



90 HIGHWAY 91 SOUTH – DILLON, MT 59725 – 406.683.3000

November 12, 2008

U.S. Nuclear Regulatory Commission  
Washington, DC 20555-0001

Re: 1) Change of Address  
2) §35.13 License Amendments for License #2529088-01

To Whom It May Concern:

Barrett Hospital & HealthCare (BHH) has had a change in address. BHH's old facility was demolished. Please update your records to replace Barrett Hospital & HealthCare's previous address:

1260 South Atlantic  
Dillon, MT 59725

with the following address:

90 Highway 91 South  
Dillon, MT 59725.

Please update Barrett Hospital & HealthCare authorized material licenses as follows:

Remove:

Lou Rudolf, MD	10CFR 35.100 and 35.200
Tyler H. Gill, MD	10CFR 35.100 and 35.200
William R. Austin	10CFR 35.100 and 35.200

As of the 10<sup>th</sup> of November, 2008 the authorized licensed material users are as follows:

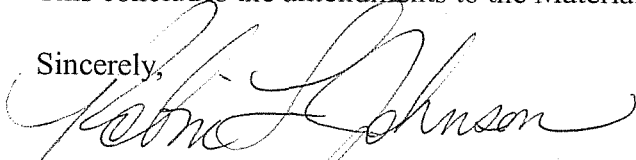
Michael Biddulph, MD	10CFR 35.100 and 35.200
Neal Clinger, MD	10CFR 35.100 and 35.200
James Eldin, MD	10CFR 35.100 and 35.200
James Harris, MD	10CFR 35.100 and 35.200

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James Neeley, MD	10CFR 35.100 and 35.200
James Schmutz, MD	10CFR 35.100 and 35.200
Steven Smith, MD	10CFR 35.100 and 35.200
John Strobel, MD	10CFR 35.100 and 35.200
James Taylor, MD	10CFR 35.100 and 35.200
Peter Vance, MD	10CFR 35.100 and 35.200
David Warden, MD	10CFR 35.100 and 35.200
Alan Wray, MD	10CFR 35.100 and 35.200

This concludes the amendments to the Material License.

Sincerely,



Robin L. Johnson, BS, RT(R)(M)(CT)(MR)(ARRT)  
Radiology Manager  
Barrett Hospital & HealthCare  
90 Highway 91 South  
Dillon, MT 59725  
406-683-3104  
406-383-3112 FAX

RLJ/vlt

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JAN 21 2009

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TO COLLEEN  
MURNAHAN

FROM MAUREEN

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# Barrett

## Hospital & HealthCare

JAN 21 2009

DNMS

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*Letter sent to  
NRC Washington, DC  
address.*

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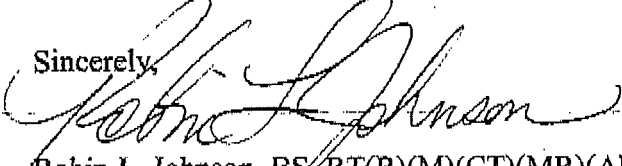
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Robin L. Johnson, BS, RT(R)(M)(CT)(MR)(ARRT)  
Radiology Manager  
Barrett Hospital & HealthCare  
90 Highway 91 South  
Dillon, MT 59725  
406-683-3104  
406-383-3112 FAX

RLJ/vlt

## Rachel Browder

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**From:** Steve Hannah [shannah@barrethospital.org]  
**Sent:** Monday, April 20, 2009 11:55 AM  
**To:** Rachel Browder  
**Cc:** Cindy Christenson; Robin Johnson  
**Subject:** RE: Amendment Request dtd 11/12/08

Thank you Rachel for the call this morning and the email of the letter you received from Robin. As confirmation to what we discussed on the phone, the facility location has not changed since the early 70s. As far as I know the drawings that you have on file from 2001 should still be accurate, but I will ask Robin to confirm this with you. Also, Robin will followup with the additional required information for adding Authorized Users.

For your records, leave myself as the CEO contact. Please add Cindy Christenson, CCO to your records as an additional leadership contact in addition to Robin Johnson as the department manager.

Let me know if you have any further questions, and you can expect responses from Robin on the drawing confirmation and additional information you need for adding the users.

Steve M. Hannah, MHA  
Chief Executive Officer  
Barrett Hospital & Healthcare  
Dillon, MT  
(406) 683-3006

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**From:** Rachel Browder [mailto:Rachel.Browder@nrc.gov]  
**Sent:** Monday, April 20, 2009 10:47 AM  
**To:** Steve Hannah  
**Subject:** Amendment Request dtd 11/12/08

Mr. Hannah,  
Please see the attached amendment request dated November 12, 2008 for the address change and new Authorized Users.

Please clarify that the location (drawings on file) remains the same and it is only an address change. In addition, I need the current license numbers or Training and Experience records (NRC Form 313a) for the requested Authorized Users. We can not add physicians without adequate documentation.

I appreciate your call back and assistance with this amendment request.

Sincerely,  
Rachel

*Rachel S. Browder, CDP*  
NRC, Region IV  
Nuclear Materials Safety Branch B  
612 E. Lamar Blvd., Suite 400  
Arlington, TX 76011-4125  
(817) 276-6552 (office) / (817) 860-8188 (fax)  
email address: [rachel.browder@nrc.gov](mailto:rachel.browder@nrc.gov)

```
.....
      (FOR LEWS USE)
      INFORMATION FROM LTS
      -----
Program Code: 02121
Status Code: 0
Fee Category: 7C
Exp. Date: 20110430
Fee Comments:
Decom Fin Assur Req'd: N
.....
```

LICENSE FEE TRANSMITTAL

### A. REGION

1. APPLICATION ATTACHED Applicant/ Licensee:

Applicant/Licensee: **BARRETT HOSPITAL & HEALTHCARE**  
 Received Date: **20000121**

Received Date: 20090121  
Docket No: 3033800  
Case No: 470113

Control No.:	472112
Accession No.:	3E 20088 01

License No.:	25-29088-01
Action Type:	Amendment

2. FEE ATTACHED

Amount:

Check No.:

### 3. COMMENTS

Signed Colleen M. Muehlen  
Date 2-04-09

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:

Renewal License

### 3. OTHER

Signed \_\_\_\_\_  
Date \_\_\_\_\_

## ACCEPTANCE REVIEW MEMO (ARM)

**Licensee:** Barrett Hospital & Healthcare **License No.:** 25-29088-01  
**Docket No.:** 030-33800 **Mail Control No.:** 472112  
**Type of Action:** Amend **Date of Requested Action:** 11-12-2008

**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.
	Submit final status survey for 35.100 and 35.200 areas of use. Submit T&E for eleven new AUs.

**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:** *RTC* **Date:** FEB - 5 2009