



HAWAII MEDICAL CENTER
WEAVER

August 27, 2008

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DEC 10 2008

DNMS

U.S. Nuclear Regulatory Commission
Region IV
612 E. Lamar Boulevard
Suite 400
Arlington, TX 776011-4125

Subject: Notification: NRC License No. 53-11966-01
Docket No. 030-03557

Dear License Reviewer:

Please remove the following physicians from our list of Authorized Users:

Daniel Erdman, M.D.

If you require any additional information, please contact our Radiation Safety Officer,
Ronald Frick at (808) 373-700.

Sincerely,

Donald Wood
Director, Imaging Department

91-2141 Fort Weaver Rd.
Ewa Beach, HI 96706

WEBSITE
www.hawaiiimedcen.com

4 7 2 1 0 3

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Hawaii Medical Center, LLC **License No.:** 53-11966-01
Docket No.: 030-03557 **Mail Control No.:** 472103
Type of Action: Notify **Date of Requested Action:** 8-27-2008
Reviewer Assigned: **ARM reviewer(s):** R. Browder

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: RB **Date:** JAN 29 2009

FEB - 2 2009

DATE

This is to acknowledge the receipt of your letter/application dated 8-27-08, 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 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** 472103.
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: 02120
: Status Code: 0
: Fee Category: 7C EX 2B
: Exp. Date: 20151031
: Fee Comments: CODE 21
: Decom Fin Assur Reqd: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: HAWAII MEDICAL CENTER, LLC
Received Date: 20081208
Docket No: 3003557
Control No.: 472103
License No.: 53-11966-01
Action Type: Notifications

2. FEE ATTACHED

Amount: _____
Check No.: /

3. COMMENTS

Signed Colleen Murnahan
Date 1-22-09

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 _____



HAWAII MEDICAL CENTER

91-2141 Fort Weaver Rd.
Ewa Beach, HI 96706



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