

FAX - 817 860 8263

Dear Mr. Tomer -

I have been instructed
by the RSO to complete the
attached forms for the
addition of Sm-153 and
Sr-89 to the NRC byproduct
materials license 11-27312-01

Rod Wimmer
11/9/09

Rod Wimmer, AMP
listed on license 11-27312-01.
See enclosed email from RSO
authorizing Dr. Wimmer to
submit amendment.

RITC
11-9-09

APPENDIX C

Table C.3 Items 7 through 11 on NRC Form 313: Training & Experience, Facilities & Equipment, Radiation Protection Program, and Waste Disposal <i>(Check all applicable rows and fill in details and attach a copy of the checklist to the application or provide information separately.)</i>		
Item Number and Title	Suggested Response	Check box to indicate material included in application
	Description of the training and experience specified in 10 CFR 35.51(c) demonstrating that the proposed AMP is qualified by training in the types of use for which he or she is requesting AMP status, including hands-on device operation, safety procedures, clinical use, and operation of a treatment planning system. AND	<input type="checkbox"/>
	Written attestation, signed by a preceptor AMP, that the required training and experience have been satisfactorily completed and that a level of competency sufficient to function independently as an AMP has been achieved. AND	<input type="checkbox"/>
	If applicable, description of recent related continuing education and experience as required by 10 CFR 35.59.	<input type="checkbox"/>
Item 7: Authorized User for nonmedical uses	<i>Note:</i> For purposes of this section of the table, the term "authorized user" is used to mean individuals authorized for the nonmedical uses described. See Sections 8.11 and 8.12.	<input type="checkbox"/>
Name(s):	For an individual previously authorized for nonmedical use on an NRC or Agreement State license or permit:	
Requested types, quantities, and nonmedical uses for each individual	Previous license number (if issued by the NRC), or a copy of the license (if issued by an Agreement State), or a copy of a permit issued by an NRC master materials licensee, or a copy of a permit issued by an NRC or Agreement State broad-scope licensee, or a copy of a permit issued by an NRC Master Materials License broad-scope permittee on which the individual was specifically named an AU for the types, quantities, and uses requested.	
	<i>For individuals qualifying under 10 CFR 30.33(a)(3):</i> Documentation of the individual's training and experience demonstrating that the individual is qualified to use the types and quantities of licensed materials for the requested uses.	<input type="checkbox"/>
Item 9: Facility Diagram	A diagram is enclosed that describes the facilities and identifies activities conducted in all contiguous areas surrounding the area(s) of use. The following information is included:	<input checked="" type="checkbox"/>
	<ul style="list-style-type: none"> Guidance in Section 5.2 was reviewed and security-related sensitive information provided is marked accordingly. Drawings should be to scale, indicating the scale used. 	<input type="checkbox"/>

To be verified during inspection.
 R/TC
 11-9-09

This request is to expand authorization for the use of byproduct material in a location of use already authorized in License 11-27312-01.

