date the completed form and add it to ADAMS as Non-Sensitive and Non-Publicly Available. If a "NO" response is indicated for Item A or Item B, add the completed form to ADAMS as Sensitive and Non-Publicly Available, and complete Step 2 (Additional Screening). If the type of use is subject to a Security Order, complete Step 3, Item A, without delay. If the additional requirements for increased controls will be applied or voided, complete Step 3, Item B, without delay.	YES or NO
A. The applicant is a known entity or a licensee transferring control to a known entity. This determination has been made using the screening criteria in Worksheet A below.	Yes

Worksheet A

Instructions for Worksheet A: Answer each of the 6 questions below by placing a "Yes", "No", or "NA" response in the column on the right. Best practices for a reviewer are provided after each of the questions. If the answer to any of the 6 questions is "Yes" then indicate "Yes" in Step 1, Item A, above. If the answers to all of the 6 questions is "No" then indicate "No" in Step 1, Item A, above. NOTE - If the reviewer has personal knowledge of the applicant's veracity, this can be taken into account in responding to any questions. For example, if the applicant's management and/or RSO have been associated with a current or previous NRC or Agreement State license, then the applicant may be considered as a known entity.	YES, NO, or NA
1. Does the applicant have a current Agreement State or NRC license? The reviewer should 1) confirm that a valid license/registration/authorization exists for the applicant; and 2) compare the current license to the application to verify that the application represents a reasonable expansion of the licensee's operation (i.e., medical facility adding a gamma knife or an Agreement State licensee obtaining an NRC license in order to work in NRC jurisdiction without filing reciprocity).	Yes
2. Does the applicant have a current Agreement State or NRC license at another location and the new application represents the addition of a new facility within the scope of the licensee's core business? The reviewer should contact the appropriate licensing authority to confirm that a valid license/registration/authorization exists for the applicant and the corporate office of the licensee to verify that it has knowledge of and approves of the new application.	No
3. Does the applicant have a current State or Federal government license, registration, authorization, etc., for other operations within the scope of its proposed license activities? (e.g., a company authorized by a State for mining that is now requesting authorization to use fixed gauges). The reviewer should contact the appropriate government office to confirm that the license, registration, authorization, etc., is valid; and the applicant's corporate office to confirm that it has knowledge of and approves of the new application to possess radioactive materials.	No
4. Is the applicant a local, State or Federal government agency? The reviewer should contact the local, State or Federal government office to confirm that the applicant is a government entity.	No
5. Does the application only involve the relocation of an existing licensee, or its mailing address, to another State? This includes new licenses created from existing licenses listing locations in multiple States, in preparation for transfer of licenses to States that will shortly sign an Agreement with the NRC.	No
6. Is the application only the result of a licensee failing to submit a renewal application in a timely manner?	No

STEP 1, ITEM B - INITIAL SCREENING CONTINUED

<p>B. The applicant is requesting certain radionuclides and quantities that are less than the Risk Significant Quantity (TBq) values in Worksheet B, below, as "highlighted" by the reviewer, or is currently subject to a security order or additional requirements for increased controls. If "Yes", there is no need to proceed further.</p>	<p>N/A</p>
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Worksheet B - 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.

<p>Calculations of the Total Activity or the Unity Rule were completed. NOTE—If an amendment of an existing license is being requested, the calculations will include the previously authorized quantities for the radionuclide(s).</p>	<p>Yes, No, or Not Applicable (NA)</p>
<p>Total Activity—multiple activities are requested for a single radionuclide and the sum of the activities is less than the Risk Significant Quantity (TBq) for the radionuclide.</p>	
<p>Unity Rule—multiple radionuclides are requested and the sum of the ratios is less than 1.0, 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.</p>	

Signature and Date for Step 1:


 License Reviewer and Date JAN 23 2008

JAN 22 2008

This is to acknowledge the receipt of your letter/application dated 1-15-08, and to inform you that the initial processing, which includes an administrative review, has been performed.

DATE

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 180 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** 471625.
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

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02120
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20110831
: Fee Comments:
: Decom Fin Assur Req'd: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: WEST PARK HOSPITAL
Received Date: 20080115
Docket No: 3014695
Control No.: 471625
License No.: 49-18230-01
Action Type: Notifications

2. FEE ATTACHED

Amount: _____
Check No.: /

3. COMMENTS

Signed Colleen Murawski
Date 1-16-08

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 _____