

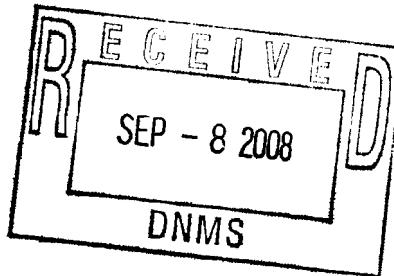


ROCKY MOUNTAIN ONCOLOGY

One Team. One Focus. Life.

6501 East Second Street :: Casper, WY 82609 :: www.rockymountainoncology.com
tel 307.235.5433 (LIFE) :: fax 307.233.4700 :: toll-free 866.796.5433 (LIFE)

September 2, 2008



US Nuclear Regulatory Commission Region IV
Nuclear Materials Licensing Branch
611 Ryan Plaza Drive
Suite 400
Arlington, Texas 76011-8064

RE: Radioactive Materials License 49-29254-01

Dear Sir or Madam:

This is to inform you that Rocky Mountain Oncology, Casper, WY is modifying its Policy and Procedures Manual to provide for annual training of the staff by the Radiation Safety Officer, rather than by the manufacturer. All other provisions of the training and record keeping will remain the same.

If you require further information, please contact our Radiation Safety Officer, Alan G. Douglas, MS, at (307) 233-4751 or fax (307) 233-4700.

Sincerely,

Robert L. Tobin, MD
Rocky Mountain Oncology
6501 E. 2nd Street
Casper, WY 82609

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Rocky Mountain Oncology **License No.:** 49-29254-01
Docket No.: 030-37415 **Mail Control No.:** 471944
Type of Action: Amend **Date of Requested Action:** 09-02-08
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.
	NOTE: Confirm that the RSO has had the manufacturer training.

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

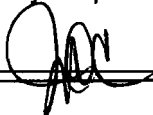
Yes No **Sensitive and Non-Publicly Available** if any item below is checked

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:  _____ **Date:** SEP 18 2008

9-19-08

DATE

This is to acknowledge the receipt of your letter/application dated 09-02-08, 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:

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** 471944.
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:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02230
: Status Code: 0
: Fee Category: 3P
: Exp. Date: 20170531
: Fee Comments: POSSESSION ONLY
: Decom Fin Assur Reqd: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: ROCKY MOUNTAIN ONCOLOGY
Received Date: 20080908
Docket No: 3037415
Control No.: 471944
License No.: 49-29254-01
Action Type: Amendment

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

3. COMMENTS
Signed Colleen Murnahan
Date 9-16-08

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 _____

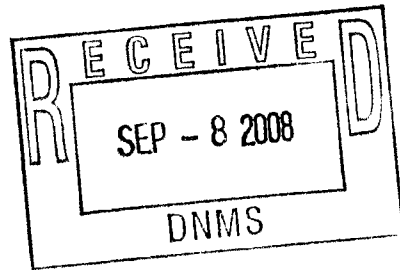
3. OTHER _____

Signed _____
Date _____



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 Casper, Wyoming 82609



471944

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 Nuclear Materials Licensing Branch
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