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AUG 24 2009

ENRIMS

→ first rec'd  
 "Aug 31 2009"  
 CW

August 24, 2009

U.S. Nuclear Regulatory Commission, Region IV  
 Nuclear Materials Safety Branch B  
 Attn: Roberto J. Torres  
 612 E. Lamar Blvd., Suite #400  
 Arlington, TX 76011-4125

Dear Mr. Torres:

In accordance with 10 CFR 35.14 please let this serve as notification that we have added Mr. Steven R. Moeckly, M.S. as an Authorized Medical Physicist for 10CFR35.600 uses of Iridium-192 in the Nucletron MicroSelectron-HDR unit (model 105.999), effective October 1, 2009, Mr. Moeckly was recently listed as an Authorized Medical Physicist for HDR uses on NRC License #40-12378-01.

We request the following addition to our NRC license # 40-16571-01:

<i>Individual</i>	<i>Authorization</i>	<i>Authorized Users</i>	<i>Basis</i>
Steven R. Moeckly, M.S.	Authorized Medical Physicist	35.600 only Iridium-192 for use in a High Dose Rate Afterloader Unit	Authorized as an Amp for HDR on NRC License #40-12378-01.

Please contact our consultant, Linda Ramirez at (216)663-7000 or l.ramirez@ampmedphycis.com with any questions.

Respectfully,



David A. Swanson M.D.  
 Radiation Safety Officer  
 Avera McKennen Hospital



**McKenna Hospital  
& University Health Center**

800 East 21st Street  
P.O. Box 5045  
Sioux Falls, SD 57117-5045  
(605) 322-8000

www.averamckenna.org

**Confidential Facsimile  
Cover Sheet**

**RECEIVED**

Date: 8/31

AUG 31 2009

Time: \_\_\_\_\_  a.m.  p.m.

Number of pages (including cover sheet): 2

**DNMS**

TO: Roberto J. Torres  
(authorized receiver's name and/or department)

\_\_\_\_\_  
(authorized receiver's facility name)

\_\_\_\_\_  
(authorized receiver's facility address)

Telephone: \_\_\_\_\_  
(authorized receiver's number)

FAX: 817-860-8263  
(authorized receiver's fax number)

**FROM: Avera McKenna Nuclear Medicine**

(sender's name and department)  
Avera McKenna Hospital & University Health Center  
800 East 21st Street  
P.O. Box 5045  
Sioux Falls, SD 57117-5045

Telephone: (605) 322-7170  
(sender's number)

FAX: (605) 322-7181  
(sender's fax number)

**REMARKS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Arlington, TX 76011-4125

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**DNMS**

Dear Mr. Torres:

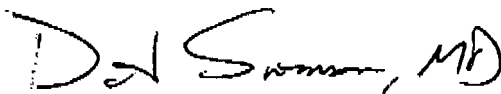
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Respectfully,



David A. Swanson M.D.  
Radiation Safety Officer  
Avera McKennan Hospital

## ACCEPTANCE REVIEW MEMO (ARM)

**Licensee:** Avera McKennan Hospital      **License:** 40-16571-01  
**Docket:** 030-11252      **Mail Control:** 472397  
**Type of Action:** Notify      **Date of Requested Action:**  
**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. <input type="checkbox"/> Change of contact information (RSO), send request to update IC database.

**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:** RT **Date:** SEP 15

9-15-09  
DATE

This is to acknowledge the receipt of your letter/application dated 8-24-09, 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 \_\_\_\_\_ 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** 472397.  
When calling to inquire about this action, please refer to this mail control number.  
You may call me at 817-860-8103.

Sincerely,

*Colleen Oxman*  
Licensing Assistant

BETWEEN: : (FOR LFMS USE)  
 : INFORMATION FROM LTS  
 : -----  
 License Fee Management Branch, ARM : Program Code: 02230  
 and : Status Code: 0  
 Regional Licensing Sections : Fee Category: 7C  
 : Exp. Date: 20131130  
 : Fee Comments: CODE 21  
 : Decom Fin Assur Reqd: N  
 : .....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
 Applicant/Licensee: AVERA MCKENNAN HOSPITAL  
 Received Date: 20090831  
 Docket No: 3011252  
 Control No.: 472397  
 License No.: 40-16571-01  
 Action Type: Notifications

2. FEE ATTACHED

Amount: \_\_\_\_\_  
 Check No.:       /      

3. COMMENTS

Signed Colleen Murnahan  
 Date 4-10-09

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

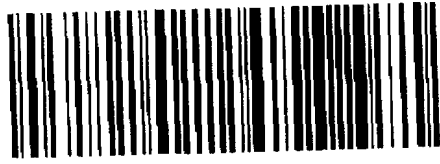
1. Fee Category and Amount: \_\_\_\_\_  
 2. Correct Fee Paid. Application may be processed for:  
 Amendment \_\_\_\_\_  
 Renewal \_\_\_\_\_  
 License \_\_\_\_\_  
 3. OTHER \_\_\_\_\_  
 \_\_\_\_\_  
 Signed \_\_\_\_\_  
 Date \_\_\_\_\_

**Avera**   
McKenna

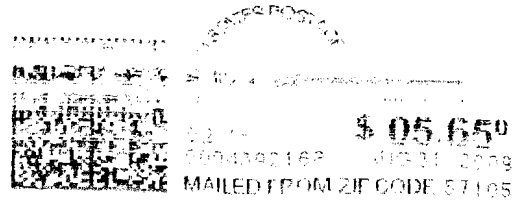
800 East 21st Street, PO Box 5045  
Sioux Falls, SD 57117-5045

RETURN SERVICE REQUESTED

**CERTIFIED MAIL™**



7009 0080 0001 9220 9089



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Arlington, Tx 76011-4125

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