



Professionals...caring for our community

Hot Springs County Memorial Hospital

RECEIVED

JUN 2 2008

DNMS

150 East Arapahoe
Thermopolis, Wyoming 82443

Phone: 307/864-3121
Fax: 307/864-3222

5/21/2008

From: Daryl Mathern, Director DI
Hot Springs County Memorial Hospital
150 E Arapahoe St
Thermopolis, WY 82443

To: Nuclear Regulatory Commission
Region IV
611 Ryan Plaza Dr.
Suite 400
Arlington, TX 76011-4005

Subject: License Amendment (Authorized User)
License #49-26949-01
Docket #030-30651

Ladies/Gentlemen:

We would like to amend out NRC License to reflect that Dr. Thomas McCallum, MD, is no longer an authorized user at Hot Springs County Memorial Hospital.

Dr. Thomas McCallum is retiring. Thank you for your timeliness on this matter. If any questions, please call 307-864-3121 ext 147. Thank you.

Respectfully,

Daryl T. Mathern, CNMT
Director Nuclear Medicine

No 4 7 1 8 3 1

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Hot Springs County Memorial Hospital **License No.:** 49-26949-01
Docket No.: 030-30651 **Mail Control No.:** 471831
Type of Action: Notify **Date of Requested Action:** 05-21-08
Reviewer Assigned: **ARM reviewer(s):** Torres

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

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: RTZ **Date:** _____

JUN - 6 2008

This is to acknowledge the receipt of your letter/application dated 5-21-08, 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** 471831.
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: : (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 :
 License Fee Management Branch, ARM : Program Code: 02120
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 7C
 : Exp. Date: 20150331
 : Fee Comments:
 : Decom Fin Assur Req'd: N
 :

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: HOT SPRINGS COUNTY MEMORIAL HOSP.
Received Date: 20080602
Docket No: 3030651
Control No.: 471831
License No.: 49-26949-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: /

3. COMMENTS

Signed Colleen Murnahan
Date 6-24-08

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 _____

HSCMH
Professionals...caring for our community
Hot Springs County Memorial Hospital
150 East Arapahoe
Thermopolis, Wyoming 82443

RECEIVED

JUN 2 2008

DNMS

TO: NUCLEAR REGULATORY COMMISSION
REGION IV
611 RYAN PLAZA DR.
SUITE 400
ARLINGTON, TX 6011-4005

6 7 1 2 3 1

7601134005 C024

