

Handwritten initials



RECEIVED

NOV 10 2008

DNMS

November 6, 2008

Rachel Browder

Nuclear Materials Safety Branch B
U.S Nuclear Regulatory Commission, Region IV
612 East Lamar Blvd., Suite 400
Arlington, TX 76011-4125

Rachel,

Subject: Change Radiation Safety Officer

DOCKET: 030-09152 LICENSE: 25-15463-01

Please amend our license to ~~remove~~ Richard Friedman, MD as the Radiation Safety Officer. Dr. Friedman will remain as an Authorized User.

Please ~~add~~ Michael Henson, MD as the Radiation Safety Officer. Please find the enclosed NRC Form 313A (RSO) for your review.

As a courtesy, attached is a diagram of the PET facility located at 320 Sunnyview Lane address. This area ([REDACTED]) is designated as the PET/CT suite, uptake room and Hot Lab.

Thank you,

Andre Vanterpool BS, RT (N, R)
Lead Nuclear Medical Technologist / ARSO
W (406) 752-1770 C (406)212-6642
Kalispell Regional Medical Center

**RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION
[10 CFR 35.50]**

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 10/31/2008

Name of Proposed Radiation Safety Officer

Michael Henson, M.D.

Requested Authorization(s) *The license authorizes the following medical uses (check all that apply):*

- 35.100
 35.200
 35.300
 35.400
 35.500
 35.600 (remote afterloader)
 35.600 (teletherapy)
 35.600 (gamma stereotactic radiosurgery)
 35.1000 (_____)

**PART I – TRAINING AND EXPERIENCE
(Select one of the four methods below)**

*Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

1. Board Certification

- a. Provide a copy of the board certification.
- b. Use Table 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.
- c. Skip to and complete Part II Preceptor Attestation.

OR

2. Current Radiation Safety Officer Seeking Authorization to Be Recognized as a Radiation Safety Officer for the Additional Medical Uses Checked Above

- a. Use the table in section 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for the additional types of medical use for which recognition as RSO is sought.
- b. Skip to and complete Part II Preceptor Attestation.

OR

3. Structured Educational Program for Proposed Radiation Safety Officer

- a. Classroom and Laboratory Training

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Radiation biology			
Radiation dosimetry			

Total Hours of Training:

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Structured Educational Program for Proposed Radiation Safety Officer (continued)

b. Supervised Radiation Safety Experience

(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Location of Training/ License or Permit Number of Facility	Dates of Training*
Shipping, receiving, and performing related radiation surveys		
Using and performing checks for proper operation of instruments used to determine the activity of dosages, survey meters, and instruments used to measure radionuclides		
Securing and controlling byproduct material		
Using administrative controls to avoid mistakes in administration of byproduct material		
Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures		
Using emergency procedures to control byproduct material		
Disposing of byproduct material		
Licensed Material Used (e.g., 35.100, 35.200, etc.)+ _____ _____ _____		

+ Choose all applicable sections of 10 CFR Part 35 to describe radioisotopes and quantities used: 35.100, 35.200, 35.300, 35.400, 35.500, 35.600 remote afterloader units, 35.600 teletherapy units, 35.600 gamma stereotactic radiosurgery units, emerging technologies (provide list of devices).

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Structured Educational Program for Proposed Radiation Safety Officer (continued)

b. Supervised Radiation Safety Experience (continued)

(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Supervising Individual	License/Permit Number listing supervising individual as a Radiation Safety Officer
This license authorizes the following medical uses:	
<input type="checkbox"/> 35.100	<input type="checkbox"/> 35.200
<input type="checkbox"/> 35.500	<input type="checkbox"/> 35.600 (remote afterloader)
<input type="checkbox"/> 35.600 (gamma stereotactic radiosurgery)	<input type="checkbox"/> 35.1000 (_____)
<input type="checkbox"/> 35.300	<input type="checkbox"/> 35.400
<input type="checkbox"/> 35.600 (teletherapy)	

c. Describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.

