



HAWAII MEDICAL CENTER

RECEIVED

May 28, 2008

JUN 3 2008

DNMS

US Nuclear Regulatory Commission  
Region IV  
612 E. Lamar Boulevard  
Suite 400  
Arlington, TX 76011-4125

Subject: Notification  
NRC License Number: 53-11966-01  
Docket Number: 030-03557

Dear Sir:

Please remove the following physicians from our List of Authorized Users:

Philip Manzanero, M.D.  
Norman Ikemoto, M.D.  
Edward Hew, M.D.

If you require any additional information, please contact our Radiation Safety Officer,  
Ronald Frick at (808) 373-7009.

Sincerely,

Donald Wood, BS,RT®, MHA, AART/HSRT  
Director, Imaging Services

91-2141 Fort Weaver Rd.  
Ewa Beach, HI 96706

WEBSITE  
www.hawaiiimedcen.com

No 471827 ✓

## ACCEPTANCE REVIEW MEMO (ARM)

**Licensee:** Hawaii Medical Center, LLC      **License No.:** 53-11966-01  
**Docket No.:** 030-03557      **Mail Control No.:** 471827  
**Type of Action:** Notify      **Date of Requested Action:** 05-28-08  
**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

**Branch Chief's and/or HP's Initials:** RTZ      **Date:** JUN - 6 2008

JUN - 6 2008

DATE

This is to acknowledge the receipt of your letter/application dated 5-28-08, 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 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** 471827.  
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 EX 2B  
: Exp. Date: 20151031  
: Fee Comments: CODE 21  
: Decom Fin Assur Req: N  
: .....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: HAWAII MEDICAL CENTER, LLC  
Received Date: 20080603  
Docket No: 3003557  
Control No.: 471827  
License No.: 53-11966-01  
Action Type: Notifications

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 \_\_\_\_\_



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No. 4 1 8 2 7

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