R/TC
 11-9-09

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Item Number and Title	Suggested Response	Check box to indicate material included in application
Location currently authorized for HDR RITZ 11-9-09	<ul style="list-style-type: none"> Location, room numbers, and principal use of each room or area where byproduct material is prepared, used or stored, location of direct transfer delivery tubes from a PET radionuclide/radioactive drug production facility or production area of PET radioactive drugs under 10 CFR 30.32(j), and areas where higher energy gamma-emitting radionuclides (e.g., PET radionuclides) are used; 	<input checked="" type="checkbox"/>
	<ul style="list-style-type: none"> Location, room numbers, and principal use of each adjacent room (e.g., office, file, toilet, closet, hallway), including areas above, beside, and below therapy treatment rooms, indicating whether the room is a restricted or unrestricted area as defined in 10 CFR 20.1003; and 	<input checked="" type="checkbox"/>
	<ul style="list-style-type: none"> Provide shielding calculations and include information about the type, thickness, and density of any necessary shielding to enable independent verification of shielding calculations, including a description of any portable shields used (e.g., shielding of proposed patient rooms used for implant therapy, including the dimensions of any portable shield, if one is used; source storage safe). <p>In addition to the above, for teletherapy and GSR facilities, applicants should provide the directions of primary beam usage for teletherapy units and, in the case of an isocentric unit, the plane of beam rotation.</p>	<input type="checkbox"/> <input type="checkbox"/>
Item 9: Radiation Monitoring Instruments	A statement that: "Radiation monitoring instruments will be calibrated by a person qualified to perform survey meter calibrations." AND/OR	<input checked="" type="checkbox"/>
	A statement that: "We have developed and will implement and maintain written survey meter calibration procedures in accordance with the requirements in 10 CFR 20.1501 and that meet the requirements of 10 CFR 35.61." AND	<input checked="" type="checkbox"/>
	A description of the instrumentation (e.g., gamma counter, solid state detector, portable or stationary count rate meter, portable or stationary dose rate or exposure rate meter, single or multichannel analyzer, liquid scintillation counter, proportional counter) that will be used to perform required surveys. AND	<input checked="" type="checkbox"/>
	A statement that: "We reserve the right to upgrade our survey instruments as necessary as long as they are adequate to measure the type and level of radiation for which they are used."	<input checked="" type="checkbox"/>
Item 9: Dose Calibrator and Other Dosage Measuring Equipment	A statement that: "Equipment used to measure dosages will be calibrated in accordance with nationally recognized standards or the manufacturer's instructions."	<input checked="" type="checkbox"/>

Verify during inspection.
RITZ
11-9-09

ACTIVE Program. Info not needed at this time.

RITZ
11-9-09

APPENDIX C

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Item Number and Title	Suggested Response	Check box to indicate material included in application
Item 10: Safety Procedures and Instructions	Attached are procedures required by 10 CFR 35.610.	<input type="checkbox"/>
	Guidance in Section 5.2 was reviewed and security-related sensitive information provided is marked accordingly.	<input type="checkbox"/>
Item 10: Occupational Dose	A statement that: "Either we will perform a prospective evaluation demonstrating that unmonitored individuals are not likely to receive, in 1 year, a radiation dose in excess of 10% of the allowable limits in 10 CFR Part 20 or we will provide dosimetry that meets the requirements listed under 'Criteria' in NUREG-1556, Vol. 9, Rev. 1, 'Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Medical Use Licenses.' "	<input type="checkbox"/>
	OR	
	A description of an alternative method for demonstrating compliance with the referenced regulations.	<input type="checkbox"/>
Item 10: Area Surveys	A statement that: "We have developed and will implement and maintain written procedures for area surveys in accordance with 10 CFR 20.1101 that meet the requirements of 10 CFR 20.1501 and 10 CFR 35.70."	<input type="checkbox"/>
Item 10: Safe Use of Unsealed Licensed Material	A statement that: "We have developed and will implement and maintain procedures for safe use of unsealed byproduct material that meet the requirements of 10 CFR 20.1101 and 10 CFR 20.1301."	<input type="checkbox"/>
Item 10: Spill/Contamination Procedures	A statement that: "We have developed and will implement and maintain written procedures for safe response to spills of licensed material in accordance with 10 CFR 20.1101."	<input type="checkbox"/>
Item 10: Installation, Maintenance, Adjustment, Repair, and Inspection of Therapy Devices Containing Sealed Sources	Name of the proposed employee and types of activities requested: _____	<input type="checkbox"/>
	AND	
	Description of the training and experience demonstrating that the proposed employee is qualified by training and experience for the use requested.	<input type="checkbox"/>
	AND	
	Copy of the manufacturer's training certification and an outline of the training in procedures to be followed.	<input type="checkbox"/>
Item 10: Minimization of Contamination	A response is not required under the following condition: the NRC will consider that the above criteria have been met if the information provided in applicant's responses satisfy the criteria in Sections 8.15, 8.16, 8.21, 8.25, 8.27, and 8.29, on the topics: facilities and equipment, facility diagram, Radiation Protection Program, safety program, and waste management.	N/A