Description of Training	Training Provided By	Dates of Training*
Radiation safety, regulatory issues, and emergency procedures for 35.100, 35.200, and 35.500 uses	Kalispell Regional Medical Center	10/06-Current
Radiation safety, regulatory issues, and emergency procedures for 35.300 uses	Kalispell Regional Medical Center	10/06-Current
Radiation safety, regulatory issues, and emergency procedures for 35.400 uses	Kalispell Regional Medical Center	10/06-Current
Radiation safety, regulatory issues, and emergency procedures for 35.600 - teletherapy uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - remote afterloader uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - gamma stereotactic radiosurgery uses		
Radiation safety, regulatory issues, and emergency procedures for 35.1000, specify use(s):		

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Structured Educational Program for Proposed Radiation Safety Officer (continued)

c. Training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license (continued)

Supervising Individual *If training was provided by supervising RSO, AU, AMP, or ANP. (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)*

License/Permit Number listing supervising individual

Richard Friedman, MD

25-15463-01

License/Permit lists supervising individual as:

- Radiation Safety Officer Authorized User Authorized Nuclear Pharmacist
- Authorized Medical Physicist

Authorized as RSO, AU, ANP, or AMP for the following medical uses:

- 35.100 35.200 35.300 35.400
- 35.500 35.600 (remote afterloader) 35.600 (teletherapy)
- 35.600 (gamma stereotactic radiosurgery) 35.1000 (_____)

d. Skip to and complete Part II Preceptor Attestation.

OR

4. Authorized User, Authorized Medical Physicist, or Authorized Nuclear Pharmacist identified on the licensee's license

- a. Provide license number.
- b. Use the table in section 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.
- c. Skip to and complete Part II Preceptor Attestation.

PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

First Section

Check one of the following:

1. Board Certification

I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Radiation Safety Officer
 10 CFR 35.50(a)(1)(i) and (a)(1)(ii); or 35.50 (a)(2)(i) and (a)(2)(ii); or 35.50(c)(1).

OR

2. Structured Educational Program for Proposed Radiation Safety Officers

I attest that _____ has satisfactorily completed a structural educational
Name of Proposed Radiation Safety Officer
 program consisting of both 200 hours of classroom and laboratory training and one year of full-time radiation safety experience as required by 10 CFR 35.50(b)(1).

OR

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

First Section (continued)

Check one of the following:

3. Additional Authorization as Radiation Safety Officer

I attest that Michael Henson, MD is an
Name of Proposed Radiation Safety Officer

- Authorized User Authorized Nuclear Pharmacist
- Authorized Medical Physicist

identified on the Licensee's license and has experience with the radiation safety aspects of similar type of use of byproduct material for which the individual has Radiation Safety Officer responsibilities

AND

Second Section

Complete for all (check all that apply):

I attest that Michael Henson, MD has training in the radiation safety, regulatory issues, and
Name of Proposed Radiation Safety Officer

emergency procedures for the following types of use:

- 35.100
- 35.200
- 35.300 oral administration of less than or equal to 33 millicuries of sodium iodide I-131, for which a written directive is required
- 35.300 oral administration of greater than 33 millicuries of sodium iodide I-131
- 35.300 parenteral administration of any beta-emitter, or a photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required
- 35.300 parenteral administration of any other radionuclide for which a written directive is required
- 35.400
- 35.500
- 35.600 remote afterloader units
- 35.600 teletherapy units
- 35.600 gamma stereotactic radiosurgery units
- 35.1000 emerging technologies, including:

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

AND

Third Section
Complete for ALL

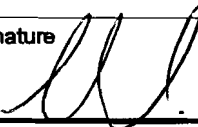
I attest that Michael Henson, MD has achieved a level of radiation safety knowledge
Name of Proposed Radiation Safety Officer
sufficient to function independently as a Radiation Safety Officer for a medical use licensee.

