



St. Vincent
Healthcare

Sisters of Charity of Leavenworth Health System

February 2, 2009

Roberto J. Torres
Senior Health Physicist
U.S. Nuclear Regulatory Commission, Region IV
Division of Nuclear Materials Safety
Nuclear Materials Licensing Branch
611 Ryan Plaza Drive, Suite 400
Arlington, Texas 76011
Telephone 817-860-8189
Facsimile 817-860-8188
rjt@nrc.gov

SUBJECT: License Notification for USNRC License 25-07553-01

Mr. Torres, in accordance with 10 CFR 35.14 we wish to notify the NRC of a new location where byproduct material will be used in accordance with 10 CFR 35.200. Effective today we will use the Yellowstone Surgery Center as an option for performing sentinel lymph node biopsy procedures. All injections will occur in nuclear medicine then the patient will be released to the surgery center. The Yellowstone Surgery Center is currently listed on our license for 10 CFR 400 uses. Should you have any question please contact me at 406-672-6756.

Thank you for your attention with this matter.

Christopher Fitz, JD, MS, DABSNM
Radiation Safety Officer
St. Vincent Healthcare
P.O. Box 35200
Billings, MT 59107

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: St. Vincent Healthcare

License No.: 25-07553-01

Docket No.: 030-02396

Mail Control No.: 472135

Type of Action: Notify

Date of Requested Action: 02-02-09

Reviewer
Assigned:

ARM reviewer(s): Torres

Response	Deficiencies Noted During Acceptance Review
	<ul style="list-style-type: none">[] 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.
	NOTE: Please change LC 10.C. to add reference to "6.B."

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

Branch Chief's and/or HP's Initials: RITZ

Date: FEB 26 2009

FEB 27 2009

This is to acknowledge the receipt of your letter/application dated
2-02-09, 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 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 472135.
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

NRC FORM 532 (RIV)
(10-2008)

BETWEEN: : (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
License Fee Management Branch, ARM : Program Code: 02240
and : Status Code: 0
Regional Licensing Sections : Fee Category: 7C
: Exp. Date: 20150430
: Fee Comments: CODE 21
: Decom Fin Assur Req'd: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ST. VINCENT HEALTHCARE
Received Date: 20090202
Docket No: 3002396
Control No.: 472135
License No.: 25-07553-01
Action Type: Notifications

2. FEE ATTACHED

Amount: /
Check No.: /

3. COMMENTS

Signed Colleen Murnahan
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 _____



**St. Vincent
Healthcare**

Sisters of Charity of Leavenworth Health System

P.O. Box 35200 • Billings, MT 59107-5200

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REQUESTED**

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FIRST CLASS**



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Roberto J. Torres
Senior Health Physicist
U.S. Nuclear Regulatory Commission, Region IV
Division of Nuclear Materials Safety
Nuclear Materials Licensing Branch
612 East Lamar Blvd., Suite 400
Arlington, Texas 76011-4125

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