

Nuclear Materials Licensing Section  
U.S. Nuclear Regulatory Commission, Region IV  
Texas Health Resources Tower  
611 Ryan Plaza Drive, Suite 400  
Arlington, TX 76011-8064

Re: License No. 25-16773-02

Dear Sir/Madam;

Pursuant to 10 CFR 35 para. 35.13, we request an amendment to license condition 9 of License No. 25-16773-02. License condition 9 is amended to read as indicated on the enclosure. Please note that deleted words are indicated with a "strike-through" and that additions are in brackets [ ].

Since the renewal of this license in 2005, our survey meters have been calibrated by a qualified calibration laboratory and have not been calibrated in-house. It is our understanding that this meets the existing license condition, but this amendment is a further clarification of our meter calibration program.

We do not possess a dedicated meter calibration source. Cs-137 sealed sources used for intracavitary implants are used for in-house survey meter calibration..

Respectfully,



James H. Brewer, Ph.D.  
Radiation Safety Officer

RECEIVED

FEB 15 2008

DNMS

No 471673

Item 9: Radiation Monitoring Instruments

Radiation ~~Monitoring~~ survey instruments will be calibrated by a person qualified to perform survey meter calibrations, and we have developed and will implement and maintain written survey meter calibration procedures in accordance with the requirements in 10 CFR 20.1501 and that meet the requirements of 10 CFR 35.61. Or, we will have survey instruments calibrated by an outside calibration laboratory that uses procedures meeting the requirements of 10 CFR 35.61.

The following instruments will be used to perform required surveys as appropriate:

- Survey meter: Bicron Surveyor 2000, 2R maximum scale reading, GM type meter
- Survey meter: Ludlum Model 9, 5R maximum scale reading, ion chamber type meter for pulsed radiation
- Survey meter: Victoreen Panoramic, 10R maximum scale reading, ion chamber type meter for pulsed radiation
- Survey meter: Tech Associates TBM-3, 0.016R maximum scale reading, GM type for contamination surveys
- Survey meter: Victoreen Model 190, 1R max scale reading, GM type meter
- Survey meter: Victoreen Model 493, 0.05R max scale reading, GM type meter
- Survey meter: Atomic Products Model 069-701, 0.1R max scale reading, GM type meter
  
- Multichannel analyzer: Capintec CAPTUS 2000 MCA with 1.0 inch bore scintillation well.

We reserve the right to upgrade our survey instruments as necessary as long as they are adequate to measure the type and level of radiation for which they are used.



## Checklist to Ensure That Radioactive Material Will Be Used as Intended

### Applicant Information:

Control No. 471673

Name: ST. PATRICK HOSPITAL	Type of Request: AMEND Program Code(s): 02120	
Location: MT	License No.: 25-16773-02	Docket No.: 030-147-34

### STEP 1, ITEM A - INITIAL SCREENING

<p><b>Instructions for Step 1:</b> 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.</p>	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

<p><b>Instructions for Worksheet A:</b> 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. <b>NOTE</b> - 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.</p>	YES, NO, or NA
1. <b>Does the applicant have a current Agreement State or NRC license?</b> 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. <b>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?</b> 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.	
3. <b>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?</b> (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.	
4. <b>Is the applicant a local, State or Federal government agency?</b> The reviewer should contact the local, State or Federal government office to confirm that the applicant is a government entity.	
5. <b>Does the application only involve the relocation of an existing licensee, or its mailing address, to another State?</b> 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.	
6. <b>Is the application only the result of a licensee failing to submit a renewal application in a timely manner?</b>	

**STEP 1, ITEM B - INITIAL SCREENING CONTINUED**

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.

*Yes (NA)*

**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 <sup>1</sup> )	Risk Significant Quantity (Ci <sup>1</sup> )	Radionuclide	Risk Significant Quantity (TBq <sup>1</sup> )	Risk Significant Quantity (Ci <sup>1</sup> )
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 <sup>2</sup>	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

<sup>1</sup> The primary values are TBq. The curie (Ci) values are for informational purposes only.  
<sup>2</sup> 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 were completed. <b>NOTE—If an amendment of an existing license is being requested, the calculations will include the previously authorized quantities for the radionuclide(s).</b>	Yes, No, or Not Applicable (NA)
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.	
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.	



FEB 21 2008

**Signature and Date for Step 1:**

\_\_\_\_\_  
 License Reviewer and Date

3-20-08

DATE

This is to acknowledge the receipt of your letter/application dated 2-12-08, 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:

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The action you requested is normally processed within 90 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** 471673.  
When calling to inquire about this action, please refer to this mail control number.  
You may call me at 817-860-8103.

Sincerely,

*Cecilia Murnahan*  
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: 3E 3P 7C  
: Exp. Date: 20150731  
: Fee Comments: \_\_\_\_\_  
: Decom Fin Assur Reqd: N  
: ::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ST. PATRICK HOSPITAL  
Received Date: 20080215  
Docket No: 3014734  
Control No.: 471673  
License No.: 25-16773-02  
Action Type: Amendment

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.: \_\_\_\_\_

3. COMMENTS

Signed *Celine Muralan*  
Date 2-19-08

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 \_\_\_\_\_

Montana Cancer  
Center



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Missoula, MT 59807-4587

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