



Maui Memorial
MEDICAL CENTER

Hawai Health Systems Corporation — Maui Region

March 31, 2008

Nuclear Materials Licensing Branch
U.S. Nuclear Regulatory Commission, Region IV
611 Ryan Plaza Drive, Suite 400
Arlington, TX 76011-4005

Subject: Amendment
NRC License No. 53-13519-01
Docket No. 030-03561

Dear License Reviewer:

Please change the authorized use for our Strontium-90 ophthalmic applicator to 'Storage only'.

In addition, please remove the following physicians from our list of authorized users:

David Dalzell, M.D.
Michael May, M.D.
Geoffrey M. Murrish, M.D.
Hung B. Nguyen, M.D.
Scott Boren, M.D.
Eugene Wasson, III, M.D.
Kevin C. Wilcox, M.D.

If you require any additional information please contact our radiation safety consultant, Ronald Frick at 808-373-7009.

Sincerely,

Wesley P. Lo
Chief Executive Officer

RECEIVED
APR 21 2008
DNMS

Estimated burden per response to comply with this mandatory collection request: 4.4 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0004, or by internet e-mail to infocollects@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NE0B-10202, (3150-0120), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

APPLICATION FOR MATERIAL LICENSE

INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.

APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:

DIVISION OF INDUSTRIAL AND MEDICAL NUCLEAR SAFETY
OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555-0001

ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:

IF YOU ARE LOCATED IN:

ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, MISSISSIPPI, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO:

LICENSING ASSISTANCE TEAM
DIVISION OF NUCLEAR MATERIALS SAFETY
U.S. NUCLEAR REGULATORY COMMISSION, REGION I
475 ALLENDALE ROAD
KING OF PRUSSIA, PA 19406-1415

IF YOU ARE LOCATED IN:

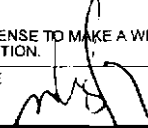
ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:

MATERIALS LICENSING BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION III
2443 WARRENVILLE ROAD, SUITE 210
LISLE, IL 60532-4352

ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING, SEND APPLICATIONS TO:

NUCLEAR MATERIALS LICENSING BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV
611 RYAN PLAZA DRIVE, SUITE 400
ARLINGTON, TX 76011-4005

PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.

1. THIS IS AN APPLICATION FOR (Check appropriate item)		2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code)	
<input type="checkbox"/> A. NEW LICENSE <input checked="" type="checkbox"/> B. AMENDMENT TO LICENSE NUMBER <u>53-13519-01</u> <input type="checkbox"/> C. RENEWAL OF LICENSE NUMBER _____		Maui Memorial Medical Center 221 Mahalani Street Wailuku, HI 96793	
3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED		4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION	
Same as 2.		Ronald Frick, M.S., CHP, DABR	
		TELEPHONE NUMBER	
		(808) 373-7009	
SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.			
5. RADIOACTIVE MATERIAL		6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.	
a. Element and mass number; b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time.			
7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE.		8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.	
9. FACILITIES AND EQUIPMENT.		10. RADIATION SAFETY PROGRAM.	
11. WASTE MANAGEMENT.		12. LICENSE FEES (See 10 CFR 170 and Section 170.31)	
		FEE CATEGORY <u>7C</u>	AMOUNT ENCLOSED \$ <u>0.00</u>
13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.			
THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.			
WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.			
CERTIFYING OFFICER - TYPED/PRINTED NAME AND TITLE		SIGNATURE	DATE
Wesley P. Lo, Chief Executive Officer			4/15/08

FOR NRC USE ONLY

TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
			\$		
APPROVED BY				DATE	

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Maui Memorial Medical Center **License No.:** 53-13519-01
Docket No.: 030-03561 **Mail Control No.:** 471791
Type of Action: Amend **Date of Requested Action:** 03-31-08
Reviewer Assigned: **ARM reviewer(s):** Torres

Response	Deficiencies Noted During Acceptance Review
	[] Open ended possession limits. Submit inventory. Limit possession. [] Submit copies of latest leak test results. [] Add IC L.C./Fingerprint LC, add SUNSI markings to license. [] Confirm with licensee if they have NARM material.

Reviewer's Initials: _____ **Date:** _____

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Request for unrestricted release Group 2 or >. Consult with Bravo Branch.
<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 HP's Initials: _____ **Date:** _____

SUNSI Screening according to RIS 2005-31

Yes No **Sensitive and Non-Publicly Available 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

APR 25 2008

Branch Chief's and/or HP's Initials: *[Signature]* **Date:** _____

Checklist to Ensure That Radioactive Material Will Be Used as Intended

Applicant Information:

Control No. 471791

Name: Maui Memorial Medical Center	Type of Request: Amend Program Code(s): 02120	
Location: HI	License No.: 53-13519-01	Docket No.: 030-03561

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.	
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.	
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.	
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.	
6. Is the application only the result of a licensee failing to submit a renewal application in a timely manner?	

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:

 APR 25 2008
 License Reviewer and Date

This is to acknowledge the receipt of your letter/application dated 3-31-08, 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 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** 471791.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,

Colleen Murnahan
Licensing Assistant

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 02120
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20110531
: Fee Comments: STATE
: Decom Fin Assur Req'd: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: MAUI MEMORIAL MEDICAL CENTER
Received Date: 20080421
Docket No: 3003561
Control No.: 471791
License No.: 53-13519-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.:

3. COMMENTS

Signed Colleen Murnahan
Date 4-25-08

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 _____

471791

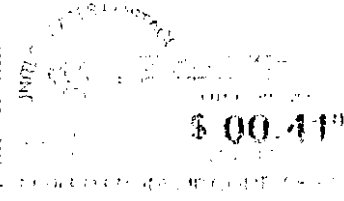
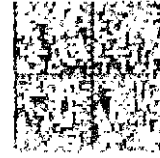


Maui Memorial
MEDICAL CENTER

For an Island So Beautiful... Maui Begins

221 Mahalani Street
Wailuku, Hawaii 96793

POSTAGE
PAID
PERMIT NO. 1036
HONOLULU, HI



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U.S. Nuclear Regulatory Commission, Region IV
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76011-4005

