

CMC

Castle Medical Center

— Adventist Health

640 Ulukahiki Street
Kailua, Hawaii 96734-4498
Tel 808-263-5500
www.castlemed.com

RECEIVED

NOV 24 2008

DNMS

August 15, 2008

U.S. Nuclear Regulatory Commission, Region IV
611 Ryan Plaza Drive, Suite 400
Arlington, TX 76011-8064

Subject: NRC License No. 53-16929-01
 Docket No. 030-11883

Dear License Reviewer:

Please let this letter serve as notification by our Radiation Safety Committee that Daniel Erdman, M.D. and Norman T. Ikemoto, M.D. have been removed from our list of authorized users.

Sincerely,



Chuong Nguyen, M.D.
Radiation Safety Officer

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Castle Medical Center **License No.:** 53-16929-01
Docket No.: 030-11883 **Mail Control No.:** 472036
Type of Action: Notify **Date of Requested Action:** 08-15-2008

Reviewer Assigned: **ARM reviewer(s):** J. Cook

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:** _____

- 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:  _____ **Date:** DEC 12 2008

DEC 12 2008

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

DATE

8-15-08, and to inform you that the initial processing, which includes an administrative review, has been performed.

received 11/24/08.

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 472036.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,

Colleen Munchaw

Licensing Assistant

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02120
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20120630
: Fee Comments: CODE 21
: Decom Fin Assur Reqd: N
: ::::::::::::::::::::::::::::::::::::::

BETWEEN:
License Fee Management Branch, ARM
and
Regional Licensing Sections

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: CASTLE MEDICAL CTR.
Received Date: 20081124
Docket No: 3011883
Control No.: 472036
License No.: 53-16929-01
Action Type: Notifications

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

3. COMMENTS
Signed Colleen Murnahan
Date 12-09-08

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 _____

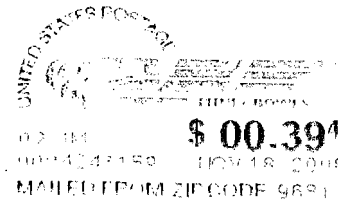
Castle Medical Center

Adventist
Health

Imaging Services
640 Ulukahihi Street
Kailua, HI 96734-4498

ADDRESS SERVICE
REQUESTED

PRESORTED
FIRST CLASS



ADDRESS SERVICE REQUESTED

US Nuclear Regulatory Commission
611 Ryan Plaza Drive P.O. Box 036
Suite 400
Arlington, TX 76011-0064

POSTNET 76011

