

August 15, 2008



PeaceHealth

**Ketchikan  
General Hospital**

United States Nuclear Regulatory Commission  
Region IV  
611 Ryan Plaza Drive, Suite 400  
Arlington, Texas 76011-4005

Ketchikan General Hospital  
License No. 50-19913-01  
Docket No. 030-19521

To Whom It May Concern:

We, Ketchikan General Hospital, are requesting the NRC amend our license to permit quarterly occupational exposure monitoring effective immediately.

Thank you,

A handwritten signature in black ink, appearing to read "Cody Davis".

Cody Davis RT (R,N)  
Lead Technologist  
Ketchikan General Hospital

3100 Tongass Ave.  
Ketchikan, AK 99901-5794

Tel. (907) 225-5171  
Fax (907) 225-2173

AUTOMATIC COVER SHEET

DATE : AUG-15-2008 01:14 PM

TO :

FAX # : 918178608263

FROM : KETCHIKAN GEN HOSPIT  
AL

FAX # : 907 228 8335

3 PAGES WERE SENT  
(INCLUDING THIS COVER SHEET)



PeaceHealth

*Dedicated to Exceptional Medicine  
and Compassionate Care*

KETCHIKAN GENERAL HOSPITAL

FAX COVER SHEET

DATE AND TIME: 8-15-08 1320

RECIPIENT: Jackie Cook, Roberto Torres, Rachel Bower

RECIPIENT FAX #: 817 860 8263

SENDER'S NAME: Cody Davis RT, N

SENDER'S PHONE#: 907 228-7644

PAGES (INCLUDING COVER): 2

NRC Amendment

**\*\*IMPORTANT NOTICE\*\***

3100 TONGASS AVE. KETCHIKAN, AK 99901

P: 907-228-7644

F: 907-228-8337

## ACCEPTANCE REVIEW MEMO (ARM)

**Licensee:** Ketchikan General Hospital      **License No.:** 50-19913-01  
**Docket No.:** 030-19521      **Mail Control No.:** 471906  
**Type of Action:** Amend      **Date of Requested Action:** 08-15-08  
**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 [suite #, bldg. #, location different from mailing address] (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:** PTZ      **Date:** AUG 21 2008

AUG 26 2008

DATE

This is to acknowledge the receipt of your letter/application dated 8-15-08, 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 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** 471906.  
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: 02121  
: Status Code: 0  
: Fee Category: 7C  
: Exp. Date: 20120831  
: Fee Comments: CODE 23  
: Decom Fin Assur Req: N  
: ::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: KETCHIKAN GENERAL HOSPITAL  
Received Date: 20080815  
Docket No: 3019521  
Control No.: 471906  
License No.: 50-19913-01  
Action Type: Amendment

2. FEE ATTACHED

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

3. COMMENTS

Signed Colleen Swanson  
Date 8-20-08

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 \_\_\_\_\_