Fourth Section
Complete the following for Preceptor Attestation and signature

I am the Radiation Safety Officer for Kalispell Regional Medical Center
Name of Facility

License/Permit Number: 25-15463-01

Name of Preceptor
Richard Friedman, MD

Signature 

Telephone Number
(406) 751-7519

Date
11/7/08



July 18, 2008

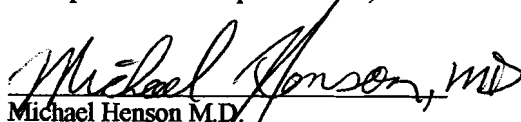
Delegation of Authority

**Memo To: Michael Henson M.D. (Newly appointed Radiation Safety Officer)
From: Andre Vanterpool BS, (N, R), ARSO
Subject: Delegation of Authority**

You, have been appointed Radiation Safety Officer and are responsible for ensuring the safe use of radiation. You are responsible for managing the radiation protection program; identifying radiation protection problems; initiating, recommending, or providing corrective actions; verifying implementation of corrective actions; stopping unsafe activities; and ensuring compliance with regulations. You are hereby delegated the authority necessary to meet those responsibilities, including prohibiting the use of byproduct material by employees who do not meet the necessary requirements and shutting down operations where justified by radiation safety. You are required to notify management of situations where staff are not cooperating and not addressing radiation safety issues. In addition, you are free to raise issues with the Nuclear Regulatory Commission at anytime. It is estimated that you will spend _____ hours per week conducting radiation protection activities.


Andre R. Vanterpool
ARSO/ Nuclear Medicine Technologist

I accept the above responsibilities,


Michael Henson M.D.
Radiation Safety Officer

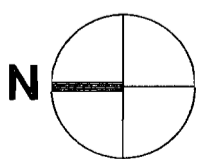
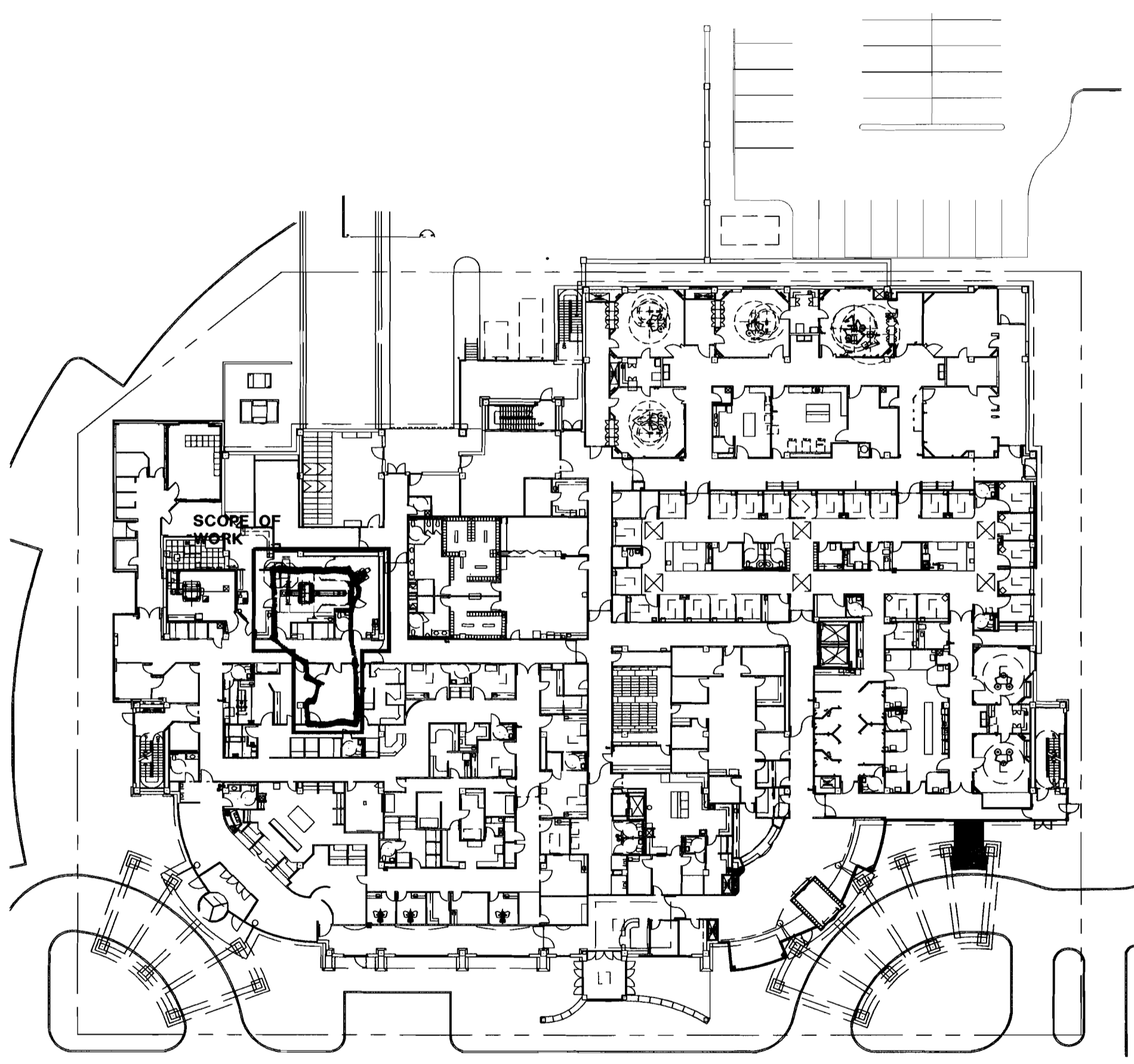
cc: NRC, Jana Rupp



