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SEP 17 2009

DNMS

09/16/2009

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

Re: License 11-27082-01

Dear Sir or Madam:

We have identified an error in our license. With amendment #21, June 26, 2008, for item 6.A. 10 CFR 35.300 was limited to "Iodine-131 permitted by 10 CFR 35.300". This is an incorrect addition to the license. Previous licenses and amendments allow appropriate authorized users to use any byproduct material permitted by 10 CFR 35.300.

I will appreciate your prompt attention to this matter. Please contact me if you have any questions about this request for our license to be corrected.

Sincerely,

A handwritten signature in cursive script that reads "Robert Wasserstrom".

Robert Wasserstrom, M.D.  
Radiation Safety Officer

Enclosure

## ACCEPTANCE REVIEW MEMO (ARM)

**Licensee:** St. Luke's Magic Valley Reg  
Medical Center

**License:** 11-27082-01

**Docket:** 030-32236

**Mail Control:** 472421

**Type of Action:** Amend

**Date of Requested Action:** 9-16-09

**Reviewer Assigned:**

**ARM reviewer(s):** Torres

Response	Deficiencies Noted During Acceptance Review
	<ul style="list-style-type: none"> <li>[ ] Open ended possession limits. Submit inventory. Limit possession.</li> <li>[ ] Submit copies of latest leak test results.</li> <li>[ ] Add IC L.C./Fingerprint LC, add SUNSI markings to license.</li> <li>[ ] Confirm with licensee if they have NARM material.</li> <li>[ ] Change of contact information (RSO), send request to update IC database.</li> </ul>

**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		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<b>Sensitive and Non-Publicly Available</b> if <u>any</u> 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		
<b>Branch Chief's and/or HP's Initials:</b>	<u>RTT</u>	<b>Date:</b> <u>10-2-09</u>

10-08-09

DATE

This is to acknowledge the receipt of your letter/application dated 9-16-09, 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:

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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** 472421.  
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  
: Exp. Date: 20110331  
: Fee Comments:  
: Decom Fin Assur Req'd: N  
: .....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ST. LUKE'S MAGIC VALLEY REG MED CTR  
Received Date: 20090921  
Docket No: 3032236  
Control No.: 472421  
License No.: 11-27082-01  
Action Type: Amendment

2. FEE ATTACHED

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

3. COMMENTS

Signed Colleen Murashan  
Date 9-23-09

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:

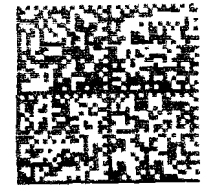
Amendment \_\_\_\_\_  
Renewal \_\_\_\_\_  
License \_\_\_\_\_

3. OTHER \_\_\_\_\_

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



St. Luke's Magic Valley Medical Center  
650 Addison Avenue West  
P.O. Box 409  
Twin Falls, Idaho 83303



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\$00.440  
09/16/2009  
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472421

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