



RECEIVED

May 8, 2008

MAY 15 2008

DNMS

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

To: Jacque Cook  
NRC  
Region IV  
Arlington, TX 76011

RE: Amendment to our license Docket or Reference Number 030-14695  
*License # 49-18230-01*

We would like to request that Dr. Mary Murphy be added to the license  
As an authorized user for parts 35.100, 35.200 excluding xenon.

Enclosed is the previous license she was listed as an authorized user on.  
*12-13568-02*

Thank-you.

*Karen L Beemer*  
Karen L. Beemer, CNMT

*Jacque, I wasn't sure if this  
was all I needed or if there  
is more paperwork.*

*Please call if needed 307-578-2777*

**DEPARTMENT OF  
VETERANS AFFAIRS**

**Harry S. Truman Memorial Veterans' Hospital  
800 Hospital Drive  
Columbia, MO 65201**



A handwritten signature in cursive script that reads "Harry S. Truman". The signature is written in dark ink and is slanted upwards to the right.

THIS FAX IS INTENDED ONLY FOR THE USE OF THE PERSON OR OFFICE TO WHOM IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL, OR PROTECTED BY LAW. ALL OTHERS ARE HEREBY NOTIFIED THAT RECEIPT OF THIS FAX DOES NOT WAIVE ANY APPLICABLE PRIVILEGE OR EXEMPTION FOR DISCLOSURE AND THAT ANY DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION IS PROHIBITED. IF YOU HAVE RECEIVED THIS FAX IN ERROR, PLEASE NOTIFY THIS OFFICE IMMEDIATELY AT THE CONFIRM TELEPHONE NUMBER LISTED BELOW.

|                   |   |                 |                |
|-------------------|---|-----------------|----------------|
| DATE              | May 2, 2008   | NO. PAGES       | Cover + 1      |
| TO WITH ROUTING   | Karen Beemer, Radiology   | TO: FAX NUMBER. | (307) 578-2389 |
| FROM WITH ROUTING | Mary Murphy, M.D.   | CONFIRM PHONE   | (573) 814-6423 |
| NARRATIVE         | Karen, here is an old NRC license with my name appearing as an authorized user (Mary L. Fischer). Is this all you need? |                 |                |

30-7913-adp

05/02/2008 01:14 FAX 5742676182

DII

2001

U.S. NUCLEAR REGULATORY COMMISSION

PAGE 3 OF 4 PAGES

**MATERIALS LICENSE  
SUPPLEMENTARY SHEET**License Number  
**12-13568-02**Docket or Reference Number  
**030-14235**

Amendment No. 52

Authorized UsersMaterial and Use

|                                 |   |
|---------------------------------|---|
| L. Marvin D. Walker, D.O.       | 10 CFR 35.100 and 35.200 (excluding xenon-133). |
| M. John Rock, M.D.              | 10 CFR 35.100 and 35.200 (excluding xenon-133). |
| N. Rik Stephens, M.D.           | 10 CFR 35.100 and 35.200 (excluding xenon-133). |
| O. James C. Wehrenberg, M.D.    | 10 CFR 35.100 and 35.200 (excluding xenon-133). |
| P. James A. Arata, M.D.         | 10 CFR 35.100 and 35.200 (excluding xenon-133). |
| Q. David B. Janizek, M.D.       | 10 CFR 35.100 and 35.200 (excluding xenon-133). |
| R. Christine Anne Tremper, M.D. | 10 CFR 35.100 and 35.200 (excluding xenon-133). |
| S. Cindy Cassey, M.D.           | 10 CFR 35.100 and 35.200 (excluding xenon-133). |
| T. Phillip R. Dawkins, M.D.     | 10 CFR 35.100 and 35.200 (excluding xenon-133). |
| U. Timothy M. McGlure, M.D.     | 10 CFR 35.100 and 35.200 (excluding xenon-133). |
| V. Benjamin A. Wendell, M.D.    | 10 CFR 35.100 and 35.200 (excluding xenon-133). |
| W. Jerrold Willis, M.D.         | 10 CFR 35.100 and 35.200 (excluding xenon-133). |
| X. Amolak Singh, M.D.           | 10 CFR 35.100 and 35.200 (excluding xenon-133). |
| Y. Terry Elwing, M.D.           | 10 CFR 35.100 and 35.200 (excluding xenon-133). |
| Z. Mark Andrew James, M.D.      | 10 CFR 35.100 and 35.200 (excluding xenon-133). |
| AA. Randall J. Phillips, M.D.   | 10 CFR 35.100 and 35.200 (excluding xenon-133). |
| BB. Mary L. Fischer, M.D.       | 10 CFR 35.100 and 35.200 (excluding xenon-133). |
| CC. David A. Lee, M.D.          | 10 CFR 35.100 and 35.200 (excluding xenon-133). |
| DD. Anne Ballinger, M.D.        | 10 CFR 35.100 and 35.200 (excluding xenon-133). |
| EE. James Vesely, M.D.          | 10 CFR 35.100 and 35.200 (excluding xenon-133). |
| FF. David Powell, M.D.          | 10 CFR 35.100 and 35.200 (excluding xenon-133). |

