

Colleen Murnahan

From: RobertoJ Torres
Sent: Thursday, November 13, 2008 10:28 AM
To: Colleen Murnahan
Subject: FW: License Amendment for NRC License 25-07553-01

Colleen:

Please set this email as an LTS action 8, Notification. Thank you.

From: Fitz, Chris [mailto:Chris.Fitz@svh-mt.org]
Sent: Thursday, November 13, 2008 10:10 AM
To: RobertoJ Torres
Subject: License Amendment for NRC License 25-07553-01

November 13, 2008

Roberto J. Torres

Senior Health Physicist

U.S. Nuclear Regulatory Commission, Region IV

Division of Nuclear Materials Safety

Nuclear Materials Licensing Branch

611 Ryan Plaza Drive, Suite 400

Arlington, Texas 76011

Telephone 817-860-8189

ADAMS # M2083651588
Template _____
Date 12/30/08 QC'd by SM

rjt@nrc.gov

SUBJECT: License Amendment for USNRC License 25-07553-01

Mr. Torres, we wish to amend the above referenced license to remove Margaret Barnes, M.D. and Walter Degnan, M.D. as authorized users. Should you have any question please contact me at 406-672-6756.

Thank you for your attention with this matter.

Christopher Fitz, JD, MS, DABSNM
Radiation Safety Officer
St. Vincent Healthcare
P.O. Box 35200
Billings, MT 59107

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: St. Vincent Healthcare

License No.: 25-07553-01

Docket No.: 030-02396

Mail Control No.: 472018

Type of Action: Notify

Date of Requested Action: 11-13-2008

Reviewer Assigned:

ARM reviewer(s): Torres

Response	Deficiencies Noted During Acceptance Review
	<p>[] Open ended possession limits. Submit inventory. Limit possession.</p> <p>[] Submit copies of latest leak test results.</p> <p>[] Add IC L.C./Fingerprint LC, add SUNSI markings to license.</p> <p>[] Confirm with licensee if they have NARM material.</p>

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: RT

Date: 11-26-08

12-04-08

DATE

This is to acknowledge the receipt of your letter/application dated 11-13-08, 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 other 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 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** 472018.
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: 20150430
Fee Comments: CODE 21
Decom Fin Assur Req'd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: ST. VINCENT HEALTHCARE

Received Date: 20081113

Docket No: 3002396

Control No.: 472018

License No.: 25-07553-01

Action Type: Notifications

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

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 _____