Deficiencies

X

X

X

X

APPENDIX C

Table C.3 Items 7 through 11 on NRC Form 313: Training & Experience, Facilities & Equipment, Radiation Protection Program, and Waste Disposal <i>(Check all applicable rows and fill in details and attach a copy of the checklist to the application or provide information separately.)</i>		
Item Number and Title	Suggested Response	Check box to indicate material included in application
Item 11: Waste Management	A statement that: "We have developed and will implement and maintain written waste disposal procedures for licensed material in accordance with 10 CFR 20.1101, that also meet the requirements of the applicable section of 10 CFR Part 20, Subpart K, and of 10 CFR 35.92."	<input checked="" type="checkbox"/>
	Attached is a description of the radioactive waste incinerator facility and related portions of the Radiation Safety Program (10 CFR 20.2004).	<input type="checkbox"/>
	Attached is a request to receive potentially contaminated radiation transport shields from consortium members receiving PET radioactive drugs noncommercially transferred under 10 CFR 30.32(j) authorization.	<input type="checkbox"/>

FAX - 817 860 8263

Dear Mr. [unclear] -

I have been instructed by the RSO to complete the attached forms for the addition of Sm-153 and Sr-89 to the NRC byproduct materials license 11-27312-01

Red Amos
11/9/09

APPENDIX C

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	Guidance in Section 5.2 was reviewed and security-related sensitive information provided is marked accordingly.	<input type="checkbox"/>
Item 10: Occupational Dose	A statement that: "Either we will perform a prospective evaluation demonstrating that unmonitored individuals are not likely to receive, in 1 year, a radiation dose in excess of 10% of the allowable limits in 10 CFR Part 20 or we will provide dosimetry that meets the requirements listed under 'Criteria' in NUREG-1556, Vol. 9, Rev. 1, 'Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Medical Use Licenses.' "	<input checked="" type="checkbox"/>
	OR	
	A description of an alternative method for demonstrating compliance with the referenced regulations.	<input type="checkbox"/>
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Item 10: Safe Use of Unsealed Licensed Material	A statement that: "We have developed and will implement and maintain procedures for safe use of unsealed byproduct material that meet the requirements of 10 CFR 20.1101 and 10 CFR 20.1301."	<input checked="" type="checkbox"/>
Item 10: Spill/Contamination Procedures	A statement that: "We have developed and will implement and maintain written procedures for safe response to spills of licensed material in accordance with 10 CFR 20.1101."	<input checked="" type="checkbox"/>
Item 10: Installation, Maintenance, Adjustment, Repair, and Inspection of Therapy Devices Containing Sealed Sources	Name of the proposed employee and types of activities requested: _____	<input type="checkbox"/>
	AND	
	Description of the training and experience demonstrating that the proposed employee is qualified by training and experience for the use requested.	<input type="checkbox"/>
	AND	
	Copy of the manufacturer's training certification and an outline of the training in procedures to be followed.	<input type="checkbox"/>
Item 10: Minimization of Contamination	A response is not required under the following condition: the NRC will consider that the above criteria have been met if the information provided in applicant's responses satisfy the criteria in Sections 8.15, 8.16, 8.21, 8.25, 8.27, and 8.29, on the topics: facilities and equipment, facility diagram, Radiation Protection Program, safety program, and waste management.	N/A

Torres, RobertoJ

From: Jeff Fairbanks, PhD [fairbanj@SLRMC.ORG]
Sent: Monday, November 09, 2009 4:15 PM
To: rodwimmer@lycos.com; Torres, RobertoJ
Subject: Re: St. Luke's amendment request

} RSO

Mr. Torres, please accept the additional information/request sent today by Dr. Rodney Wimmer. I am out of town at the moment without immediate access to a fax machine, and I asked him to provide you with the information needed.

Thank you,

Jefferson Fairbanks, PhD
Radiation Safety Officer

>>> "Torres, RobertoJ" <RobertoJ.Torres@nrc.gov> 11/09/09 12:49 PM >>>
Mr. Wimmer, Mr. Fairbanks::

NRC has received the attached facsimile from St. Luke's (NRC License 11-27312-01) requesting to authorize 35.300 material at Radiation Therapy Treatment Center, 656 Addison Avenue West, Twin Falls, Idaho.

No reference is being made that the request needs to be expedited or that patient care will be adversely impacted by not expediting this request. Please provide expedited justification and provide the following commitments regarding the use of unsealed byproduct material for the 656 Addison Avenue West location of use (see attachments).

