



REPLY TO  
ATTENTION OF

DEPARTMENT OF THE ARMY  
BROOKE ARMY MEDICAL CENTER  
3851 ROGER BROOKE ROAD  
FORT SAM HOUSTON, TEXAS 78234-6200

3 October 2008

Health Physics Service

RECEIVED

OCT 17 2008

DNMS

U.S. Nuclear Regulatory Commission  
Nuclear Materials Licensing Section  
Attention: Ms. Rachel Browder  
611 Ryan Plaza Drive, Suite 400  
Arlington, TX 76011-8064

Reference: Nuclear Regulatory Commission Materials License No. 42-01368-01, Brooke Army Medical Center, Fort Sam Houston, Texas 78234

Dear Ms. Browder:

Brooke Army Medical Center requests amendment to NRC License No. 42-01368-01 as listed below.

1. Request an amendment to increase the possession limits of Fluorine-18 to 2 Curies under Conditions 6, 7, and 8. The authorized use should be as stated in condition 9, A through I.
2. Please contact LTC Mark W. Bower, Radiation Safety Officer, at (210) 295-2411 or [mark.bower@us.army.mil](mailto:mark.bower@us.army.mil) if you have any questions.

Sincerely,

MARY ANN MCAFEE  
COL, MC  
RCC Chairman

## ACCEPTANCE REVIEW MEMO (ARM)

**Licensee:** Dept of the Army (Brooke Army Med Ctr.)      **License No.:** 42-01368-01  
**Docket No.:** 030-03258      **Mail Control No.:** 472054  
**Type of Action:** Amend      **Date of Requested Action:** 10-03-2008  
**Reviewer Assigned:**      **ARM reviewer(s):** Torres

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:** \_\_\_\_\_

- 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

DEC 19 2008

**Branch Chief's and/or HP's Initials:** RTZ **Date:** \_\_\_\_\_

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

(FOR LFMS USE)  
INFORMATION FROM LTS

Program Code: 02230  
Status Code: 0  
Fee Category: 7B EX 2B  
Exp. Date: 20110731  
Fee Comments:  
Decom FtN Assur Req'd: Y

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ARMY DEPARTMENT OF THE  
Received Date: 20081017  
Docket No: 3003258  
Control No.: 472054  
License No.: 42-01368-01  
Action Type: Amendment

2. FEE ATTACHED

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

3. COMMENTS

Signed *Colleen Munahan*  
Date 12-19-08

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 \_\_\_\_\_