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Writer's Direct Dial:  
**214.550.3446**

October 10, 2008

RECEIVED

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

OCT 17 2008

DNMS

Re: Change of Ownership for Portneuf Medical Center - # 11-27384-01

030-32325

To Whom It May Concern:

Please accept this letter as notice that Portneuf Medical Center will undergo a change of ownership. We anticipate change of ownership will occur on January 1, 2009. Please forward necessary documentation for this event to me at 6060 North Central Expressway, Suite 560, Dallas, Texas 75206. Contact me directly with questions.

Sincerely,



Terri Sabella

## ACCEPTANCE REVIEW MEMO (ARM)

<b>Licensee:</b>	Portneuf Medical Center	<b>License No.:</b> 11-27384-01
<b>Docket No.:</b>	030-32325	<b>Mail Control No.:</b> 472032
<b>Type of Action:</b>	Amend	<b>Date of Requested Action:</b> 10/10/2008
<b>Reviewer Assigned:</b>	Jackie Cook	<b>ARM reviewer(s):</b> J. Cook

Response	Deficiencies Noted During Acceptance Review
	[ ] Open ended possession limits. Submit inventory. Limit possession. [ ] Confirm with licensee if they have NARM material.
<i>req. in fax 1/15/09</i>	Ask licensee to submit documentation that the attorney's office is able to make decisions on their behalf. If so, send Appendix F to attorney's office as requested.

**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		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<b>Sensitive and Non-Publicly Available</b> if <u>any</u> 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		
<b>Branch Chief's and/or HP's Initials:</b> <i>JAC</i>		
<b>Date:</b> <i>J</i> DEC 12 2008		



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