

Hawaii Pacific Health

55 Merchant Street • Honolulu, Hawaii 96813 • hawaiiapacifichealth.org

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APR 02 2009

DNMS

March 23, 2009

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

Subject: Notification
NRC License No. 53-23297-01
Docket No. 030-31200

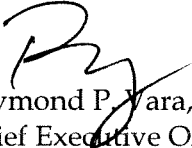
Dear License Reviewer:

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

Dennis C. Long, M.D.
Eugene J. Ichinose, M.D.

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

Sincerely,


Raymond P. Yara, Jr.
Chief Executive Officer

KAPIOLANI
MEDICAL CENTER
AT PALI MOMI



KAPIOLANI
MEDICAL CENTER
FOR WOMEN & CHILDREN



Straub
CLINIC & HOSPITAL



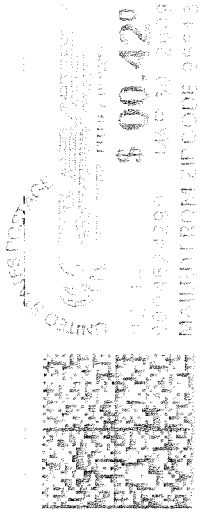
Wilcox Health

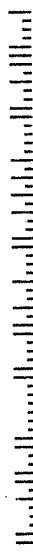
Raymond P. ~~Ma~~ ~~h~~ ~~a~~ ~~w~~ ~~a~~ ~~i~~ ~~i~~ ~~e~~ ~~P~~ ~~a~~ ~~c~~ ~~i~~ ~~f~~ ~~i~~ ~~c~~ ~~O~~ ~~f~~ ~~H~~ ~~e~~ ~~a~~ ~~l~~ ~~t~~ ~~h~~ 9/1110

55 Merchant Street • Honolulu, Hawaii 96813



Straub
CLINIC & HOSPITAL

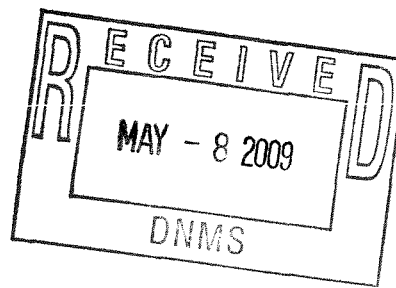



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Hawaii Pacific Health

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May 4, 2009



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

Subject: Notification
NRC License No. 53-23297-01
Docket No. 030-31200

Dear License Reviewer:

Our Radiation Safety Committee has 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 of this certification is enclosed.

If you require additional information, please contact our Radiation Safety Officer, Ronald Frick, at 808-373-7009 ~~808-373-7017~~

Sincerely,

A handwritten signature in black ink, appearing to read "Ry".

Raymond P. Vara, Jr.
Chief Executive Officer



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, MEd

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

AH Eligible

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



Diagnostic Radiology

A. Reed Spinnick, MEd
 President

Richard I. Morin
 Secretary

Ray Schultz
 Executive Director

ACCEPTANCE REVIEW MEMO (ARM)

Jay Nakasone
Gamma Corporation

Licensee: Hawaii Pacific Health, Inc.

License No.: 53-23297-01

Docket No.: 030-31200

Mail Control No.: 472244

Type of Action: Amend

Date of Requested Action: 5/04/09

Reviewer Assigned: J. Cook

ARM reviewer(s): Torres

Response	Deficiencies Noted During Acceptance Review
	<p>[] Open ended possession limits. Submit inventory. Limit possession.</p> <p>[] Submit copies of latest leak test results.</p> <p>[] Add IC L.C./Fingerprint LC, add SUNSI markings to license.</p>
<i>JAC 5/4/09</i>	<p>Reviewer: Request training documentation for I-131. Dr. Fujinaga is already listed as a 35.100 and 35.200 in NRC license 53-16929-01,</p>

specialty board recognition however, written test may be needed

Reviewer's Initials: *JAC* **Date:** *5/4/09*

<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: *RITC* **Date:** *5-20-09*

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LEWS USE)
INFORMATION FROM LTS

Program Code: 02120
Status Code: 0
Fee Category: 7C 3E
Exp. Date: 20150531
Fee Comments: 3E EFF 5/5/95
Decom Fin Assur Req'd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: HAWAII PACIFIC HEALTH, INC.
Received Date: 20090508
Docket No: 3031200
Control No.: 472244
License No.: 53-23297-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed *Colleen Annunzio*
Date *5-13-09*

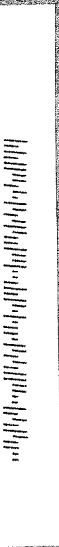
B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /_/)

1. Fee Category and Amount: _____

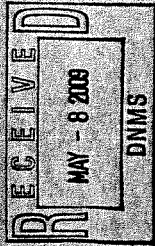
2. Correct Fee Paid. Application may be processed for:
Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____



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