



HAWAII MEDICAL CENTER
1748

April 15, 2009

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

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

RECEIVED
APR 20 2009
DNMS

Dear License Reviewer:

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

Dennis C. Long, M.D.

We have also approved Kim Mika Fujinaga, M.D. as an authorized user for byproduct materials listed in 10 CFR 35.100 and 35.200, and oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 33 millicuries. Dr. Fujinaga is certified in Diagnostic Radiology by the American Board of Radiology. A copy this certification is enclosed.

If you require any additional information please contact our Radiation Safety Officer, Ronald Frick at 808-373-7009.

Sincerely,

Donald Wood
Imaging Director

Ma 4 7 2 2 1 6

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

WEBSITE
www.hawaiiimedcen.com

The

Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Therapeutic Radiology and Oncology, the Association
of University Radiologists, and American Association of Physicists in Medicine

Hereby certifies that

Kim Mika Fujinaga, MD

Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of

The American Board of Radiology

On this third day of June, 2008

Thereby demonstrating to the satisfaction of the Board
that she is qualified to practice the specialty of

Diagnostic Radiology

AB Eligible



W. Reed Jennie, MD
President

Richard I. Morin

Hayden Schurman
Executive Director

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Hawaii Medical Center, LLC **License No.:** 53-11966-01
Docket No.: 030-03557-01 **Mail Control No.:** 472216
Type of Action: Notify **Date of Requested Action:** 4-15-09.
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:** _____

| | | |
|------------------------------|-----------------------------|---|
| <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: *RTZ* **Date:** **MAY - 1 2009**

5-05-09

DATE

This is to acknowledge the receipt of your letter/application dated 4-15-09, 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 additional 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** 472216.
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:

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: 20090420
Docket No: 3003557
Control No.: 472216
License No.: 53-11966-01
Action Type: Notifications

2. FEE ATTACHED

Amount: _____
Check No.: /

3. COMMENTS

Signed Colleen Murraban
Date 4-29-09

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 _____



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WHS1

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