

Wyoming Medical Center

1233 E. Second St. Casper, WY 82601 307.577.7201

July 23, 2008

US NRC Region IV Texas Health Resources Tower 611 Ryan Plaza, Suite 400 Arlington, TX 76011-4005

RECEIVED ^{AUG U 8} 2008 DNMS

Dear Sir or Madam;

Subj: Amendment to RAM Lic. # 49-00152-02

Wyoming Medical Center would like to add Michael L. Sloan, MD to the subject radioactive materials licese. Dr. Sloan has been previously listed on license # 49-01380-01 under Amendment No. 68. This license is for Memorial Hospital of Laramie County, dba Cheyenne Regional Medical Center.

Dr. Sloan is joining a practice in Casper, Wyoming and we need to add him to the Wyoming Medical Center radioactive materials license for the same authorized uses as he had on his previous license.

Specifically, it is requested that the license be amended to authorize Dr. Sloan to use the materials and quantities as provided under parts 35.100; 35.200; 35.300 and 31.11.

If you require any further information, please contact me at any time. The best number to reach me is, 307-233-4751.

Thank you for your prompt attention.

Sincerely,

Alan C Douglas, MS Radiation Safety Officer

ACCEPTANCE REVIEW MEMO (ARM)

Licensee:	Wyoming Medical Center	License No.: 49-00152-02
Docket No.:	030-03495	Mail Control No.: 471897
Type of Action:	Notify	Date of Requested Action: 07-23-08
Reviewer Assigned:		ARM reviewer(s): J. Cook

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 Init	ials: 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 <u>any</u> 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			
Nanufacturer's name and model number of sealed sources a devices			
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: Date: AUG 2 2 2008			

DATE

This is to acknowledge the receipt of your letter/application dated

 $1-23\cdot08$, and to inform you that the initial processing, which includes an administrative review, has been performed.

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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** 47/897When calling to inquire about this action, please refer to this mail control number. You may call me at 817-860-8103.

Colleen Murnahan

Licensing Assistant

NRC FORM 532 (RIV) (10-2006)

BETWEEN:	(FOR LFMS USE) INFORMATION FROM LTS
License Fee Management Branch, ARM and Regional Licensing Sections	Program Code: 02120 Status Code: 0 Fee Category: 7C Exp. Date: 20150531 Fee Comments: Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

- A. REGION
- 1. APPLICATION ATTACHED Applicant/Licensee: WYOMING MEDICAL CENTER Received Date: 20080808 Docket No: 3003495 Control No.: 471897 License No.: 49-00152-02 Action Type: Amendment
- 2. FEE ATTACHED Amount: Check No.:
- 3. COMMENTS

urnahan Signed Date

- 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

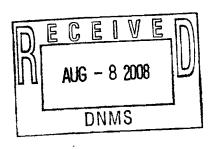
Signed ______ Date _____



RADIOLOGY

1233 East Second Street Casper, Wyoming 82601

Address Service Requested





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