RSO Duties and Responsibilities

The RSO's duties and responsibilities include ensuring radiological safety and compliance with NRC and DOT regulations and the conditions of the license. Typically, these duties and responsibilities include ensuring the following:

- Activities involving licensed material that the RSO considers unsafe are stopped
- Radiation exposures are ALARA
- Up-to-date radiation protection procedures in the daily operation of the licensee's byproduct material program are developed, distributed, and implemented
- Possession, use, and storage of licensed material is consistent with the limitations in the license, the regulations, the SSDR Certificate(s), and the manufacturer's recommendations and instructions
- Individuals installing, relocating, maintaining, or repairing devices containing sealed sources are trained and authorized by an NRC or Agreement State license
- Personnel training is conducted and is commensurate with the individual's duties regarding licensed material
- Documentation is maintained to demonstrate that individuals are not likely to receive, in one year, a radiation dose in excess of 10% of the allowable limits or that personnel monitoring devices are provided
- When necessary, personnel monitoring devices are used and exchanged at the proper intervals, and records of the results of such monitoring are maintained
- Licensed material is properly secured
- Documentation is maintained to demonstrate, by measurement or calculation, that the total effective dose equivalent to the individual likely to receive the highest dose from the licensed operation does not exceed the annual limit for members of the public
- Proper authorities are notified of incidents such as loss or theft of licensed material, damage to or malfunction of sealed sources, or fire
- Medical events are investigated and reported to the NRC. Cause(s) and appropriate corrective action(s) are identified, and timely corrective action(s) are taken
- Audits of the radiation protection program are performed at least annually and documented
- If violations of regulations or license conditions or program weaknesses are identified, effective corrective actions are developed, implemented, and documented
- Licensed material is transported in accordance with all applicable DOT requirements
- Licensed material is disposed of properly
- Appropriate records are maintained
- Up-to-date license is maintained and amendment and renewal requests are submitted in a timely manner.



PET / CT RENOVATION HCNW BUILDING FLOOR PLAN

Date: September 24, 2008
Scale: nts
Reference No.: n/a

POST PROCESSING
112

INFILL PVC COND.,
REPAIR FLOORING.

NEW COUNTERTOP AT
42" AFF. ON HAFELLE
MTL. BRACKETS.

CONTROL
B-129

EXIST. LEADED WALL W/
1/8" LEAD CONTENT SHOWN
HATCHED.

NEW 7'-6" X 2'-6" H TACK
BD. W/ PAINT GRADE
HARDWD. FRAME.

3'-0" X 7'-0" HM
DR. & FRAME;
PASSAGE
LOCKSET

5'-0" CLEAR
3'-4" GYP. BD. CLS.
2'-6" AFF

INFILL WINDOW OP'NG W/
LEADED W/ 1/8" GYP. BD.
LEAD CONTENT; WALL
COVERING TO MATCH
EXIST.

