



Denali Center
Fairbanks Memorial Hospital
Banner Health System

RECEIVED

FEB 10 2009

DNMS

January 9, 2009

Nuclear Materials Licensing Branch
United States Nuclear Regulatory Commission
Region IV
Nuclear Materials Safety Branch
611 Ryan Plaza Drive, Suite 400
Arlington, Texas 76011-4005

Re: Notification for License 50-13648-01

Dear Sir or Madam:

In accordance with 10 CFR 35.14: We wish to eliminate the following authorized user from our license:

- Jeffery A. Zuckerman M.D. who is currently listed as an authorized user for 10 CFR 35.100; 35.200; Oral administration of sodium iodide iodine – 131 in quantities less than or equal to 33 millicuries; Gadolinium – 153 for patient attenuation correction.

If you require additional information, please call (907)-458-6914

Sincerely,

Mark Burton, M.D.
Radiation Safety Officer

4 7 2 1 4 0

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Fairbanks Memorial Hospital **License No.:** 50-13648-01
Docket No.: 030-03509 **Mail Control No.:** 472140
Type of Action: Notify **Date of Requested Action:** 01-09-09
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

FEB 26 2009

Branch Chief's and/or HP's Initials: RTC **Date:** _____

FEB 27 2009

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.

DATE

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** 472140.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,



Licensing Assistant

BETWEEN: : (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 :
 License Fee Management Branch, ARM : Program Code: 02120
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 7C
 : Exp. Date: 20111231
 : Fee Comments: CODE 23
 : Decom Fin Assur Reqd: N
 :

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
 Applicant/Licensee: FAIRBANKS MEMORIAL HOSPITAL
 Received Date: 20090210
 Docket No: 3003509
 Control No.: 472140
 License No.: 50-13648-01
 Action Type: Notifications

2. FEE ATTACHED
 Amount: _____
 Check No.: /

3. COMMENTS
 Signed Colleen Murashan
 Date 2-20-09

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 _____

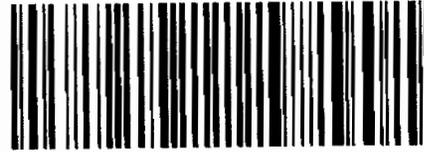


Banner Health

Fairbanks Memorial Hospital

1650 Cowles Street
Fairbanks, AK 99701

CERTIFIED MAIL™



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Nuclear Medicine Licensing Branch
United States Nuclear Regulatory Commission
Region IV
Nuclear Materials Safety Branch
611 Ryan Plaza Dr, Suite 400
Arlington, Texas 76011-4005

**RETURN RECEIPT
REQUESTED**



UNITED STATES POSTAGE
\$ 05.320
FEB 06 2009
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