Roberto J. Torres
Senior Health Physicist
U.S. Nuclear Regulatory Commission - Region IV Division of Nuclear Materials Safety Nuclear Materials Safety Branch B
612 East Lamar Boulevard, Suite 400
Arlington, Texas 76011-4125
Telephone 817-860-8189
Facsimile 817-860-8263
robertoj.torres@nrc.gov

From: Cook, Jackie
Sent: Monday, November 09, 2009 1:02 PM
To: Rod Wimmer
Cc: Torres, RobertoJ; Murnahan, Colleen; Browder, Rachel; Simmons, Michelle
Subject: RE: License

That's okay Rod. I'll have our licensing assistant to check to see if we have received this amendment request yet. According to your date, the 7th was Saturday. We tell all licensees that it takes 90 days from receipt of the amendment request to complete an amendment licensing action. Just curious, but do you know if they requested the request to be expedited? If not, please submit justification as to why this amendment needs to be expedited. We can't make any guarantees but we'll try to do the best we can in expediting this request.

Sincerely,

Jackie

From: Rod Wimmer [mailto:rodwimmer@lycos.com]
Sent: Monday, November 09, 2009 12:51 PM
To: Cook, Jackie
Subject: RE: License

51 days half life

46 hrs half life

Dear Ms. Cook: The license number is NRC 11-27312-01 and the amendment process began 11/7/09 requesting permission to use Sr-89 and SM-153 at a remote facility in Twin Falls, ID. The amendment request was submitted by Jeff Fairbanks Ph.D. the RSO.

Sorry to be in the middle Jackie but I'm the on site Physicist.

Thanks,

Rod Wimmer

-----[Received Mail Content]-----

Subject : RE: License

Date : Mon, 9 Nov 2009 12:13:48 -0600

From : "Cook, Jackie" <Jackie.Cook@nrc.gov>

To : "Charles Smith,MD" <smithcha@SLRMC.ORG>

Cc : "rodwimmer@lycos.com" <rodwimmer@lycos.com>

Dr. Smith:

Please provide your license number, an approximate date of when you submitted the amendment request, and what the amendment request was for.

Once this information is provided, I will check with our licensing assistant to see if we have received this licensing action and I will discuss with the other license reviewers to see if we are able to expedite your request.

Thanking you in advanced for your assistance in this matter,

Jacqueline "Jackie" D. Cook

Senior Health Physicist

Division of Nuclear Materials Safety

Nuclear Materials Safety Branch B

612 E. Lamar Blvd., Suite 400

Arlington, TX 76011

817-860-8132 (office)/817-860-8263 (fax)

e-mail address: Jackie.Cook@nrc.gov

From: Charles Smith,MD [mailto:smithcha@SLRMC.ORG]

Sent: Monday, November 09, 2009 11:58 AM

To: Cook, Jackie

Cc: rodwimmer@lycos.com

Subject: License

Jackie,

We have a patient with significant bone pain whom we would like to treat as soon as our licence is ammended. She has too much pain to travel to Boise. We would appreciate your prompt assistance in this matter.

Charles Smith MD

"TWEF " made the following annotations.

"This message is intended for the use of the person or entity to which it is addressed and may contain information that is confidential or privileged, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, you are hereby

notified that any dissemination, distribution, or copying of this information is strictly prohibited. If you have received this message by error, please notify us immediately and destroy the related message."

=====
"TWEF <slrmc.org>" made the following annotations.

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=====

Torres, RobertoJ

From: Rod Wimmer [rodwimmer@lycos.com]
Sent: Monday, November 09, 2009 3:32 PM
To: Torres, RobertoJ
Subject: [RE]St. Luke's amendment request

Dear Mr. Torres: On November 5, 2009 I requested Dr. Jeff Fairbanks amend the byproduct materials license permitting the use of Sr-89 and Sm-153 for pain relief at Twin Falls, Idaho. I did not convey to Dr. Fairbanks at that time the desperate need for this amendment request. The patients pain is increasing, intractable and barely controlled with narcotics. The use of either Sr-89 or Sm-153 could provide substantial pain relief for this patient. It is my request that the NRC provide expedited review of our amendment request for this reason.