ALIGN
RELOCATED EXIST.
CAB. W/ PLAM FASCIA
PLAM FILLER PANEL

RELOCATED LEADED
WINDOW

CONTROL
B-133

CT
B-130

INSTALL LEADED
GYP. BD. OVER
EXIST. GYP. BD.

RELOCATED DR.
FROM CT CONTROL
AT KRM; NEW
LEADED FRAME

NOTE: PLAM FASCIA
ON NEW & RELOCATED
CASEWORK.

6'-10 3/8" LAR CENTER
VERIFY W/
EQUIP VENDOR
EXIST.

2'-8" NEW EXIST. EXIST. NEW
WARDROBE RELOCATED
TYPE CAB

INSTALL NEW FLOOR @
NOTCHED SPACE

NEW WALL, SHOWN SOLID:
3-3/8" X 20 GA MTL. STUDS @ 16"
O.C. W/ 3/8" TYPE X GYP. BD
TO UNDERSIDE OF
STRUCTURE. TAPE, FEATHER,
AND SAND TO PROVIDE A
SMOOTH TRANSITION. PAINT /
WALL COVERING TO MATCH
EXIST.

3'-2" NEW
WALL CAB.
OUTLET ON PLAM
CLOSURE PANEL

INSTALL NEW COUNTERTOP
FILLER FLUSH W/ EXIST. &
CLOSURE PLAM PANEL
BELOW; PROVIDE FIN. ENDS AT
BASE CABINETS

DRESS
B-131

DRESS
B-132

TOILET
B-134

NOTE: PET/CT ROOM TO HAVE 1/8" LEAD CONTENT IN WALLS DRS. & WINDOWS @ PERIM.

CORR.
B-176

MODIFY EXIST. COUNTERTOP
TO FIT NEW CONFIG.

DEMO. EXIST. SINK & FACET;
REUSE EXIST. WALL CAB TO
GREATEST EXTENT POSSIBLE.

NO SHIELDING REQ'D
1/8" EXIST. Pb

RELOCATED BASE CAB.
FROM OR 6 CONST.

MTL. STUD WALL W/ GYP. BD.
CAP @ 7'-6" AFF.

TOILET
B-123

PET STL.
TABLE,
OFOI
B-120A

OPEN BASE CAB. W/ (2)
ADJ. SHELVES.

3'-0" X 7'-0" HM DR. W/
4"W X 25"H LEADED
VISION GL.; KEY PAD
LOCKSET

PATIENT
HOLDING
B-120

MAINTAIN SAME
PARALLEL ANGLE AS
EXIST. WALL

355 SF
TRANSC.
B-173

RADIOGRAPHIC
B-122

WORK AREA
B-121

NO SHIELDING REQ'D
1/8" EXIST. Pb

3/16" NEW Pb
1/16" EXIST. Pb

1/8" Pb

1/16" EXIST. Pb

NO SHIELDING REQ'D
1/8" EXIST. Pb

REMOVE EXIST. LEADED
WINDOW & INFILL W/ 1/4"
LEADED DRYWALL

NOTE:
EXIST. FLOORING & BASE
TO REMAIN; PROVIDE NEW
BASE AT NEW WALLS TO
MATCH EXIST.

7/16" NEW Pb
1/16" EXIST. Pb

1/4" NEW Pb
1/16" EXIST. Pb

NO SHIELDING REQ'D
1/8" EXIST. Pb

WEST
RAY
B-116



PET / CT RENOVATION FLOOR PLAN

Date: SEPTEMBER 24, 2008
Scale: 3/16" = 1'-0"
Reference No.: n/a

12-12-08
DATE

This is to acknowledge the receipt of your letter/application dated 11-06-08, 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 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 472039.
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

Official Use Only - Security-Related Information

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Kalispell Regional Medical Center

License No.: 25-15463-01

Docket No.: 030-09152

Mail Control No.: 472039

Type of Action: Amend

Date of Requested Action: 11-06-2008

Reviewer Assigned:

ARM reviewer(s): J. Cook

Table with 2 columns: Response, Deficiencies Noted During Acceptance Review. Contains a list of deficiencies with checkboxes.

