

SEP. 23. 2008 1:00PM

RADIATION ONCOLOGY

NO. 557 P. 1



Saint Alphonsus | FAX

1055 N. Curtis Rd. • Boise, ID 83706 • (208) 367-2121

DATE 9/23/08

OF PAGES 2 (including cover sheet)*

TO Name: Medical Licenses

Company Name: NRC

Department: _____

Phone: () _____

FAX: (817) 860 8263

FROM Name: Tim Stack

Company Name: Saint Alphonsus Regional Medical Center

Department: Radiation Oncology Department

Phone: (208) 367-3010

FAX: (208) 367-4858

RE: License Amendment

RECEIVED

SEP 23 2008

DNMS



Saint Alphonsus

St. Alphonsus RMC
1055 N Curtis Rd
Boise, ID 83706
208-367-3124

23SEP08

St. Alphonsus Regional Medical Center
1055 N. Curtis Rd.
Boise, ID 83706

NRC Region IV
611 Ryan Plaza Dr., Suite 400
Arlington, TX 76011
Fax: 817-860-8263

RE: Amendment to License Number # 11-27306-01

Item 1.B Amendment to License number 11-27306-01

Item 2 St. Alphonsus Regional Medical Center
1055 N. Curtis Rd.
Boise, ID 83706

Item 3 Same as Item 2

Item 4 Timothy B. Stack, MS, DABR, Medical Physicist
208-367-3124

Item 6,7,8 Material Form Amount

Add D Iodine-125 BrachySource 1,500 mCi
(adding Bard STM1251 I-125 seeds to our 35.400 list)

Item 12.B Authorized Users Materials and Use

Add Scott R. Hiatt, DO as listed on License # 11-27089-01
(35.100, 35.200)

We commit to following the Emergency Procedures/Equipment documents on file for the currently approved rooms on our license.

Sincerely,

Timothy B. Stack, MS
RSO, SARMC, 208-367-3124

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: St. Alphonsus Regional Medical Center **License No.:** 11-27306-01
Docket No.: 030-32263 **Mail Control No.:** 471963
Type of Action: Amend **Date of Requested Action:** 09-23-08
Reviewer Assigned: **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: _____ **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

OCT - 8 2008

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

OCT - 8 2008

DATE

This is to acknowledge the receipt of your letter/application dated 9-23-08, 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** 471963.
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: 02240
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20130228
: Fee Comments:
: Decom Fin Assur Req'd: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ST. ALPHONSUS REG. MEDICAL CENTER
Received Date: 20080923
Docket No: 3032263
Control No.: 471963
License No.: 11-27306-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: /

3. COMMENTS

Signed Colleen Murnahan
Date 10-03-08

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 _____