Sincerely,
Rod Wimmer

-----[Received Mail Content]-----

Subject : St. Luke's amendment request
Date : Mon, 9 Nov 2009 13:49:23 -0600
From : "Torres, RobertoJ" <RobertoJ.Torres@nrc.gov>
To : Rod Wimmer <rodwimmer@lycos.com>, "fairbanj@slrnc.org" <fairbanj@slrnc.org>
Cc : "Murnahan, Colleen" <Colleen.Murnahan@nrc.gov>, "Browder, Rachel" <Rachel.Browder@nrc.gov>, "Simmons, Michelle" <Michelle.Simmons@nrc.gov>, "Cook, Jackie" <Jackie.Cook@nrc.gov>

Mr. Wimmer, Mr. Fairbanks::

NRC has received the attached facsimile from St. Luke's (NRC License 11-27312-01) requesting to authorize 35.300 material at Radiation Therapy Treatment Center, 656 Addison Avenue West, Twin Falls, Idaho. No reference is being made that the request needs to be expedited or that patient care will be adversely impacted by not expediting this request. Please provide expedited justification and provide the following commitments regarding the use of unsealed byproduct material for the 656 Addison Avenue West location of use (see attachments).

Roberto J. Torres

Senior Health Physicist

U.S. Nuclear Regulatory Commission - Region IV

Division of Nuclear Materials Safety

Nuclear Materials Safety Branch B

612 East Lamar Boulevard, Suite 400

Arlington, Texas 76011-4125

Telephone 817-860-8189

Facsimile 817-860-8263

roberto.j.torres@nrc.gov

From: Cook, Jackie

Sent: Monday, November 09, 2009 1:02 PM

To: Rod Wimmer

Cc: Torres, RobertoJ; Murnahan, Colleen; Browder, Rachel; Simmons, Michelle

Subject: RE: License

That's okay Rod. I'll have our licensing assistant to check to see if we have received this amendment request yet. According to your date, the 7th was Saturday. We tell all licensees that it takes 90 days from receipt of the amendment request to complete an amendment licensing action. Just curious, but do you know if they requested the request to be expedited? If not, please submit justification as to why this amendment needs to be expedited. We can't make any guarantees but we'll try to do the best we can in expediting this request.

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From: Rod Wimmer [mailto:rodwimmer@lycos.com]

Sent: Monday, November 09, 2009 12:51 PM

To: Cook, Jackie

Subject: RE: License

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Thanks,

Rod Wimmer

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Date : Mon, 9 Nov 2009 12:13:48 -0600

From : "Cook, Jackie"

To : "Charles Smith,MD"

Cc : "rodwimmer@lycos.com"

Dr. Smith:

Please provide your license number, an approximate date of when you submitted the amendment request, and what the amendment request was for.

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e-mail address: Jackie.Cook@nrc.gov

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Sent: Monday, November 09, 2009 11:58 AM

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Subject: License

Jackie,

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Torres, RobertoJ

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Sent: Monday, November 09, 2009 1:49 PM
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Cc: Murnahan, Colleen; Browder, Rachel; Simmons, Michelle; Cook, Jackie
Subject: St. Luke's amendment request
Attachments: SCAN4966.pdf; SCAN4967.pdf; SCAN4968.pdf

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	If applicable, description of recent related continuing education and experience as required by 10 CFR 35.59.	<input type="checkbox"/>
Item 7: Authorized User for nonmedical uses	Note: For purposes of this section of the table, the term "authorized user" is used to mean individuals authorized for the nonmedical uses described. See Sections 8.11 and 8.12.	
Name(s): Requested types, quantities, and nonmedical uses for each individual	<i>For an individual previously authorized for nonmedical use on an NRC or Agreement State license or permit:</i> Previous license number (if issued by the NRC), or a copy of the license (if issued by an Agreement State), or a copy of a permit issued by an NRC master materials licensee, or a copy of a permit issued by an NRC or Agreement State broad-scope licensee, or a copy of a permit issued by an NRC Master Materials License broad-scope permittee on which the individual was specifically named an AU for the types, quantities, and uses requested.	<input type="checkbox"/>
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SAMPLE

Table C.3 Items 7 through 11 on NRC Form 313: Training & Experience, Facilities & Equipment, Radiation Protection Program, and Waste Disposal
(Check all applicable rows and fill in details and attach a copy of the checklist to the application or provide information separately.)