Reviewer's Initials: _____

Date: _____

- Checkboxes for Yes/No regarding: Request for unrestricted release Group 2 or >. Consult with Bravo Branch. Termination request < 90 days from date of expiration. Expedite (medical emergency, no RSO, location of use/storage not on license, RAM in possession not on license, other). 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]
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: [Signature] Date: DEC 12 2008

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
: Program Code: 02120
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20150331
: Fee Comments: CODE 23
: Decom Fin Assur Reqd: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: KALISPELL REGIONAL MEDICAL CENTER
Received Date: 20081110
Docket No: 3009152
Control No.: 472039
License No.: 25-15463-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: /

3. COMMENTS

Signed Colleen Trunahan
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 _____

FedEx
TRK# 8675 4376 6593
0215

Align top of FedEx Express shipping label
MON - 10 NOV A1
PRIORITY OVERNIGHT

76011
TX-US
DFW

XH FWHA



Exp# 194176 07NOV08 FCAA

xpress
RT 186 B
FZ
6593
11.10

125

152

FedEx US Airbill
Express

FedEx Tracking Number

8675 4376 6593

1 From This portion can be removed for Recipient's records.
Date 11/2/08 FedEx Tracking Number 867543766593

Sender's Name Andee Vancore Phone 760 312 1142

Company ...

Address ... Dept./Floor/Suite/Room

City ... State TX ZIP 76011 4125

2 Your Internal Billing Reference

3 To Recipient's Name Paula BAWDER Phone 900 752-9677

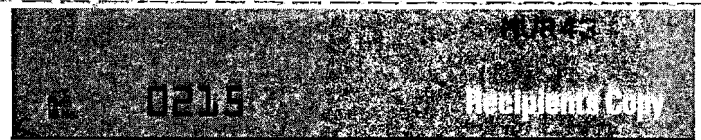
Company Aviation Maintenance System Branch B

Recipient's Address U.S. Nuclear Regulatory Commission, Rm. 5117 Dept./Floor/Suite/Room

Address 612 East Lamar Blvd Suite 400

City IRVING ARIZONA State TX ZIP 76011-4125

To request a package be held at a specific FedEx location, print FedEx address here.



4a Express Package Service
 FedEx Priority Overnight Next business morning.* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
 FedEx Standard Overnight Next business afternoon.* Saturday Delivery NOT available.
 FedEx First Overnight Earliest next business morning delivery to select locations.* Saturday Delivery NOT available.
 FedEx 2Day Second business day.* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
 FedEx Express Saver Third business day.* Saturday Delivery NOT available.
*FedEx Envelope rate not available. Minimum charge: One-pound rate. **To most locations.

4b Express Freight Service
 FedEx 1Day Freight* Next business day.** Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
 FedEx 2Day Freight Second business day.** Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
 FedEx 3Day Freight Third business day.** Saturday Delivery NOT available.
*Call for Confirmation. **To most locations.

5 Packaging
 FedEx Envelope* **FedEx Pak*** Includes FedEx Small Pak, FedEx Large Pak, and FedEx Sturdy Pak. **FedEx Box** **FedEx Tube** **Other**
*Declared value limit \$500.

6 Special Handling Include FedEx address in Section 3.
 SATURDAY Delivery Not available for FedEx Standard Overnight, FedEx First Overnight, FedEx Express Saver, or FedEx 3Day Freight.
 HOLD Weekday at FedEx Location Not available for FedEx First Overnight.
 HOLD Saturday at FedEx Location Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.
Does this shipment contain dangerous goods? One box must be checked.
 No **Yes** As per attached Shipper's Declaration. **Yes** Shipper's Declaration not required. **Dry Ice** Dry Ice, 9, UN 1845 x _____ kg
 Cargo Aircraft Only

7 Payment Bill to: Enter FedEx Acct. No. or Credit Card No. below. Obtain Recip. Acct. No.
 Sender Acct. No. in Section 3 will be billed. **Recipient** **Third Party** **Credit Card** **Cash/Check**

Total Packages _____ Total Weight _____
Credit Card Auth. _____

8 Residential Delivery Signature Options If you require a signature, check Direct or Indirect.

fedex.com 1800.GoFedEx 1.800.463.3339

RECIPIENT: PEEL HERE

1800-463-3339