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FAX COVER SHEET

DATE: 1/9/09
TO: JACQUELINE COOK
COMPANY: NRC REGION IV
FAX NUMBER: 817-860-8188
FROM: LORA M. LARSON

TOTAL PAGES SENT (Including cover sheet): 9

MESSAGE: RE: MAIL CONTROL # 471987 - REQUEST
FOR AMENDMENT TO ADD NEW RSO.
ATTACHED: DELEGATION OF AUTHORITY TO RSO TO D. SWITZER
LETTER LISTING D. SWITZER AS RSO ON ANOTHER
LICENSE.
FORM 313A-RSO - JUST IN CASE ITS NEEDED

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If you received this communication in error, please notify us immediately.

Thank you for your cooperation.

No. 472095

JAN-08-2009(THU) 09:55

LIVINGSTON MEMORIAL HOSPITAL

(FAX) 406 222 5099

P. 002/002



LivingstonHealthCare
the heart of community care

DELEGATION OF AUTHORITY TO RADIATION SAFETY OFFICER

You, David Switzer, have been appointed Radiation Safety Officer (RSO) and are responsible for managing 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 if staff do not cooperate and do not address radiation safety issues. In addition, you are free to raise issues with the Nuclear Regulatory Commission at anytime.

Samuel Pleshar 1/9/09
Sam Pleshar, CEO/Date

I accept the above responsibilities,

David William Switzer 1/9/09
Radiation Safety Officer/Date

CC: Laura Caes, Director of Radiology



LivingstonHealthCare
the heart of community care

January 9, 2009

NRC Region IV
612 E. Lamar Blvd.
Suite 400
Arlington, TX 76011-4125

RE: License 25-27450-01

Dear Sir or Madam:

This letter is to request an amendment to add David Switzer as Radiation Safety Officer to the Radioactive Materials License listed above. This request supersedes the request of October 8, 2008. Mr. Switzer is currently listed as an RSO on license #25-29078-01 and is also listed as an authorized medical physicist on license #25-0151-01.

Thank you.

Sincerely,

Lora M. Larson, CNMT, RSO
(406) 222-3541, ext. 5228

| | | |
|---|------------------------------------|---|
| NRC FORM 313A (RSO) (2-2007) | U.S. NUCLEAR REGULATORY COMMISSION | APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2008 |
| RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.50] | | |

Name of Proposed Radiation Safety Officer
DAVID SWITZER

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).

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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"/> 35.300 |
| | <input type="checkbox"/> 35.400 |
| | <input type="checkbox"/> 35.600 (teletherapy) |
| | <input type="checkbox"/> 35.1000 (_____) |

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 | <i>Intermittent visits to LMH as medical physicist to perform annual audit.</i> | <i>2002 - present</i> |
| Radiation safety, regulatory issues, and emergency procedures for 35.300 uses | | |
| Radiation safety, regulatory issues, and emergency procedures for 35.400 uses | | |
| 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): | <i>Performed annual audit & advised current RSO on these issues intermittently.</i> | <i>2002 - Present</i> |

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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 <i>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.)</i> <i>Lorah Larson, RSO</i> | License/Permit Number listing supervising individual <i>25-27450-01</i> |
| License/Permit lists supervising individual as: <input checked="" type="checkbox"/> Radiation Safety Officer <input type="checkbox"/> Authorized User <input type="checkbox"/> Authorized Nuclear Pharmacist <input type="checkbox"/> Authorized Medical Physicist Authorized as RSO, AU, ANP, or AMP for the following medical uses: <input checked="" type="checkbox"/> 35.100 <input checked="" type="checkbox"/> 35.200 <input type="checkbox"/> 35.300 <input type="checkbox"/> 35.400 <input type="checkbox"/> 35.500 <input type="checkbox"/> 35.600 (remote afterloader) <input type="checkbox"/> 35.600 (teletherapy) <input type="checkbox"/> 35.600 (gamma stereotactic radiosurgery) <input type="checkbox"/> 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. *25-0151-01*
- 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

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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 DAVID SWITZER is an
Name of Proposed Radiation Safety Officer

Authorized User

Authorized Nuclear Pharmacist

Authorized Medical Physicist

identified on the Licensees 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 DAVID SWITZER 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:

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

AND

Third Section
Complete for ALL

I attest that DAVID SWITZER 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 LIVINGSTON HEALTHCARE
Name of Facility

License/Permit Number: 25-27450-01

| | | | |
|--|------------------------------------|---|-----------------------|
| Name of Preceptor <u>LORA M. LARSON</u> | Signature <u>Lora M. Larson</u> | Telephone Number <u>406 222-3541</u> | Date <u>1/9/09</u> |
|--|------------------------------------|---|-----------------------|

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Livingston Memorial Hospital **License No.:** 25-27450-01
Docket No.: 030-32948 **Mail Control No.:** 472095
Type of Action: Amend **Date of Requested Action:** 01-09-09
Reviewer Assigned: **ARM reviewer(s):** Torres

| 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:** _____

| | | |
|------------------------------|-----------------------------|---|
| <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: *RT* **Date:** 1-12-09

1-12-09
DATE

This is to acknowledge the receipt of your letter/application dated 1-09-09, 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** 472095.
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: (FOR LFMS USE)
INFORMATION FROM LTS

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 02121
Status Code: 0
Fee Category: 7C
EXP. Date: 20130331
Fee Comments:
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: LIVINGSTON MEMORIAL HOSPITAL
Received Date: 20090109
Docket No: 3032948
Control No.: 472095
License No.: 25-27450-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed Colleen Penick
Date 1-18-09

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered / 1 /)

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for:
Amendment _____
Renewal _____
License _____

3. OTHER

Signed _____
Date _____