Item Number and Title	Suggested Response	Check box to indicate material included in application
	<ul style="list-style-type: none"> • Location, room numbers, and principal use of each room or area where byproduct material is prepared, used or stored, location of direct transfer delivery tubes from a PET radionuclide/radioactive drug production facility or production area of PET radioactive drugs under 10 CFR 30.32(j), and areas where higher energy gamma- emitting radionuclides (e.g., PET radionuclides) are used; • Location, room numbers, and principal use of each adjacent room (e.g., office, file, toilet, closet, hallway), including areas above, beside, and below therapy treatment rooms, indicating whether the room is a restricted or unrestricted area as defined in 10 CFR 20.1003; and • Provide shielding calculations and include information about the type, thickness, and density of any necessary shielding to enable independent verification of shielding calculations, including a description of any portable shields used (e.g., shielding of proposed patient rooms used for implant therapy, including the dimensions of any portable shield, if one is used; source storage safe). <p>In addition to the above, for teletherapy and GSR facilities, applicants should provide the directions of primary beam usage for teletherapy units and, in the case of an isocentric unit, the plane of beam rotation.</p>	<input type="checkbox"/> <input type="checkbox"/>
Item 9: Radiation Monitoring Instruments	<p>A statement that: "Radiation monitoring instruments will be calibrated by a person qualified to perform survey meter calibrations."</p> <p style="text-align: center;">AND/OR</p>	<input type="checkbox"/>
	<p>A statement that: "We have developed and will implement and maintain written survey meter calibration procedures in accordance with the requirements in 10 CFR 20.1501 and that meet the requirements of 10 CFR 35.61."</p> <p style="text-align: center;">AND</p>	<input type="checkbox"/>
	<p>A description of the instrumentation (e.g., gamma counter, solid state detector, portable or stationary count rate meter, portable or stationary dose rate or exposure rate meter, single or multichannel analyzer, liquid scintillation counter, proportional counter) that will be used to perform required surveys.</p> <p style="text-align: center;">AND</p>	<input type="checkbox"/>
	<p>A statement that: "We reserve the right to upgrade our survey instruments as necessary as long as they are adequate to measure the type and level of radiation for which they are used."</p>	<input type="checkbox"/>
Item 9: Dose Calibrator and Other Dosage Measuring Equipment	<p>A statement that: "Equipment used to measure dosages will be calibrated in accordance with nationally recognized standards or the manufacturer's instructions."</p>	<input type="checkbox"/>

Table C.3 Items 7 through 11 on NRC Form 313: Training & Experience, Facilities & Equipment, Radiation Protection Program, and Waste Disposal
(Check all applicable rows and fill in details and attach a copy of the checklist to the application or provide information separately.)

