



LivingstonHealthCare
the heart of community care

October 8, 2008

US Nuclear Regulatory Commission
Region IV
612 E. Lamar Blvd.
Suite 400
Arlington, TX 76011-4125

RE: License: 25-27450-01

RECEIVED

OCT 10 2008

DNMS

Dear Sir or Madam:

This letter is to request an amendment to add David Switzer as Radiation Safety Officer to our Radioactive Materials License 25-27450-01. Mr. Switzer is currently listed as an authorized medical physicist on Radioactive Materials License No. 25-0151-01.

Sincerely,

Lora M. Larson

Lora M. Larson, CNMT, RSO
(406) 222-3541, ext. 5228

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Livingston Healthcare

License No.: 25-27450-01

Docket No.: 030-32948

Mail Control No.: 471987

Type of Action: Amend

Date of Requested Action: 10-08-08

Reviewer
Assigned:

ARM reviewer(s): Torres

Response	Deficiencies Noted During Acceptance Review
	<ul style="list-style-type: none">[] 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: _____

- ☐ 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 [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: RTZ Date: NOV - 5 2008

NOV 10 2008

This is to acknowledge the receipt of your letter/application dated
10-08-08, and to inform you that the initial processing,
which includes an administrative review, has been performed.

DATE

☒ 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** 471987.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,

Colleen Murahan
Licensing Assistant

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:      (FOR LFMS USE)
:      INFORMATION FROM LTS
:      -----
:
: Program Code: 02121
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20130331
: Fee Comments:
: Decom Fin Assur Req'd: N
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A. REGION

Applicant/Licensee: LIVINGSTON MEMORIAL HOSPITAL
Received Date: 20081010
Docket No: 3032948
Control No.: 471987
License No.: 25-27450-01
Action Type: Amendment

Amount: _____
Check No.: _____

Signed
Date

Colleen Munnahan
70-30-28

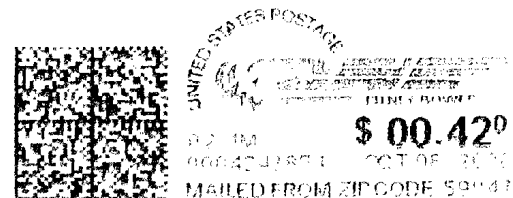
1. Fee Category and Amount: _____

Amendment _____
Renewal _____
License _____

Signed
Date



Address Service Requested



No. A 7 1 9 8 7

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612 E. Lamar Blvd.
Suite 400
Arlington, TX 76011-4125

76011+4125

