



## United Blood Services

1444 Grand Avenue / Billings, MT 59102  
Office (406) 248-9168

RECEIVED

NOV 21 2008

DNMS

November 17, 2008

Jacqueline D. Cook, Senior Health Physicist  
USNRC, Region IV  
611 Ryan Plaza Drive, Suite 400  
Arlington, TX 76011-4005

RE: Management change for USNRC License Number 25-29078-01

Dear Ms. Cook:

This letter is informational in nature and covers a change in management for USNRC License Number 25-29078-01.

The identity of the Applicant is Blood Systems, Inc. dba United Blood Services. This request is made for USNRC License Number 25-29078-01.

The mailing address of United Blood Services is 1444 Grand Avenue, Billings, Montana 59102. The current operations address of United Blood Services is 1444 Grand Avenue, Billings, Montana 59102.

The person to be contacted concerning this informational notice is David Wm. Switzer, MS, RSO. You may reach him at telephone number (406) 248-2212, (406) 855-6425 or (406) 656-1425.

On October 31, 2008, Judi Brinton Boone retired from United Blood Services and Janet Marie Falk has been appointed to serve as interim Executive Director.

Thank you so much for your kind attention in this matter.

Sincerely,

David Wm. Switzer, MS, DABR, RSO

## ACCEPTANCE REVIEW MEMO (ARM)

**Licensee:** Blood Systems, Inc. Dba United Blood Services      **License No.:** 25-29078-01  
**Docket No.:** 030-33682      **Mail Control No.:** 472033  
**Type of Action:** Notify      **Date of Requested Action:** 11-17-2008

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

Response	Deficiencies Noted During Acceptance Review
	[ ] 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:** \_\_\_\_\_

<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

**Branch Chief's and/or HP's Initials:** JAC      **Date:** DEC 12 2008

12-17-08  
DATE

This is to acknowledge the receipt of your letter/application dated 11-17-2008, 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** 472033.  
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: 03510  
: Status Code: 0  
: Fee Category: 3E  
: Exp. Date: 20150430  
: Fee Comments:  
: Decom Fin Assur Req'd: N  
: ::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: BLOOD SYSTEMS, INC.  
Received Date: 20081121  
Docket No: 3033682  
Control No.: 472033  
License No.: 25-29078-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.:       /      

3. COMMENTS

Signed *Cecilia Murrihan*  
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 \_\_\_\_\_

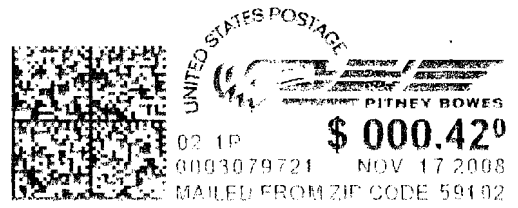
3. OTHER \_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_  
Date \_\_\_\_\_



**United Blood Services**

1444 Grand Avenue  
Billings, MT 59102



k  
4  
7  
2  
0  
3  
3

Jacqueline D. Cook, Senior Health Physicist  
USNRC, Region IV  
611 Ryan Plaza Drive, Suite 400  
Arlington, TX 76011-4005

76011+4005

