

Browder, Rachel

From: Timothy Rude [trude@hhsc.org]
Sent: Wednesday, June 17, 2009 3:02 PM
To: Browder, Rachel
Cc: Melody Sulliban; Lance Anderson
Subject: NEW RSO

Rachel,

I am writing to inform the NRC of the recent change in our RSO. Selley Becker and QAS are no longer representing KCH as RSO. We have asked Dr. James Lambeth to fill in until we can hire a new RSO. He is a board certified Radiation Oncologist.

We plan on contracting with Ronald Frick, our previous RSO, by August 2009. Once we have a signed commitment I will notify you right away.

If I need to do anything more in the meantime please contact me as soon as possible.

Timothy S. Rude
Nuclear Medicine
808-322-6916

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ADAMS # ML091830299
Template _____
Date 7/2/09 ac'd by JCF

Browder, Rachel

From: Timothy Rude [trude@hhsc.org]
Sent: Wednesday, June 17, 2009 6:20 PM
To: Browder, Rachel
Cc: Melody Sulliban; Lance Anderson
Subject: RE: NEW RSO

Dr Lambeth is currently listed under license #53-03506-01 belonging to Hilo Medical Center. I will complete the Delegation of Authority and return it to you as soon as possible.

Aloha

Timothy S. Rude
Nuclear Medicine
322-6916

From: Browder, Rachel [mailto:Rachel.Browder@nrc.gov]
Sent: Wednesday, June 17, 2009 11:25 AM
To: Timothy Rude
Cc: Melody Sulliban; Lance Anderson
Subject: RE: NEW RSO

Mr. Rude,

Thank you for the notification documenting the temporary Radiation Safety Officer. Please note that the notification for temporary RSO is found in the regulation under 10 CFR 35.24(c) and is limited to 60 days each year. This regulation states in part that a licensee may permit an authorized user or an individual who is qualified to be an RSO to function as a temporary RSO provided certain conditions are met. As part of those condition for a temporary RSO, please complete the attached form for the Delegation of Authority as required by 10 CFR 35.24(b). In addition, please document the license number that Dr. Lambeth is currently authorized under, so that we may easily verify his authorization.

Once we receive the Delegation of Authority, then we'll issue a license amendment documenting Dr. Lambeth as the temporary RSO, until we receive your amendment request to add the permanent RSO onto your license.

If there are any questions, please do not hesitate to contact me.

Sincerely,
Rachel Browder

Rachel S. Browder, CHP
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

From: Timothy Rude [mailto:trude@hhsc.org]
Sent: Wednesday, June 17, 2009 3:02 PM
To: Browder, Rachel

Cc: Melody Sulliban; Lance Anderson
Subject: NEW RSO

Rachel,

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Model Delegation of Authority

Memo To: Radiation Safety Officer

From: Chief Executive Officer

Subject: Delegation of Authority

You, A. James Lambeth, have been appointed Radiation Safety Officer and are responsible for ensuring the safe use of radiation. You are responsible for managing the Radiation Protection Program; identifying radiation protection problems; initiating, recommending, or providing corrective actions; verifying implementation of corrective actions; stopping unsafe activities; and ensuring compliance with regulations. You are hereby delegated the authority necessary to meet those responsibilities, including prohibiting the use of byproduct material by employees who do not meet the necessary requirements and shutting down operations where justified to maintain radiation safety. You are required to notify management if staff does not cooperate and does not address radiation safety issues. In addition, you are free to raise issues with the Nuclear Regulatory Commission at any time. It is estimated that you will spend 2.0 hours per week conducting radiation protection activities.



Signature of Management Representative

6/22/09
Date

I accept the above responsibilities,

James J Lambeth MD

Signature of Radiation Safety Officer

6/19/09
Date

cc: Affected department heads

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Kona Community Hospital **License No.:** 53-27729-01
Docket No.: 030-35998 **Mail Control No.:** 472296
Type of Action: Amend **Date of Requested Action:** 6/17/09
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.

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: RTC **Date:** JUN 22 2009

6-22-09
DATE

This is to acknowledge the receipt of your letter/application dated 6-17-09, 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 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** 472296.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,

Colleen Murahan

Licensing Assistant

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02120
Status Code: 0
Fee Category: 7C
Exp. Date: 20120630
Fee Comments:
Decom Fin Assur Reqd: N

BETWEEN:
License Fee Management Branch, ARM
and
Regional Licensing Sections

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: KONA COMMUNITY HOSPITAL
Received Date: 20090617
Docket No: 3035998
Control No.: 472296
License No.: 53-27729-01
Action Type: Amendment

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

3. COMMENTS
Signed *Colleen Muzakala*
Date 6-19-09

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 _____