DOCKET NUMBER : 03014235 LIC NO: 12-13568-02\_\_ \*\* VALID ACTION CODES:  
 APPLICANT NAME: DIAGNOSTIC HEALTH SERVICES\_\_\_\_\_ \*\* A=ADD,C=CHANGE,D=DELETE

| NAME OF USER              | TYPE OF AUTHORIZATION | ACTION |
|---------------------------|-----------------------|--------|
| TERRY ELWING, M.D.        | 35.100/200            | —      |
| MARK ANDREW JAMES, M.D.   | 35.100/200            | —      |
| RANDALL J. PHILLIPS, M.D. | 35.100/200            | —      |
| MARY L. FISCHER, M.D.     | 35.100/200            | —      |
| DAVID A. LEE, M.D.        | 35.100/200            | —      |
| ANNE BALLINGER, M.D.      | 35.100/200            | —      |
| JAMES VESELY, M.D.        | 35.100/200            | —      |
| DAVID POWELL, M.D.        | 35.100/200            | —      |
| WILLIAM PETTY, M.D.       | 35.100/200            | —      |
| THOMAS HICKS, M.D.        | 35.100/200            | —      |
| PAULA GEORGE, M.D.        | 35.100/200            | —      |
| CARL M. LINGE, M.D.       | 35.100/200            | —      |

\*\* 054 000 \*\*

LTS report dated 5-19-08 shows  
 Dr. Mary L. Fisher as AU on 12-13568-02  
 License for 35.100 & 35.200.

*R/LC*

MAY 19 2008

## ACCEPTANCE REVIEW MEMO (ARM)

Licensee: West Park Hospital

License No.: 49-18230-01

Docket No.: 030-14695

Mail Control No.: 471810

Type of Action: Notify

Date of Requested Action: 05-08-08

Reviewer Assigned: Jackie Cook

ARM reviewer(s): Torres

| Response | Deficiencies Noted During Acceptance Review   |
|----------|---|
|          | <ul style="list-style-type: none"><li>[ ] Open ended possession limits. Submit inventory. Limit possession.</li><li>[ ] Submit copies of latest leak test results.</li><li>[ ] Add IC L.C./Fingerprint LC, add SUNSI markings to license.</li><li>[ ] Confirm with licensee if they have NARM material.</li></ul> |
|          |   |

Reviewer's Initials: \_\_\_\_\_

Date: \_\_\_\_\_

- ☐ Yes ☐ No Request for unrestricted release Group 2 or >. Consult with Bravo Branch.
- ☐ Yes ☐ No Termination request < 90 days from date of expiration
- ☐ Yes ☐ No Expedite (medical emergency, no RSO, location of use/storage not on license, RAM in possession not on license, other)
- ☐ Yes ☐ 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

Branch Chief's and/or HP's Initials: RITZ Date: MAY 19 2008

MAY 20 2008

This is to acknowledge the receipt of your letter/application dated 5-08-08, 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** 471810.  
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

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: 20080513  
Docket No: 3014695  
Control No.: 471810  
License No.: 49-18230-01  
Action Type: Amendment

2. FEE ATTACHED

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

3. COMMENTS

Signed Colleen Murnahan  
Date 5-19-08

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:

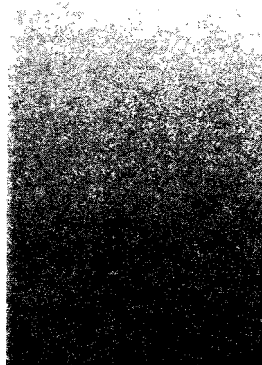
Amendment \_\_\_\_\_  
Renewal \_\_\_\_\_  
License \_\_\_\_\_

3. OTHER \_\_\_\_\_  
\_\_\_\_\_

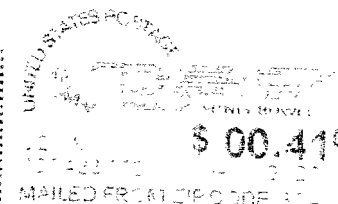
Signed \_\_\_\_\_  
Date \_\_\_\_\_



707 Sheridan Avenue  
Cody, WY 82414



76011X3999



Jacque Cook  
NRC  
Region IV  
Arlington TX  
76011