Item Number and Title	Suggested Response	Check box to indicate material included in application
Item 10: Safety Procedures and Instructions	Attached are procedures required by 10 CFR 35.610.	<input type="checkbox"/>
	Guidance in Section 5.2 was reviewed and security-related sensitive information provided is marked accordingly.	<input type="checkbox"/>
Item 10: Occupational Dose	A statement that: "Either we will perform a prospective evaluation demonstrating that unmonitored individuals are not likely to receive, in 1 year, a radiation dose in excess of 10% of the allowable limits in 10 CFR Part 20 or we will provide dosimetry that meets the requirements listed under 'Criteria' in NUREG-1556, Vol. 9, Rev. 1, 'Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Medical Use Licenses.' "	<input type="checkbox"/>
	OR	
Item 10: Area Surveys	A description of an alternative method for demonstrating compliance with the referenced regulations.	<input type="checkbox"/>
Item 10: Safe Use of Unsealed Licensed Material	A statement that: "We have developed and will implement and maintain written procedures for area surveys in accordance with 10 CFR 20.1101 that meet the requirements of 10 CFR 20.1501 and 10 CFR 35.70."	<input type="checkbox"/>
Item 10: Safe Use of Unsealed Licensed Material	A statement that: "We have developed and will implement and maintain procedures for safe use of unsealed byproduct material that meet the requirements of 10 CFR 20.1101 and 10 CFR 20.1301."	<input type="checkbox"/>
Item 10: Spill/Contamination Procedures	A statement that: "We have developed and will implement and maintain written procedures for safe response to spills of licensed material in accordance with 10 CFR 20.1101."	<input type="checkbox"/>
Item 10: Installation, Maintenance, Adjustment, Repair, and Inspection of Therapy Devices Containing Sealed Sources	Name of the proposed employee and types of activities requested: _____	<input type="checkbox"/>
	AND	
Item 10: Minimization of Contamination	Description of the training and experience demonstrating that the proposed employee is qualified by training and experience for the use requested.	<input type="checkbox"/>
	AND	
Item 10: Minimization of Contamination	Copy of the manufacturer's training certification and an outline of the training in procedures to be followed.	<input type="checkbox"/>
Item 10: Minimization of Contamination	A response is not required under the following condition: the NRC will consider that the above criteria have been met if the information provided in applicant's responses satisfy the criteria in Sections 8.15, 8.16, 8.21, 8.25, 8.27, and 8.29, on the topics: facilities and equipment, facility diagram, Radiation Protection Program, safety program, and waste management.	N/A

Table C.3 Items 7 through 11 on NRC Form 313: Training & Experience, Facilities & Equipment, Radiation Protection Program, and Waste Disposal <i>(Check all applicable rows and fill in details and attach a copy of the checklist to the application or provide information separately.)</i>		
Item Number and Title	Suggested Response	Check box to indicate material included in application
Item 11: Waste Management	A statement that: "We have developed and will implement and maintain written waste disposal procedures for licensed material in accordance with 10 CFR 20.1101, that also meet the requirements of the applicable section of 10 CFR Part 20, Subpart K, and of 10 CFR 35.92."	<input type="checkbox"/>
	Attached is a description of the radioactive waste incinerator facility and related portions of the Radiation Safety Program (10 CFR 20.2004).	<input type="checkbox"/>
	Attached is a request to receive potentially contaminated radiation transport shields from consortium members receiving PET radioactive drugs noncommercially transferred under 10 CFR 30.32(j) authorization.	<input type="checkbox"/>



Radiation Oncology
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FAX

TO:	FROM:
Jackie Cook	Jeff Fairbanks
FAX NUMBER:	FAX: (208) 381-2707
817 860 8263	
DATE:	PHONE: (208) 381-2720
11/7	381-3192
PHONE NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
RE:	

Amendment Request

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NOV 09 2009

DNMS

Comments: This message may include confidential health information that is intended only for viewing by the person or organization named above. If you receive this fax in error, please contact this office at the phone number above.

100 E. IDAHO STREET
 BOISE, ID 83712

4 7 2 4 6 3



November 6, 2009

US Nuclear Regulatory Commission Region IV
Nuclear Materials Licensing Branch
611 Ryan Plaza Drive
Suite 400
Arlington, Texas 76011-8064

SUBJECT: 35.300 Materials at Twin Falls Location
LICENSE: 11-27312-01

Dear Jacqueline Cook:

Please amend my license for the use of 35.300 materials at the Twin Falls location. Specifically, please change item 10.G to add "material identified in item 6.C." to be used at 656 Addison Ave West, Twin Falls, Idaho.

Thank you for your attention to this matter.

Sincerely,

Jefferson Fairbanks, PhD
Radiation Safety Officer
208-381-3192
fairbanj@slrnc.org

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NOV 09 2009

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John A. Lung, MD

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Jerry Perez, MD
Amy L. Cooper, MD

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02230
Status Code: 0
Fee Category: 7C 3E EX 2B
EXP. Date: 20140930
Fee Comments: REF IDA-13-2
Decom Fin Assur Req'd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: ST. LUKE'S REGIONAL MEDICAL CENTER
Received Date: 20091109
Docket No: 3032196
Control No.: 472463
License No.: 11-27312-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed _____
Date _____

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 _____