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Idaho Falls, ID 83404

Mailing Address
P.O. Box 2077
Idaho Falls, ID 83403-2077

Off-Campus Locations:

Behavioral Health Center
2280 25th Street
208.227.2100

The Cancer Center
3245 Channing Way
208.227.2700

The Imaging Center
1670 John Adams Pkwy
208.535.4555

Physical Therapy Specialties
2840 Channing Way
208.529.7999

RECEIVED

MAR 20 2008

DNMS

March 18, 2008

United States Nuclear Regulatory Commission
Region IV
Nuclear Materials Safety Branch
611 Ryan Plaza Drive, Suite 400
Arlington, TX 76011-8064

Re: License 11-27346-01

Dear Sir or Madam:

This is a notification that we are requesting to increase authorization for one licensed authorized user to administer I-131 therapy.

1. Add authorization for James Harris, M.D., licensed user to administer oral sodium I-131 under 10 CFR 35.392 and 35.394. James Harris, M.D. is currently listed on this license for use under 10 CFR 35.100 and 35.200.

- a. James Harris, M.D. Letter of Attestation attached.

If you require additional information, please call.

Sincerely,

James Neeley, M.D.
Radiation Safety Officer

Enclosure

No. 471757



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Authorized User Training and Preceptor Attestation

I attest that James Harris, M.D. has satisfactorily completed the required clinical case experience and has achieved a level of competency to function independently as an authorized user for administering oral Nal-131 requiring a written directive in quantities less than 33 millicuries (3 cases) and in quantities greater than 33 millicuries (3 cases).

I meet the requirements as an authorized user for 10 CFR 35.300 and am listed on Eastern Idaho Regional Medical Center radioactive license (11-27346-01) for this use.

James Neeley, M.D.

Date

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Eastern Idaho Regional Medical Center **License No.:** 11-27346-01
Docket No.: 030-32290 **Mail Control No.:** 471757
Type of Action: Notify **Date of Requested Action:** 03-18-08
Reviewer Assigned: Rachel Browder **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: The letter satisfactorily met the attestation requirement
R. Browder **Date:** 6/23/08

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

APR 16 2008

Branch Chief's and/or HP's Initials: RTC **Date:** _____

Checklist to Ensure That Radioactive Material Will Be Used as Intended

Applicant Information:

Control No. 471757

Name: Eastern Idaho Regional Medical Center	Type of Request: Notify Program Code(s): 02120
Location: ID	License No.: 11-27346-01 Docket No.: 030-32290

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.

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).	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.	/

Signature and Date for Step 1:

 APR 16 2008
 License Reviewer and Date

(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: 20130630
Fee Comments:
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: EASTERN IDAHO HEALTH SERVICES, INC.
Received Date: 20080320
Docket No: 3032290
Control No.: 471757
License No.: 11-27346-01
Action Type: Notifications

2. FEE ATTACHED
Amount: _____
Check No.: _____

3. COMMENTS
Signed: *Valerie M. Mendenhall*
Date: 4-15-08

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 _____